



POLICY AND PROCEDURE MANUAL

ACCEPTANCE AND REFUSAL OF AUTHORISATIONS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy outlines procedures to be followed when:

- obtaining written authorisation from a parent/guardian or person authorised and named in the enrolment record
- refusing written authorisation from a parent/guardian or person authorised and named in the enrolment record.

Our education and care service requires authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not, and may therefore result in a refusal.

POLICY STATEMENT

• VALUES

GELC is committed to:

- ensuring the safety and wellbeing of all children attending the service
- meeting its duty of care obligations under the law.

• SCOPE

This policy applies to the COM, Person with Management or Control, Nominated Supervisor, Person in day to day Charge, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of GELC.

• BACKGROUND AND LEGISLATION

Background

Under the National Law and Regulations, early childhood services are required to obtain written authorisation from parents/guardians, and/or authorised nominees (refer to *Definitions*) in some circumstances, to ensure that the health, safety, wellbeing and best interests of the child are met. These circumstances include but are not limited to:

- self-administration of medication (Regulation 96)
- children leaving the service premises (Regulation 99)
- children being taken on excursions (Regulation 102).

Specific service policies (including the *Administration of Medication Policy*, *Delivery and Collection of Children Policy*, *Enrolment and Orientation Policy* and *Excursions and Service Events Policy*) should include details of the conditions under which written authorisations will be accepted. However, there may be instances when a service refuses to accept a written authorisation. The *Education and Care Services National Regulations 2011* (Regulation 168(2)(m)) specify that services are required to develop a policy in relation to the acceptance and refusal of authorisations to help educators/staff and parents/guardians understand exactly what they need to do.

This policy outlines procedures to be followed when refusing a written authorisation from a parent/guardian or person authorised and named in the enrolment record. As an example, the National Law does not specify the minimum age of a person who is authorised to collect a child from the service premises. After consulting with parents/guardians and families, the Approved Provider may adopt a policy position accepting authorisations for persons over the age of 16 to collect a child from the service. This decision will then be outlined in the service's *Delivery and Collection of Children*

Policy. In the event that the service receives written authorisation for a person under the age specified in its *Delivery and Collection of Children Policy*, to collect a child from the service, the procedures outlined below for refusing this written authorisation would be enacted.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic) *Child Wellbeing and Safety Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulations 96, 99, 102, 160, 161, 168(2)(m), 170
- *Family Law Act 1975* (Cth)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.3: Each child is protected.

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Attendance record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Authorised nominee: (In relation to this policy) a person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child's enrolment form.

The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service will need to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Inappropriate person: A person who may pose a risk to the health, safety or wellbeing of any child attending the education and care service, or whose behaviour or state of mind make it inappropriate for him/her to be on the premises e.g. a person under the influence of drugs or alcohol (Act 171(3)).

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

• SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.cecqa.gov.au

Service policies

- *Administration of Medication Policy*
- *Child Safe Environment Policy*
- *Dealing with Medical Conditions Policy*
- *Delivery and Collection of Children Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*

PROCEDURES

The COM is responsible for:

- ensuring that parents/guardians are provided with a copy of all service policies upon request
- ensuring that the Nominated Supervisor and all staff follow the policies and procedures of the service
- ensuring that an attendance record (refer to *Definitions*) is maintained to account for all children attending the service
- ensuring educators/staff allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to *Excursions and Service Events Policy*)
- ensuring educators/staff allow a child to depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- ensuring that there are procedures in place if an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- developing and enacting procedures for dealing with a written authorisation that does not meet the requirements outlined in service policies (refer to Attachment 1).

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- following the policy and procedures of the service
- ensuring that all parents/guardians have completed the authorised nominee section of their child's enrolment form (refer to *Enrolment and Orientation Policy*), and that the form is signed and dated before the child is enrolled at the service
- ensuring that medication is not administered to a child without the authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy*, *Dealing with Medical Conditions Policy*, *Incident, Injury, Trauma and Illness Policy*, *Emergency and Evacuation Policy*, *Asthma Policy* and *Anaphylaxis Policy*)
- ensuring a child only departs from the service with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- keeping a written record of all visitors to the service, including time of arrival and departure
- ensuring that permission forms for excursions are provided to the parent/guardian or authorised nominee prior to the excursion (refer to *Excursions and Service Events Policy*)

- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to *Excursions and Service Events Policy*)
- informing the COM when a written authorisation does not meet the requirements outlined in service policies.

All educators are responsible for:

- following the policies and procedures of the service
- checking that parents/guardians sign and date permission forms for excursions
- checking that parents/guardians or authorised nominees sign the attendance record (refer to *Definitions*) as their child arrives at and departs from the service
- administering medication only with the written authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy*, *Dealing with Medical Conditions Policy*, *Incident, Injury, Trauma and Illness Policy* and *Emergency and Evacuation Policy*)
- ensuring that permission forms for excursions are provided to the parent/guardian or authorised nominee prior to the excursion (refer to *Excursions and Service Events Policy*)
- allowing a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to *Excursions and Service Events Policy*)
- allowing a child to depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- following procedures if an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- informing the COM when a written authorisation does not meet the requirements outlined in service policies.

Parents/guardians are responsible for:

- reading and complying with the policies and procedures of the service
- completing and signing the authorised nominee section (refer to *Definitions*) of their child's enrolment form (refer to *Enrolment and Orientation Policy*) before their child commences at the service
- signing and dating permission forms for excursions
- signing the attendance record (refer to *Definitions*) as their child arrives at and departs from the service
- providing written authorisation where children require medication to be administered by educators/staff, and signing and dating it for inclusion in the child's medication record (refer to *Definitions*).

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Procedures for refusing a written authorisation

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 29th November 2017.

REVIEW DATE: NOVEMBER 2018

ATTACHMENT 1

Procedures for refusing a written authorisation

On receipt of a written authorisation from a parent/guardian that does not meet the requirements outlined in the related service policy, the Approved Provider or Nominated Supervisor will:

- immediately explain to the parent/guardian that their written authorisation contravenes service policy, and that it cannot be accepted
- ensure that the parent/guardian is provided with a copy of the relevant service policy and that they understand the reasons for the refusal of the authorisation
- request that an appropriate alternative written authorisation is provided by the parent/guardian that complies with the requirements of the relevant service policy
- ensure that procedures outlined in the relevant service policy are followed where a parent/guardian cannot be immediately contacted to provide an alternative written authorisation
- follow up with the parent/guardian, where required, to ensure that an appropriate written authorisation is obtained.

ADMINISTRATION OF FIRST AID POLICY

Mandatory – Quality Area 2

PURPOSE

GELC aims to provide an environment which is safe and has the responsibility to protect the health and safety of all users of the service.

All staff, students and volunteers are made aware of this policy during the induction process.

Our commitment to first aid is shared by all.

POLICY STATEMENT

- **VALUES**

GELC is committed to:

- providing a safe and healthy environment for all children, staff and others attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

- **SCOPE**

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

- **BACKGROUND AND LEGISLATION**

Background

First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an Approved Provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

Under the *Education and Care Services National Law Act 2010*, the Australian Children's Education and Care Quality Authority (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: www.acecqa.gov.au/qualifications/approved-first-aid-qualifications. As a demonstration of duty of care and best practice GELC ensures **all educators** have current approved first aid qualifications.

It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the *Occupational Health and Safety Act 2004*. WorkSafe Victoria has developed a compliance code *First aid in the workplace* (refer to *Sources*) that provides guidance on how these obligations can be met.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 87, 89, 136, 137(1)(e), 168(2)(a), 245
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.3: Each child is protected
 - i) Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this handbook.

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from: <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.acecqa.gov.au/qualifications/approved-first-aid-qualifications

First aid kit: The Compliance Code *First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit. *First aid in the workplace* is available at: www.worksafe.vic.gov.au

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- name and age of the child
- circumstances leading to the incident, injury, trauma or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this

- signature of the person making the entry, and time and date of this.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92).

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: www.resus.org.au/flowcharts.htm

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

• SOURCES AND RELATED POLICIES

Sources

- Ambulance Victoria: www.ambulance.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Australian Red Cross: www.redcross.org.au
- St John Ambulance Australia (Vic): www.stjohnvic.com.au
- *First aid in the workplace*: www.worksafe.vic.gov.au

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Staffing Policy*

PROCEDURES

The COM is responsible for:

- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)

- assessing the first aid requirements for the service. A first aid risk assessment can assist with this process (refer to Attachment 1 –First aid risk assessment form)
- ensuring that at least one educator with current approved first aid qualifications (refer to *Definitions*) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1)(a)). This can be the same person who has anaphylaxis management training and emergency asthma management training, also required under the Regulations
- appointing an educator to be the **nominated first aid officer**. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees
- advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- providing an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards (refer to *Definitions*). The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit
- ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
- providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- ensuring that first aid training details are recorded on each staff member's record
- ensuring safety signs showing the location of first aid kits are clearly displayed
- ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*)
- ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (refer to *Incident, Injury, Trauma and Illness Policy*)
- ensuring a resuscitation flow chart (refer to *Definitions*) is displayed in a prominent position in the indoor and outdoor environments of the service
- keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

The Nominated Supervisor/Nominated first aid officer is responsible for:

- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- ensuring that the prescribed educator-to-child ratios are met at all times (refer to *Supervision of Children Policy*)
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*)
- ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
- ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements

- ensuring that the Ambulance Victoria *AV How to Call Card* (refer to *Sources*) is displayed near all telephones.
- maintaining a current approved first aid qualification (refer to *Definitions*)
- monitoring the contents of all first aid kits and arranging with the Approved Provider for replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriately
- ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- keeping up to date with any changes in the procedures for the administration of first aid.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- implementing appropriate first aid procedures when necessary
- maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)
- ensuring that all children are adequately supervised (refer to the *Supervision of Children Policy*) while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensuring that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*)
- notifying the Approved Provider or Nominated Supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101).
- ensuring that the Ambulance Victoria *AV How to Call Card* (refer to *Sources*) is displayed near all telephones.
- monitoring the contents of all first aid kits and arranging with the Approved Provider for replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriately

Parents/guardians are responsible for:

- providing the required information for the service's medication record (refer to *Definitions*)
- providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required
- being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review the first aid procedures following an incident to determine their effectiveness

- regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- keep the policy up to date with current legislation, research, policy and best practice
- consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
- 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.

ATTACHMENTS

- Attachment 1: First aid risk assessment form

AUTHORISATION

This policy was adopted by the COM of GELC on 30th May 2018.

REVIEW DATE: 2019

ATTACHMENT 1

First aid risk assessment form

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved Provider and educators should use this as a guide only and may identify other areas specific to their service.

1.	How many people work at the service (estimate for most days)?		
2.	How many children are enrolled at the service (write the number)?		
3.	Do people regularly work in the service after hours?		
4.	Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?		
5.	Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)		
6.	Where is the nearest medical service and how long would it take to get an injured person to this service?		
7.	Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?		
8.	What type of, and how many, first aid kits are available at the service?		
9.	Are the contents of first aid kits complete and up to date as per the contents list?		
10.	Where are the first aid kits located?		
11.	How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)		
12.	Identify and list specific hazards and where they may be located	Hazards Cleaning products	Location Storeroom

13.	Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept	Hazards /health concerns	Specific first aid requirements	Specific training required	Staff have appropriate training	Location of first aid equipment
14.	Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on?					

Recommendations

Reference number	Recommendation	Responsibility and time frame
e.g. 3 & 4	Develop safety procedures for staff working on their own/after hours	Approved Provider within 2 months

Names of those responsible for completing this form

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Date for next review: _____

ADMINISTRATION OF MEDICATION POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending GELC
- responsibilities of staff, parents/guardians and the Approved Provider to ensure the safe administration of medication at GELC.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing a safe and healthy environment for all children, educators, staff and other persons attending the service
- responding immediately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration of medication in accordance with legislative and regulatory requirements.

• SCOPE

This policy covers the administration of both prescribed and non-prescribed medication at GELC, including during offsite excursions and activities.

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

• BACKGROUND AND LEGISLATION

Authorisation to administer medication

As a rule, medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the Anaphylaxis Policy and Asthma Policy. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (Regulation 94).

In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

Administration of medication

The Approved Provider must ensure that when staff administer medication, they must follow the guidelines of this policy and the procedures outlined in Attachment 1 – Procedures for the safe administration of medication.

A medication record¹ must be completed with the following information:

the name of the child

the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication

the name of the medication to be administered

the time and date the medication was last administered

the time and date or the circumstances under which the medication should be next administered

the dosage of the medication to be administered

the manner in which the medication is to be administered

if the medication is administered to the child:

the dosage that was administered

the manner in which the medication was administered

the time and date the medication was administered

the name and signature of the person who administered the medication

the name and signature of the person who checked the dosage, if another person is required under Regulation 95 to check the dosage and administration of the medication.

Services which provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. Where a service chooses to allow self-administration of medication, the Approved Provider must consider the risks associated with this practice and their duty of care, and develop appropriate guidelines to clearly specify the circumstances under which such permission would be granted and the procedures to be followed by staff at the service.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Therapeutic Goods Act 1989* (Cth)

DEFINITIONS

¹ A template of a medication record can be downloaded from: www.acecqa.gov.au

Approved first aid qualification: The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

Medication: Prescribed and non-prescribed medication as defined below.

Non-prescribed medication: Over-the-counter medication including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Prescribed medication: Medicine, as defined in the *Therapeutic Goods Act 1989* (Cth), that is:

- authorised by a health care professional
- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

• SOURCES AND RELATED POLICIES

Sources

- VMIA Insurance Guide and FAQs, Community Service Organisations insurance program: www.vmia.vic.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* www.acecqa.gov.au
- *Guide to the National Quality Standard* (ACECQA) www.acecqa.gov.au
- Allergy & Anaphylaxis Australia: www.allergyfacts.org.au Asthma Australia: www.asthmaaustralia.org.au
- Healthdirect: www.healthdirect.gov.au

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring that medication is only administered to a child being educated and cared for by the service when it is authorised, except in the case of an anaphylaxis or asthma emergency (Regulations 93, 94)
 - ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)
 - ensuring that if a child over preschool age at the service is permitted to self-administer medication (Regulation 96), an authorisation for the child to self-administer medication is recorded in the medication record for the child
 - ensuring that a medication record that meets the requirements set out in Regulation 92(3) is available at all times for recording the administration of medication to children at the service (Regulation 92). (Refer to the template *Medication Record*: www.acecqa.gov.au)
 - ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))
 - ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
 - ensuring that at least one educator on duty has a current approved first aid qualification, anaphylaxis management training and asthma management training (Regulation 136). (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
 - developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (see Attachment 1 – Procedures for the safe administration of medication)
 - ensuring that all staff are familiar with the procedures for the administration of medication (see Attachment 1 – Procedures for the safe administration of medication)
 - ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d))
- determining under what circumstances a child over preschool age will be allowed to self-administer their own medication, and ensuring there are appropriate procedures in place for staff to follow in these instances (Regulation 96).

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring that medication is only administered to a child where authorisation has been provided, except in the case of an anaphylaxis or asthma emergency (Regulations 93, 94)
- ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)
- ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment

form (Regulation 162), and displayed for use by those caring for children (being sensitive to privacy requirements)

- documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)
- informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, staff forgot to administer the medication or the medication was administered at the wrong time. Staff must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs
- informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use
- informing parents/guardians that paracetamol is not supplied by GELC and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2 – Administration of paracetamol).

All staff are responsible for:

- ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child (Regulation 160(3)(iv))
- administering medication in accordance with Regulation 95 and the guidelines set out in Attachment 1 – Procedures for the safe administration of medication
- communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours
- ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication
- obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))
- ensuring that two staff members, one of whom must be an educator, are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record
- ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
- ensuring that parents/guardians take all medication home at the end of each session/day.

Parents/guardians are responsible for:

- ensuring that any medication to be administered is recorded in the medication record kept at the service premises
- providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- ensuring that prescribed medications to be administered at the service are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date (Regulation 95(a)(i))
- ensuring that medications to be administered at the service are within their expiry date

- physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- clearly labelling non-prescription medications and over-the-counter products (for example sun block and nappy cream) with the child's name. The instructions and use-by dates must also be visible
- ensuring that no medication or over-the-counter products are left in their child's bag or locker
- taking all medication home at the end of each session/day
- informing the service if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service
- ensuring that their child's enrolment details are up to date, and providing current details of persons who have lawful authority to request or permit the administration of medication.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 30th August 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Procedures for the safe administration of medication

Two staff, one of whom must be an educator, are responsible for the administration of any medication². At least one of these persons must hold a current approved first aid qualification. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication (Regulation 95(c)). Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication

Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.

Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.

Check that *prescription medication*:

- is in its original container, bearing the original label and instructions
- is the correct medication, as listed in the medication record
- has the child's name on it (if the medication was prescribed by a registered medical practitioner)
- is the required dosage, as listed in the medication record
- has not passed its expiry date.

Check that *non-prescription medication*:

- is in the original container, bearing the original label and instructions
- is the correct medication, as listed in the medication record
- has the child's name on it
- is the required dosage, as listed in the medication record
- has not passed its expiry date.

When administering the medication, ensure that:

- the identity of the child is confirmed and matched to the specific medication
- the correct dosage is given
- the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
- both staff members complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
- the Nominated Supervisor or Certified Supervisor informs the parent/guardian on arrival to collect the child that medication has been administered and ensures that the parent/guardian completes the required details in the medication record.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the administration of the medication for a defined period. In these cases:

² Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children.

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (and on display, where appropriate)
- the medical management plan should define:
 - a) the name of the medication, dosage and frequency of administration
 - b) conditions under which medication should be administered
 - c) what actions, if any, should be taken following the administration of the medication
 - d) when the plan will be reviewed.
- when medication is required under these circumstances, staff should:
 - a) follow the procedures listed above
 - b) ensure that the required details are completed in the medication record
 - c) notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.

ATTACHMENT 2

Administration of paracetamol

There may be times when a child develops a fever while at the service. A high fever in a young child can be a sign of infection and must be investigated to find the cause. However, fever itself is not necessarily an indicator of serious illness. The normal temperature range for a child is up to 38°C. Fevers are common in children and if the child appears happy and well, there is no need to treat a fever, but it is important to watch the child for signs that the fever is a symptom of an illness that may worsen.

In the case of a high fever, parents/guardians will be notified and asked to collect the child as soon as possible to take the child to a doctor/hospital, or an ambulance will be called to the service. While the service is waiting for the child to be collected by the parent/guardian, staff will use measures, such as removing clothing and encouraging the intake of fluids, to keep the child cool, comfortable and well hydrated.

Paracetamol is not appropriate first aid or emergency treatment, and will be treated as any other medication, including requiring prior written and signed consent for its administration.

If parents/guardians request that educators/staff administer paracetamol, educators/staff should:

- administer only to a child who has a temperature above 38.5°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance and ensure that the child has not had any other medicine containing paracetamol in the last four hours
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- use only single doses, disposable droppers or applicators and only use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

References

Royal Children's Hospital Melbourne (2016), *Fever in children*:

www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200

Royal Children's Hospital Melbourne (2013), *Pain relief for children*:

https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children_-_Paracetamol_and_Ibuprofen/

ANAPHYLAXIS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of GELC
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

• VALUES

GELC believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate training and knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC. This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

• BACKGROUND AND LEGISLATION

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to 2 per cent of the general population and up to 10 per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen®

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, GELC encourages **all educators** have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (refer to *Sources*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen®.

Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is usually harmless, eg: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

- **Mild to moderate signs & symptoms:**
 - o hives or welts
 - o tingling mouth
 - o swelling of the face, lips & eyes
 - o abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.
- **Signs & symptoms of anaphylaxis are:**
 - o difficult/noisy breathing
 - o swelling of the tongue
 - o swelling/tightness in the throat
 - o difficulty talking and/or hoarse voice
 - o wheeze or persistent cough
 - o persistent dizziness or collapse (child pale or floppy).

Anaphylaxis: A severe, rapid and potentially life threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).

Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011*, and is listed on the ACECQA website (refer to *Sources*).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s. A sample card can be downloaded from:

<http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how

parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

EpiPen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

Nominated staff member: (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.

• SOURCES AND RELATED POLICIES

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCI): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded

from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.

- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training:
<http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx>
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
 - *Allergic and anaphylactic reactions*: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
 - *Autoinjectors (EpiPens) for anaphylaxis – an overview*:
www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121

The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3) and communication plan, is developed and displayed at the service, and reviewed regularly
- providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)

- ensuring the Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* upon request
- ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91) upon request
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- ensuring the details of approved anaphylaxis management training (refer to *Definitions*) are included on the staff record (refer to *Definitions*), including details of training in the use of an autoinjector (Regulations 146, 147)
- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider is also responsible for:

- displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f))
- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 3)
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure
- ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to *Definitions*)
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jr is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors

- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- ensuring that children at risk of anaphylaxis are not discriminated against in any way
- ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered
- ensuring that written notice is given by the director of the centre, to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- responding to complaints and notifying Department of Education and Training, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk
- displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to *Sources*) generic poster *Action Plan for Anaphylaxis* in key locations at the service
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all service telephones
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline autoinjector kit (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.

Risk assessment

As the Approved Provider has decided that the service should maintain its own supply of adrenaline autoinjectors, it is the responsibility of the Approved Provider to ensure that:

- adequate stock of the adrenaline autoinjector is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the service follows the procedures outlined in the *Administration of Medication Policy*, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians are informed that the service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency.
- Expiry dates are checked monthly and that the adrenaline is not merky/cloudy

The Nominated Supervisor is responsible for:

- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed
- identifying children at risk of anaphylaxis during the enrolment process and informing staff
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*)
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- ensuring an adrenaline autoinjector kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate

- ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- following the child's ASCIAS action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider
- ensuring that the adrenaline autoinjector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold
- ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1.

Person in day to day charge, Early Childhood Teachers, other educators and staff are responsible for:

- reading and complying with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- maintaining current approved anaphylaxis management qualifications (refer to *Definitions*)
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- completing the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) with parents/guardians
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and medical management action plans
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the service
- ensuring that they are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis
- compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- assisting with the development of a risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service
- following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline autoinjectors in the sharps disposal unit provided at the service by the Approved Provider

- following appropriate first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode (refer to Attachment 4)
- informing the Approved Provider and the child's parents/guardians following an anaphylactic episode
- taking the adrenaline autoinjector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1
- contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

Parents/guardians of a child at risk of anaphylaxis are responsible for:

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
- assisting the Nominated Supervisor and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3)
- providing staff with an ASCIA action plan for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, in-date and complete adrenaline autoinjector kit
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline autoinjector's expiry date and colour of EpiPen adrenaline
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the service's policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4).

Parents/guardians are responsible for:

- reading and complying with this policy and all procedures, including those outlined in Attachment 1
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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 following an anaphylactic episode at the service, or as otherwise required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

Attachment 1: risk minimisation procedures

Attachment 2: enrolment checklist for children diagnosed as at risk of anaphylaxis

Attachment 3: risk minimisation and communication plan

Attachment 4: first aid treatment for anaphylaxis – download from the Australasian society of clinical immunology and allergy: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>

AUTHORISATION

This policy was adopted by the COM of GELC on 25th July 2018.

REVIEW DATE: 2019

ACKNOWLEDGEMENT

This policy has been reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne on 25 February 2015.

ATTACHMENT 1

Risk minimisation procedures

The following procedures should be developed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of anaphylaxis, and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk of anaphylaxis:

- the child should only eat food that has been specifically prepared for him/her.
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
 - ensure that it has been prepared according to the instructions of parents/guardians
 - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

In relation to other practices at the service:

- ensure tables, high chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands upon arrival at the service, and before and after eating
- supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases and cooking experiences
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

- ☐ Cooking experiences are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis:
 - Food for the at risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.
 - As far as is practical, cooking experiences for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.
 - The at risk child should not be given food where the label indicates that the food may contain traces of a known allergen.
- ☐ Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene Policy* and *Food Safety Policy*).
- ☐ Consider the safest place for the at risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.
- ☐ Develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- ☐ Do not introduce food to a baby/child if the parents/guardians have not previously given this food to the baby/child.
- ☐ Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.
- ☐ Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Definitions*) at the service.
- ☐ Bottles, other drinks, lunch boxes and all food provided by the family of the at risk child should be clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic episode?

- ☐ Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.
- ☐ Know:
 - who will administer the adrenaline autoinjector and stay with the child
 - who will telephone the ambulance and the parents/guardians of the child
 - who will ensure the supervision of other children at the service
 - who will let the ambulance officers into the service and take them to the child.
- ☐ Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- ☐ Ensure a completed Ambulance Victoria *AV How to Call Card* is located next to all telephone/s.

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?

- ☐ Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

Scenario	Strategy	Who is responsible?
Food is provided by the service and a food allergen is unable to be removed from the cooking experience (e.g. milk).	Cooking experiences are planned in conjunction with parents/guardians of children diagnosed as at risk, and food is prepared according to the instructions of parents/guardians. Alternatively, the parents/guardians provide all food for the at risk child.	All educators, Nominated Supervisor and parents/guardians
	Ensure separate storage of foods containing the allergen.	Approved Provider and all educators
	Staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	All staff and volunteers
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	All staff
	A child diagnosed as at risk of anaphylaxis is served and consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at meal times.	All staff
	Children are regularly reminded of the importance of not sharing food.	All staff
	Children are closely supervised during eating.	All staff

Party or celebration	Give parents/guardians adequate notice of the event.	Nominated Supervisor and all educators
	Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	Parents/guardians and all staff
	Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his/her parents/guardians.	All staff
	Specify a range of foods that all parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Nominated Supervisor and all staff
Protection from insect bite allergies	Specify play areas that are lowest risk to the child diagnosed as at risk and encourage him/her and peers to play in that area.	All staff
	Decrease the number of plants that attract bees or other biting insects.	Approved Provider
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	All staff
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Approved Provider/Nominated Supervisor
Latex allergies	Avoid the use of party balloons or latex gloves.	All staff
Cooking with children	<p>Ensure parents/guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. Parents/guardians may prefer to provide the ingredients themselves.</p> <p>Ensure activities and ingredients used are consistent with risk minimisation plans.</p>	Nominated Supervisor and all staff

ATTACHMENT 2

Enrolment checklist for children diagnosed as at risk of anaphylaxis

- ☐ A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.
- ☐ Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.
- ☐ All parents/guardians are made aware of the service's *Anaphylaxis Policy*.
- ☐ An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- ☐ A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).
- ☐ An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- ☐ An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- ☐ All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
- ☐ All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
- ☐ All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- ☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- ☐ Contact details of all parents/guardians and authorised nominees are current and accessible.
- ☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.
- ☐ If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

ATTACHMENT 3

Risk Minimisation Plan

Review every 6 months or earlier if needed.

Name: _____

Date: _____

Risks to the child

*

*

*

*

*

Practises and procedures regarding how the risks can be managed and minimised

Practises and procedures regarding the safe handling, preparation, consumption and service of food. Including but not limited to food sharing practises, hand washing and equipment cleaning.

Practises and procedures for ensuring all parents or guardians are notified on the known allergies of the child and this risks and strategies for management of the risks

Practises and procedures to ensure that each staff member (including relief staff), students, visitors and volunteers can identify the child

Practises and procedures to ensure that each staff member (including relief), students, visitors and volunteers can identify with

-The child's allergies

-The location of the child's medication and management plan

Practises and procedures to ensure the child DOES NOT attend the service without prescribed medication

Communication Plan

Review every 6 months or earlier if needed.

Child's Name: _____

Date: _____

Parents Name: _____

What is your child's allergy /illness and when was this last reviewed by your doctor?

When the last time was your child had a reaction/onset and how did you respond?

What do you do at home to minimise the risks to your child?

Are you satisfied with the centre's policies and procedures in reducing your child's risk of having a reaction, if not why?

Does your child require any medication for their allergy/illness? If so please provide details of this below.

Did you know if your child requires any medications for any allergies/illnesses that it must be with them each time they attend? (Without these medications care will be refused.)

☐

YES

☐

NO

When does your child's medication expire?

Parent Signature: _____

Educator Signature: _____



ATTACHMENT 4

ascia

austrasian society of clinical immunology and allergy

www.allergy.org.au

Information

FOR PATIENTS, CONSUMERS AND CARERS

First Aid for Anaphylaxis

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate adrenaline (epinephrine) autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis (severe allergic reaction)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

1 Lay person flat

Do NOT allow them to stand or walk

If unconscious, place in recovery position

If breathing is difficult allow them to sit

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally



ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

ASTHMA POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at GELC
- ensure that all necessary information for the effective management of children with asthma enrolled at GELC is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities..

Asthma management should be viewed as a shared responsibility. While GELC recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

• BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is one of the most common reasons for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(c)). As a demonstration of duty of care and best practice, GELC encourages **all educators** have current approved emergency asthma management training (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.1: Each child's health is promoted
 - i) Element 2.1.1: Each child's health needs are supported
 - b) Standard 2.3: Each child is protected
 - i) Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Friendly Children's Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and fulfil five essential criteria, which will be assessed by The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

Asthma Care Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Care Plan template specifically for use in children's

services can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

Spacer device: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

• SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthmaaustralia.org.au

- The Asthma Foundation of Victoria: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.cecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA.

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*.

PROCEDURES

The Approved Provider is responsible for:

- providing the Nominated Supervisor and all staff with a copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring the nominated supervisor; has rostered, at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- ensuring the nominated supervisor has provided parents/guardians with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- providing parents/guardians with an Asthma Care Plan (refer to *Definitions* and Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
- reviewing the documentation of the Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use

- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- identifying children with asthma during the enrolment process and informing staff
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications

- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma in consultation with parents/guardians
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Care Plan
- Attachment 3: Asthma First Aid poster
- Attachment 4: Asthma Risk Minimisation Plan

AUTHORISATION

This policy was adopted by the COM of GELC on 25th July 2018.

Review date: **2019**

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of The Asthma Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy please contact The Asthma Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 2, March 2014.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Care Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a blue reliever puffer is not available
- If you are not sure it is asthma.

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone.

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe).

Step 2. Give 4 separate puffs of blue reliever puffer medication

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken.

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving).

Step 3. Wait 4 minutes

If there is no improvement, give 4 more separate puffs as above.

Step 4. If there is still no improvement call emergency assistance (000)

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

ATTACHMENT 2



Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Photo of child
(optional)

Plan date

___/___/201__

Review date

___/___/201__

Child's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- ☐ Cough
☐ Wheeze
☐ Difficulty breathing
☐ Other (please describe)

Frequency and severity

- ☐ Daily/most days
☐ Frequently (more than 5 x per year)
☐ Occasionally (less than 5 x per year)
☐ Other (please describe)

Known triggers for this child's asthma (eg exercise*, colds/flu, smoke) — please detail:

- Does this child usually tell an adult if s/he is having trouble breathing? ☐ Yes ☐ No
Does this child need help to take asthma medication? ☐ Yes ☐ No
Does this child use a mask with a spacer? ☐ Yes ☐ No
*Does this child need a blue reliever puffer medication before exercise? ☐ Yes ☐ No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor

Address

Phone

Signature

Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email



ATTACHMENT 3

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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ATTACHMENT 4

Risk Minimisation Plan

Review every 6 months or earlier if needed.

Name: _____

Date: _____

Risks to the child

*

*

*

*

*

Practises and procedures regarding how the risks can be managed and minimised

Practises and procedures regarding the safe handling, preparation, consumption and service of food. Including but not limited to food sharing practises, hand washing and equipment cleaning.

Practises and procedures for ensuring all parents or guardians are notified on the known allergies of the child and this risks and strategies for management of the risks

Practises and procedures to ensure that each staff member (including relief staff), students, visitors and volunteers can identify the child

Practises and procedures to ensure that each staff member (including relief), students, visitors and volunteers can identify with

-The child's allergies

-The location of the child's medication and management plan

Practises and procedures to ensure the child DOES NOT attend the service without prescribed medication

Communication Plan

Review every 6 months or earlier if needed.

Child's Name: _____

Date: _____

Parents Name: _____

What is your child's allergy /illness and when was this last reviewed by your doctor?

When the last time was your child had a reaction/onset and how did you respond?

What do you do at home to minimise the risks to your child?

Are you satisfied with the centre's policies and procedures in reducing your child's risk of having a reaction, if not why?

Does your child require any medication for their allergy/illness? If so please provide details of this below.

Did you know if your child requires any medications for any allergies/illnesses that it must be with them each time they attend? (Without these medications care will be refused.)

☐

YES

☐

NO

When does your child's medication expire?

Parent Signature: _____

Educator Signature: _____

CHILD SAFE ENVIRONMENT POLICY

Mandatory – Quality Area 2

PURPOSE

This policy provides a clear set of guidelines and procedures for Gumnuts ELC to:

- provide a safe environment for all children which ensures their safety, health and wellbeing
- promote the cultural safety of all children
- identify, reduce and remove risks of child abuse
- intervene when a child may be at risk of abuse or neglect
- involve children in child safety including listening to children and incorporating their views about how to provide a safe environment
- make staff aware of their legal and duty of care obligations to report child abuse and neglect

POLICY STATEMENT

• VALUES

Gumnuts ELC:

- is committed to the rights of all children to feel safe, and be safe at all times, including:
 - promoting the cultural safety of Aboriginal children
 - promoting the cultural safety of children from culturally and linguistically diverse backgrounds
 - promoting the safety of children with a disability
- values, respects and cares for children
- fosters opportunities for each child to participate, express their views and to learn and develop
- always acts in the best interests of each child and has zero tolerance of child abuse
- takes all reasonable steps to ensure the health, safety and wellbeing of children at all times, whilst also promoting their learning and development
- actively manages the risks of abuse or harm to each child, including fulfilling our duty of care (refer to *Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- continuously improves the way our service identifies risks of and responds to child abuse, and encourages reporting and improved responses to allegations of abuse.

• SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, contractors, volunteers, students on placement,

parents/guardians, children and others attending the programs and activities of [Gumnuts ELC], including during offsite excursions and activities.

RESPONSIBILITIES

The COM and Persons with Management or Control are responsible for:

- providing leadership for an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved
- advising staff of current child protection legislation, and their legal and duty of care obligations (Regulation 84)
- undertaking child safety reviews and developing an action plan in consultation with staff, parents/guardians and children to maintain Child Safe Standards at [Gumnuts ELC] (refer to *Sources*)
- conducting recruitment and induction processes for staff in line with this policy (refer to Attachment 2 – Guidelines for incorporation of child safety into the recruitment and management of staff)
- screening contractors, volunteers and students in line with their roles (refer to Attachment 3 – Guidelines for incorporation of child safety into recruitment and management of contractors, volunteers and students)
- ensuring that contractors, volunteers, students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children
- ensuring that contact is prevented or responding if it has occurred, when the service has been notified of a court order prohibiting an adult from contacting an enrolled child
- ensuring staff, and where appropriate, contractors, volunteers and students undertake appropriate training on child safety, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- ensuring procedures for reporting and responding to suspected child abuse or neglect are promoted across the service and regularly reviewed in partnership with staff and parents/guardians, and where appropriate contractors, volunteers, students and children (refer to Attachment 4: Processes for responding to and reporting suspected child abuse)
- offering support to the child and their family, and to staff in response to concerns or reports relating to the safety, health and wellbeing of a child at [Gumnuts ELC]
- maintaining co-operative relationships with appropriate services and/or professionals (including Child FIRST) in the best interests of children and their families
- ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*) occurring at the service
- notifying DET within 24 hours in writing of becoming aware of a notifiable complaint (refer to *Definitions*) or allegation regarding the safety, health and/or welfare of a child at the service
- notifying the Commission for Children and Young People within 3 business days of becoming aware of a reportable allegation (refer to *Definitions*)
- investigating an allegation (subject to police clearance on criminal matters or matters involving family violence), advising the Commission for Children and Young People who is undertaking the investigation
- managing the risks to children whilst undertaking the investigation
- updating the Commission for Children and Young People within 30 calendar days with detailed information about the reportable allegation and any action

- notifying the Commission for Children and Young People of the investigation findings and any disciplinary action taken (or the reasons no action was taken)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- reviewing this policy in consultation with staff, volunteers, parents/guardians, and children
- providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- keeping staff, contractors, parents/guardian, volunteers and students informed of any relevant changes in legislation and practices in relation to this policy
- ensuring all staff, students, contractors, parents/guardians, volunteers and visitors abide by the *Code of Conduct Policy*
- ensuring an explicit statement of Gumnuts ELC's commitment to child safety is included in all advertising promotion for the organisation.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- ensuring continuous improvement in the implementation of the Child Safe Standards in Gumnuts ELC promoting an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved (refer to *Sources*)
- ensuring the implementation of strategies to prevent child abuse in consultation with the Approved Provider and staff
- providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to *Sources*)
- ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- notifying the Approved Provider or Person with Management or Control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at Gumnuts ELC
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the safety, health and wellbeing of a child at Gumnuts ELC
- making all staff aware of this policy, the Code of Conduct Policy and the Interactions with Children Policy and holding them to account for the behavioural expectations identified.
- implementing and reviewing this policy in consultation with the Approved Provider or Person with Management or Control, educators, staff, contractors and parents/guardians and children
- planning so that no child is left alone (or is out of sight) with a contractor, volunteer, student, parent/guardian or visitor, at the service.

All staff are responsible for:

- fulfilling their legal responsibilities and duty of care to protect children and to keep children safe and to maintain their rights
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- contributing to an organisational culture of child safety
- identifying the potential for child abuse at Gumnuts ELC, and developing and implementing effective prevention strategies in consultation with the Approved Provider and Person with Management or Control and the Nominated Supervisor and Person in day to day Charge

- following processes for responding to and reporting suspected child abuse (Attachment 4: Processes for responding to and reporting suspected child abuse)
- undertaking appropriate training on child protection, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- supporting the maintenance of Child Safe Standards in [Service Name] in consultation with the Approved Provider and Person with Management or Control and Nominated Supervisor and Person in day to day Charge at the service
- notifying the Nominated Supervisor, Person in day to day Charge, the Approved Provider or the Person with Management or Control immediately on becoming aware of any concerns, complaints or allegations regarding the safety, health and welfare of a child at Gumnuts ELC
- offering support to the child and their family in response to concerns or reports relating to the safety, health and wellbeing of a child at Gumnuts ELC
- co-operating with other services and/or professionals (including Child FIRST) in the best interests of children and their families
- informing families of support services available to them (such as Child FIRST), and of the assistance these services can provide
- conducting activities so that no child is left alone (or is out of sight) with a contractor, visitor, volunteer, student or parent/guardian at the service
- following the Gumnuts ELC's processes where the service has been notified of a court order prohibiting an adult from contacting an enrolled child
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- contributing to a review of this policy in consultation with the Approved Provider, Person with Management or Control, Nominated Supervisor and Person in day to day Charge
- educating and empowering children to talk about events and situations that make them feel uncomfortable
- ensuring that children at the service are not subjected to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- using appropriate resources and undertaking training to assist with the implementation of this policy (refer to *Sources*)
- abiding by the service's *Code of Conduct Policy* and *Interactions with Children Policy*.

Parents/guardians are responsible for:

- reading and complying with this policy
- reporting any concerns, including in relation to potential child abuse, to the appropriate child protection authorities or the police if immediate police attention is required
- abiding by the service's *Code of Conduct*.

Contactors, volunteers and students, while at the service, are responsible for following this policy and its procedures.

REVIEW

To assess whether the values and purposes of the policy have been achieved, the Approved Provider or Persons with Management or Control will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to 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 (Regulation 172(2)) unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Background, definitions, sources and service policies
- Attachment 2: Guidelines for incorporation of child safety into recruitment and management of staff
- Attachment 3: Guidelines for incorporation of child safety into recruitment of contractors, volunteers and students
- Attachment 4: Processes for responding to and reporting suspected child abuse

AUTHORISATION

This policy was adopted by the Approved Provider of Gumnuts ELC on 30th May 2018.

REVIEW DATE: 2019

ATTACHMENT 1: BACKGROUND, DEFINITIONS, SOURCES AND SERVICE POLICIES

BACKGROUND AND LEGISLATION

Background

Under the *Education and Care Services National Regulations 2011*, the Approved Provider or Person with Management or Control must ensure that all staff are familiar with current policies and procedures with regard to child safety and protection, including state and territory legislative responsibilities and their obligations under these laws (Regulation 84).

The Approved Provider, Persons with Management Control, Nominated Supervisor, Persons in Day-to-Day Charge, staff, contractors and volunteers of early childhood services have legal and duty of care obligations to protect children under their supervision and care.

Duty of care obligations (refer to *Definitions*) require the Approved Provider, Person with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, and staff to take reasonable steps to protect children from injury that is reasonably foreseeable.

In addition, organisations have a duty of care to take reasonable precautions to prevent the abuse of a child by an individual associated with the organisation while the child is under its care, supervision or authority (refer to Organisational duty of care in *Definitions*).

The duty will relate to individuals associated with an organisation, including but not limited to committee members, employees, volunteers and contractors.

The Children, Youth and Families Act 2005 provides the legislative basis for the provision of services to vulnerable children, young people and their families, and places children's best interests at the heart of decision-making and service delivery.

Any person who forms a reasonable belief (refer to *Definitions*), that a child is in need of protection may report their concerns to the Child Protection (refer to *Definitions*).

Early childhood teachers are required to be registered with the Victorian Institute of Teaching and are mandatory reporters (refer to *Definitions*). All mandatory reporters must make a report to Victoria Police and/or Child Protection (refer to *Definitions*) as soon as practicable if, during the course of their roles and responsibilities they form a reasonable belief that:

- A child is likely to suffer, or has suffered, significant harm as a result of physical abuse and/or sexual abuse, **and**
- The child's parents have not protected, or are unlikely protect, the child from harm of that type.

Victorian organisations that provide services to children are required under the *Child Safety and Wellbeing Act 2005* to ensure that they implement compulsory minimum Child Safe Standards to protect children from harm. The standards aim to drive continuous improvement in the way services prevent and report child abuse and respond to allegations of child abuse. Standard 2 requires services to have a child safe policy or statement of commitment to child safety.

Three **criminal offences** in the *Crimes Amendment (Protection of Children) Act 2014* protect children from child abuse:

- Failure to disclose: All adults (not just those working with children) have a legal duty to report information about child sexual abuse to Victoria Police. The offence applies to any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 and fails to report that information to the Victoria Police.

- **Failure to protect:** The offence applies to people within organisations who hold positions of authority within an education and care service, such as the Approved Provider, Person with Management or Control, the Nominated Supervisor or the Person in day to day Charge and who know of the substantial risk that another adult associated with the organisation may commit a sex offence and they have the power or responsibility to remove or reduce the risk but negligently fail to do so.
- **Grooming offence:** The offence targets predatory conduct by an adult with the intent of committing child sexual abuse. Conduct may include communication, including online communication, with a child under the age of 16 or their parents.

Legislation and standards

Relevant legislation and standards include but are not limited to:

Children, Youth and Families Act 2005 (Vic)

Child Safety and Wellbeing Act 2005 (Vic)

Charter of Human Rights and Responsibilities Act 2006 (Vic)

Child Safe Standards (Vic)

Crimes Amendment (Protection of Children) Act 2014 (Vic)

Education and Care Services National Law Act 2010 (Vic): including but not limited to Sections 165, 166, 167

Education and Care Services National Regulations 2011 (Vic): including but not limited to Regulations 84, 85, 86, 99, 100, 101, 102, 168(2)(h)

Education Training and Reform Act 2006 (Vic) (As amended in 2014)

Family Law Act 1975 (Cth)

National Quality Standard, including Quality Area 2: Children's Health and Safety

Reportable Conduct Scheme administered by the Commission for Children and Young People (Vic)

Working with Children Act 2005 (Vic)

Working with Children Regulations 2006 (Vic)

Wrongs Act 1958 (Vic)

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Abuse: see Child abuse definition below.

Child: A child or young person is a person under 18 years of age.

Child abuse: (In the context of this policy) refers to an act or omission by an adult that endangers or impairs a child's physical and/or emotional health or development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment (refer to *Definitions*) are generic terms used to describe situations in which a child may need protection. Child abuse includes any and all of the following:

Physical abuse: When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally, or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

Sexual abuse: When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child and grooming with the intent of committing child sexual abuse.

Emotional and psychological abuse: When a child's parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put downs or continual coldness from the parent or caregiver, to the extent that it significantly damages the child's physical, social, intellectual or emotional development.

Neglect: The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

Family violence: When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships. Contrary to popular belief, witnessing episodes of violence between people they love can affect young children as much as if they were the victims of the violence. Children who witness regular acts of violence have greater emotional and behavioural problems than other children.

Racial, cultural, religious abuse: Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion. It may be overt, such as direct racial vilification or discrimination, or covert, such as demonstrating a lack of cultural respect (attitude and values) and awareness (knowledge and understanding) or failing to provide positive images about another culture.

Bullying: Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Child FIRST: A Victorian community-based intake and referral service linked with Family Services. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection.

Child sex offender: Someone who sexually abuses children, and who may or may not have prior convictions.

Child protection: The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

Child protection notification: A notification to the Child Protection Service by a person who believes that a child is in need of protection.

Child Protection Service (also referred to as Child Protection): The statutory child protection service provided by the Victorian Department of Health and Human Services, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services. **Code of conduct:** A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other and towards other organisations and individuals in the community (refer to *Code of Conduct Policy*).

Contractor: A person or company that undertakes a contract to provide materials or labour to perform a service or do a job. Examples include photographer, tradesperson, people contracted to provide an incursion.

Disclosure: (In the context of this policy) refers to a statement that a child or young person makes to another person that describes or reveals abuse.

Duty of care: A common law concept that refers to the responsibilities of organisations and staff to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services and their staff to provide children with an adequate level of care and protection against foreseeable harm and injury.

Maltreatment: (In the context of this policy) refers to physical and/or emotional mistreatment, and/or lack of care of the child. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury to a child.

Mandatory reporting: The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm.

A broad range of professional groups are identified in the *Children, Youth and Families Act 2005* as 'mandatory reporters'. From 30 September 2015 this list includes VIT registered early childhood teachers. Mandated staff members must make a report to Victoria Police and/or Child Protection as soon as is practicable if, during the course of acting out their professional roles and responsibilities, they form a belief on reasonable grounds (refer to *Definitions*) that:

- a child has suffered, or is likely to suffer, significant harm as a result of physical and/or sexual abuse (refer to *Definitions*) **and**
- the child's parents/guardians have not protected, or are unlikely to protect, the child from harm of that type.

Mandatory reporters must also follow processes for responding to incidents, disclosures or suspicions of child abuse to fulfil all their legal obligations (refer to Attachment 4: Processes for responding to and reporting suspected child abuse).

Neglect: see Child abuse definition above.

Negligence: Doing, or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Notifiable complaint: A complaint that alleges a breach of the Act or Regulation, or alleges that the safety, health 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 notification of complaints must be submitted via the ACECQA portal [National Quality Agenda \(NQA\) IT System](#). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Organisational duty of care: The statutory duty organisations have to take reasonable precautions to prevent sexual and/or physical abuse of a child.

Offender: A person who mistreats and/or harms a child or young person.

Perpetrator: A person who mistreats and/or harms a child or young person.

Reasonable belief/reasonable grounds: A person may form a belief on reasonable grounds that a child or young person is in need of protection after becoming aware that the child or young person's safety, health or wellbeing is at risk and the child's parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically or sexually abused
- a child or young person states that they know someone who has been physically or sexually abused (sometimes the child may be referring to themselves)

- someone who knows the child or young person states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability or other factors that are impacting on the child or young person's safety, stability or development
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's/young person's actions or behaviour may place them at risk of significant harm and the parents/guardians are unwilling or unable to protect the child.

Reportable allegation: any allegation that an employee, volunteer or student has committed child abuse (refer to *Definitions*)

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQA IT System portal (www.acecqa.gov.au). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

Volunteer: Parent/guardian, family member or community member who attends the service to assist the service in some capacity.

Young person: In Victoria, under the *Children, Youth and Families Act 2005*, a child or young person is a person under 18 years of age.

SOURCES AND RELATED POLICIES

Sources

Australian Human Rights Commission: <https://www.humanrights.gov.au/>

Betrayal of Trust Implementation: www.justice.vic.gov.au

Better Health Channel: www.betterhealth.vic.gov.au/

Charter of Human Rights and Responsibilities Act 2006 (Vic): www.legislation.vic.gov.au

Choose With Care: Child Protection – an information and training program: www.childwise.net

Commission for Children and Young People (CCYP): www.ccyp.vic.gov.au

National Children's Commissioner: www.humanrights.gov.au

Department of Education and Training's Protect Portal: www.education.vic.gov.au

Safe Supportive Schools Community Working Group: www.bullyingnoway.gov.au

Service Agreement Information Kit for Funded Organisations: www.fac.dhhs.vic.gov.au

The United Nations Convention on the Rights of the Child: www.unicef.org

Victorian Institute of Teaching: www.vit.vic.edu.au

Working with Children (WWC) Check: www.workingwithchildren.vic.gov.au

Service policies

Acceptance and Refusal of Authorisations Policy

Code of Conduct Policy

Complaints and Grievances Policy

Delivery and Collection of Children Policy

Incident, Injury, Trauma and Illness Policy

Inclusion and Equity Policy

Interactions with Children Policy

Participation of Volunteers and Students Policy

Privacy and Confidentiality Policy

Staffing Policy

Supervision of Children Policy

ATTACHMENT 2

Guidelines for incorporation of child safety into the recruitment and management of staff

The following guidelines and processes for the incorporation of child safety into the recruitment and management of staff demonstrate Gumnuts ELC's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work at our service.

Preparation for recruitment

- Include a statement of Gumnuts ELC's commitment to maintaining a child safe environment in the job description
- Job description clearly outlines responsibilities and accountability
- Job advertisements clearly state our commitment to child safety
- Include requirement for a current Working with Children Check (WWCC) or Victorian Institute of Teaching registration
- The template letter of offer includes a statement about what is expected of the staff member in terms of commitment and responsibilities for child safety.

Selection process

- At least three people are on the interview panel including, where possible, a gender mix and a person external to the service or someone with human resource/interviewing experience
- Questions are behaviour-based and ask the interviewee to provide examples of their past behaviour in specific situations relevant to the job being applied for
- Questions regarding relationships with children are values-based and include a consideration of issues such as professional boundaries, resilience and motivation, teamwork, accountability and ethics
- Questions are based on key selection criteria
- More detail is asked for when answers seem incomplete
- Confirm identity by sighting (and taking a copy of) a driver's licence or a passport
- Verify qualifications and, where relevant, Working with Children Check or Victorian Institute of Teaching registration
- Thorough reference checks:
 - at least two referees are contacted (including the current or most recent employer or direct line manager) in person or via telephone
 - all referees must have observed the applicant working with children first-hand
 - referees are asked about the candidate's past behaviour including relationships with children, professional boundaries, resilience and motivation, teamwork, accountability and ethics.
- Orientation and induction covers information about values, attitudes, expectations and workplace practices in relation to maintaining a child safe environment
- Information provided to the new staff member on commencing work at the service includes *Child Safe Environment Policy*, *Code of Conduct Policy*, *Complaints and Grievances Policy* and *Staffing Policy*
- Regular meetings are held between staff members and the Approved Provider or the Person with Management or Control
- A mentoring or buddy system for staff members is in place
- Training and education with regard to child safety and child protection is provided for all staff

- Resources and support are provided for all staff to ensure a child safe environment.

Ongoing Management

- Regular meetings are held between staff and the Approved Provider or Person with Management or Control and child safety is a regular item on the agenda
- Provide supervision to ensure clear expectations about the role, adequate support as well as on-the-job monitoring of their performance
- Performance reviews consider the staff member's contribution to creating a child safe environment
- Regular training and education with regard to child safety, child protection and inclusive practices is provided for all staff
- Resources and support are provided for all staff to ensure a child safe environment
- Have a process to ensure that the registration of all early childhood teachers with Victorian Institute of Training remains current
- Maintain a register of all staff with a WWCC card and regularly check the status of the WWCC cards of all staff to ensure that no one has been given a Negative Notice or had their card revoked or suspended or that it has expired
- Develop processes to deal with a staff member who is given a Negative Notice including ensuring that they do not do any child-related work.

ATTACHMENT 3

Guidelines for incorporation of child safety into the recruitment and management of contractors, volunteers and students

The following guidelines and processes for the recruitment and management of contractors (refer to *Definitions*), volunteers (refer to *Definitions*) and students demonstrates Gumnuts ELC's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work, volunteer or be on student placement at our service.

- Assess the nature of the work or task being undertaken by contractors, volunteers and students to determine whether a position description is required
- Consider whether a screening or recruitment process is relevant to the role and the risks to children
- Ensure a valid Working With Children Check or an exemption applies for people engaged in 'direct contact' in child-related work, including physical contact, face to face contact, oral, written or electronic communication.
- Inform contractors, volunteers and students of policies relevant to their role as part of their orientation to the service
- Provide supervision to ensure clear expectations about the role and responsibilities
- Do not leave contractors, volunteers or students (or visitors) alone with children
- Have conversations about child safety and wellbeing and how the service maintains and responds to issues of safety with contractors, volunteers and students.

ATTACHMENT 4

Processes for responding to and reporting suspected child abuse

Overview

- The Approved Provider or staff **must act** when they form a reasonable belief or have a suspicion that a child has been, or is at risk of being abused.
- Staff **must seek advice** from the Approved Provider or Person with Management or Control or DHHS Child Protection, Child First and/or Victoria Police if they are uncertain about whether they have sufficient grounds to form a reasonable belief.
- If staff hold a reasonable belief that a child has been or is at risk of being abused, regardless of the advice of the Approved Provider or Person with Management or Control, or any other staff member, they **must still** make a report to Child Protection and/or Victoria Police.
- The steps outlined in the Department of Education and Training's flowchart: *Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse*, provides a summary of the critical actions which are to be followed: www.education.vic.gov.au
- Records are kept about all child safety concerns or complaints. These records contain comprehensive descriptions of incidents/ issues of concern and provide evidence for actions taken, including reports made to statutory authorities or professional bodies and follow-up actions to be completed. The records are stored in accordance with the service's Privacy and Confidentiality Policy.
- Privacy is maintained, and information is only disclosed on a need-to-know basis.
- Permission is not required from parents/guardians of a child to make a report where abuse is suspected.

Managing a disclosure

It is very important to validate a child's disclosure, by listening to the child, taking them seriously and responding and acting on the disclosure by implementing the Gumnuts ELC's reporting procedures.

Strategies include:

- Let the child talk about their concerns in their own time and in their own words
- Give them your full attention, the time and a quiet space in which to do this and be a supportive and reassuring listener
- Remain calm and use a neutral non-judgmental tone
- Comfort the child if they are distressed
- Record the child's disclosure using the child's words.
- Tell the child that telling you is the right thing to do and that what has happened is not their fault
- Let them know that you will act on this information and that you will need to let other people know so that they can help the child
- It is the role of DHHS Child Protection and Victoria Police to investigate. **DO NOT** taking any steps to investigate. Avoid asking investigative or invasive questions which may cause the child to withdraw and may interfere with an investigation. Avoid going over information repeatedly.

Reporting to authorities

- If a child is in immediate danger ensure their safety and call emergency services on 000 for urgent medical and/or police assistance.
- If there is a suspicion of sexual abuse of a child (including grooming) contact Victoria Police.

- If there is an allegation of abuse by a proprietor, staff member, contractor, volunteer, student or visitor within the service, the matter must be immediately reported directly to Victoria Police.
- To report concerns about the immediate safety of a child within their family or the community, call the nearest DHHS office in your region during business hours or after hours the Child Protection Crisis Line on 13 12 78 (24 hours, 7 days a week and toll free within Victoria). Note: this is an emergency service for weekends and after hours only, and cases reported to the Child Protection Crisis Line will be referred to the relevant DHHS office on the following working day
- Provide the following information:
 - the child's name, age and address
 - the reason for believing that the injury or behaviour is the result of abuse or neglect
 - an assessment of immediate danger to the child/ren (the person making the report may be questioned regarding knowledge of the current location of the alleged abuser/s)
 - a description of the injury or behaviour observed
 - the current location of the child
 - knowledge of other services that support or are involved with the family
 - any other information about the family
 - any specific details that will help the child, such as cultural background, need for an interpreter or disability support requirements.
- A notification should be made, even if the notifier does not have all the necessary information. There are two types of notifications to be made in relation to significant concerns for the safety or wellbeing of a child: a referral to Child FIRST (Family Services) or a report to Child Protection (see below).
- Staff must notify the Approved Provider or Person with Management or Control of all incidents, suspicions and disclosures of child abuse
- The Approved Provider or Person with Management or Control must notify DET (through the NQA IT System portal (www.acecqa.gov.au)) of any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service (Regulation 175 (2) (c) including:
 - occurrences of sexualised play between children
 - where children are being or may be at risk of being subjected to physical, emotional or sexual abuse including instances where children are observed displaying concerning behaviour that may indicate they are being subject to abuse
- Report to the Commission for Children and Young People in line with the requirements of the Reportable Conduct Scheme (see below).

Making a referral to Child FIRST

A referral to **Child FIRST** should be considered if, after taking into account the available information, the Approved Provider/staff member has significant concerns for a child's wellbeing and the child is not in immediate need of protection. This may include circumstances when there are:

- significant parenting problems that may be affecting the child's development
- family conflict, including family breakdown
- families under pressure, due to a family member's physical or mental illness, substance misuse, disability or bereavement
- young, isolated and/or unsupported families
- families experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

Child FIRST provides a consolidated intake service to Family Services within sub-regional catchments. Child FIRST ensures that vulnerable children, young people and their families are linked effectively into relevant services, and this may be the best way to connect children, young people and their families with the services they need.

Making a report to Child Protection

A report to **Child Protection** should be made if, after taking into account the available information, the staff member forms a view that the child **is** in need of protection because:

- the harm or risk of harm has a serious impact on the child's immediate safety, stability and/or development
- the harm or risk of harm is persistent and entrenched, and is likely to have a serious impact on the child's safety, stability and/or development
- the child's parents/guardians are unwilling or unable to protect the child or young person from harm.

Upon receipt of a credible report, Child Protection will seek further information, often from professionals who may already be involved with the child or family, to determine whether further action is required. In determining what steps to take, Child Protection will also consider any concerns previously reported with regard to the child or young person. In most circumstances, Child Protection will inform the notifier of the outcome of investigations.

When reporting concerns of child abuse and/or neglect, it is important to remember that:

- a failure to notify the Department of Health and Human Services is an offence under section 182 of the *Children, Youth and Families Act 2005*
- Child Protection must be notified as soon as practicable
- it is not necessary to prove that abuse has taken place, only to provide reasonable grounds (refer to Definitions) for the belief
- permission from parents/guardians or caregivers is **not required** to make a notification, nor do they need to be informed that a notification is being or has been made
- if a notification is made in good faith, the notifier cannot be held legally liable for any consequences, regardless of the outcome of the notification
- the identity of the notifier will remain confidential unless the notifier chooses to inform the child and/or family, or if the notifier consents in writing to the disclosure of their identity, or if the court decides that this information must be disclosed
- the notifier may have an ongoing role, including:
 - acting as a support person in interviews with the child or young person
 - attending a case conference
 - participating in case-planning meetings
 - continuing to monitor the child's behaviour and their interactions with others
 - observing/monitoring the conditions of a protective court order that may relate to access or contact with a parent/guardian and following [Gumnuts ELC]'s procedures where the conditions are breached
 - liaising with other professionals and child protection officers in relation to a child or young person's wellbeing
 - providing written reports for case-planning meetings or court proceedings in relation to the child's wellbeing or progress.

Contacting Parents/Carers

Parents/guardians should only be advised that a notification has been made after discussion with DHHS Child Protection or Victoria Police to determine what information can be shared.

The Reportable Conduct Scheme

The Approved Provider must initially notify the Commission for Children and Young People of a reportable allegation (refer to *Definitions*) within three business days and update the Commission of progress within 30 calendar days. ‘

The Approved Provider must also investigate the reportable allegation and provide the findings of the investigation to the Commission. The service must also respond to the Commission when contacted for information.

Support when making a report

Making the decision to report can be a challenging and it is important to make use of available supports to guide your practice. Support is available from:

- Approved Provider, Person with Management or Control, Nominated Supervisor or Person in day to day Charge
- DHHS Child Protection and Child First
- Department of Education and Training staff
- Commission for Children and Young People
- Early Learning Association Australia for member organisations

Resources

Department of Education and Training PROTECT Portal: www.education.vic.gov.au

The Department of Education and Training’s PROTECT portal provides tools and resources to assist professionals and early years services to respond to child abuse or potential child abuse, including:

- Early Childhood Guidance: This section supports early childhood providers to take action if they suspect, or are witness to, any form of child abuse.
- The flowchart: *Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse*, provides a summary of the critical actions to take:
- Early Childhood Online Learning: This eLearning Module supports all professionals in early childhood settings to increase their capacity to respond effectively to children whose safety, health or wellbeing may be at risk.

Commission for Children and Young People: www.ccyp.vic.gov.au

The Reportable Conduct Scheme is being phased in from 1 July 2017 and is administered by the Commission for Children and Young People.

CHILD SAFE (FORMERLY CHILD PROTECTION) POLICY

Mandatory – Quality Area 2

PURPOSE

This policy provides a clear set of guidelines and procedures for GELC to:

- provide a safe environment for all children which promotes their health, safety and wellbeing
- promote an organisational culture of child safety
- identify, reduce and remove risks of child abuse
- intervene when a child may be at risk of abuse or neglect
- make staff aware of their legal and duty of care obligations in reporting child abuse and neglect
- inform all other policies, procedures and activity planning in addition to general occupational health and safety risks.

POLICY STATEMENT

• VALUES

GELC:

- is committed to the rights of all children to feel safe, and be safe at all times, including:
 - promoting the cultural safety of Aboriginal children
 - promoting the cultural safety of children from culturally and linguistically diverse backgrounds
 - promoting the safety of children with a disability
- develop and maintain a culture in which children feel valued, respected and cared for
- foster opportunities for each child to participate, express their views and to learn and develop
- always acts in the best interests of each child and has zero tolerance of child abuse
- takes all reasonable steps for each child's safety and wellbeing at all times
- actively manages the risks of abuse or harm to each child, including fulfilling our duty of care (refer to *Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- continuously improves the way our service prevents child abuse, and encourages reporting and improved responses to allegations of abuse.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians,

children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

The Approved Provider, Nominated Supervisor, staff, contractors and volunteers of early childhood services have legal and moral obligations to protect children under their supervision and care.

Duty of care obligations (refer to *Definitions*) relate to the high level of responsibility to protect children in the care of a service. Duty of care obligations apply to the Approved Provider and all staff members within any early childhood service and require that the Approved Provider and staff to take reasonable steps to protect children from injury that is reasonably foreseeable.

The Children, Youth and Families Act 2005 provides the legislative basis for the provision of services to vulnerable children, young people and their families, and places children's best interests at the heart of decision-making and service delivery.

Any person who forms a reasonable belief (refer to *Definitions*), that a child is in need of protection may report their concerns to the Child Protection (refer to *Definitions*).

Three **criminal offences** have been introduced in Victoria in the *Crimes Amendment (Protection of Children) Act 2014* to protect children from child abuse:

- **Failure to disclose:** All adults (not just those working with children) have a legal duty to report information about child sexual abuse to Victoria Police. The offence applies to any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 and fails to report that information to the Victoria Police.
- **Failure to protect:** The offence applies to people within organisations who hold positions of authority within an education and care service, such as the Approved Provider or the Nominated Supervisor, and who know of the substantial risk another adult associated with the organisation may commit a sex offence and they have the power or responsibility to remove or reduce the risk but negligently fail to do so.
- **Grooming offence:** The offence targets predatory conduct by an adult with the intent of committing child sexual abuse. Conduct may include communication, including online communication, with a child under the age of 16 or their parents.

Under section 182 of the *Children, Youth and Families Act 2005*, a person registered under the *Education Training and Reform Act 2006* (as amended in 2014), or who has been granted permission to teach under that Act, is designated as a mandatory reporter. Early childhood teachers are required to be registered with the Victorian Institute of Teaching and are classified as 'mandatory reporters'.

All mandatory reporters must make a report to Victoria Police and/or Child Protection (refer to *Definitions*) as soon as practicable if, during the course of their roles and responsibilities they form a reasonable belief that:

- A child is likely to suffer, or has suffered, significant harm as a result of physical abuse and/or sexual abuse, **and**
- The child's parents have not protected, or are unlikely protect, the child from harm of that type.

Victorian organisations that provide services to children are required under the *Child Safety and Wellbeing Act 2005* to ensure that they implement compulsory minimum Child Safe Standards to protect children from harm. The standards aim to drive continuous improvement in the way services prevent and report child abuse and respond to allegations of child abuse. Standard 2 requires services to have a child safe policy or statement of commitment to child safety.

Under the *Education and Care Services National Regulations 2011*, the Approved Provider must ensure that all educators and staff are familiar with current policies and procedures with regard to child safety and protection, including state and territory legislative responsibilities and their obligations under these laws (Regulation 84).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic)
- *Child Safety and Wellbeing Act 2005* (Vic)
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Child Safe Standards* (Vic)
- *Crimes Amendment (Protection of Children) Act 2014* (Vic)
- *Education and Care Services National Law Act 2010* (Vic): Sections 165, 166, 167
- *Education and Care Services National Regulations 2011* (Vic): Regulations 84, 85, 86, 99, 100, 101, 102, 168(2)(h)
- *Education Training and Reform Act 2006* (Vic) (As amended in 2014)
- *Family Law Act 1975* (Cth)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
Standard 2.3: Each child is protected
 - Element 2.3.4: Educators, co-ordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse and neglect
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – Federal Register of Legislation: <https://www.legislation.gov.au>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Abuser: A person who mistreats and/or harms a child or young person.

Abuse: see Child abuse definition below.

Bullying: Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Child: In Victoria, under the *Children, Youth and Families Act 2005*, a child or young person is a person under 18 years of age.

Child abuse: (In the context of this policy) refers to an act or omission by an adult that endangers or impairs a child's physical and/or emotional health or development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment (refer to *Definitions*) are

generic terms used to describe situations in which a child may need protection. Child abuse includes any and all of the following:

- **Physical abuse:** When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally, or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.
- **Sexual abuse:** When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child and grooming with the intent of committing child sexual abuse.
- **Emotional and psychological abuse:** When a child's parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put downs or continual coldness from the parent or caregiver, to the extent that it significantly damages the child's physical, social, intellectual or emotional development.
- **Neglect:** The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.
- **Domestic/family violence:** When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships. Contrary to popular belief, witnessing episodes of violence between people they love can affect young children as much as if they were the victims of the violence. Children who witness regular acts of violence have greater emotional and behavioural problems than other children.
- **Racial, cultural, religious abuse:** Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion. It may be overt, such as direct racial vilification or discrimination, or covert, such as demonstrating a lack of cultural respect (attitude and values) and awareness (knowledge and understanding) or failing to provide positive images about another culture.

Child FIRST: A Victorian community-based intake and referral service linked with Family Services. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/family-and-parenting-support/how-to-make-a-referral-to-child-first>.

Child sex offender: Someone who sexually abuses children, and who may or may not have prior convictions.

Child protection: The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

Child Protection Service (also referred to as Child Protection): The statutory child protection service provided by the Victorian Department of Health and Human Services, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services. <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection>.

Code of conduct: A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each

other and towards other organisations and individuals in the community (refer to *Code of Conduct Policy*).

Contractor: A person or company that undertakes a contract to provide materials or labour to perform a service or do a job. Examples include photographer, tradesperson, people contracted to provide an incursion.

Disclosure: (In the context of this policy) refers to a statement that a child or young person makes to another person that describes or reveals abuse.

Domestic/family violence: The repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with whom they have or have had an intimate relationship, including carers.

Duty of care: A common law concept that refers to the responsibilities of organisations and staff to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services and their staff to provide children with an adequate level of care and protection against foreseeable harm and injury.

Maltreatment: (In the context of this policy) refers to physical and/or emotional mistreatment, and/or lack of care of the child. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury to a child.

Mandatory reporting: The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm.

A broad range of professional groups are identified in the *Children, Youth and Families Act 2005* as 'mandatory reporters'. From 30 September 2015 this list includes early childhood teachers. Mandated staff members must make a report to Victoria Police and/or Child Protection as soon as is practicable if, during the course of acting out their professional roles and responsibilities, they form a belief on reasonable grounds (refer to *Definitions*) that:

- a child has suffered, or is likely to suffer, significant harm as a result of physical and/or sexual abuse (refer to *Definitions*) **and**
- the child's parents/guardians have not protected, or are unlikely to protect, the child from harm of that type.

Mandatory reporters must also follow processes for responding to incidents, disclosures or suspicions of child abuse to fulfil all their legal obligations (refer to Attachment 5: Processes for responding to and reporting suspected child abuse).

Neglect: see Child abuse definition above.

Negligence: Doing, or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Notifiable complaint: A complaint that alleges a breach of the 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 ACECQA portal using the appropriate forms at <http://acecqa.gov.au/notifications>. If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Offender: A person who mistreats and/or harms a child or young person.

Perpetrator: A person who mistreats and/or harms a child or young person.

Reasonable belief/reasonable grounds: A person may form a belief on reasonable grounds that a child or young person is in need of protection after becoming aware that the child or young person's health, safety or wellbeing is at risk and the child's parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically or sexually abused
- a child or young person states that they know someone who has been physically or sexually abused (sometimes the child may be referring to themselves)
- someone who knows the child or young person states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused (see details in Appendix 2 of *Protecting the safety and wellbeing of children and young people* – refer to *Sources*)
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability or other factors that are impacting on the child or young person's safety, stability or development
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's/young person's actions or behaviour may place them at risk of significant harm and the parents/guardians are unwilling or unable to protect the child.

Serious incident: A serious incident is defined as (regulation 12):

- the death of a child -
 - while being cared for by an education and care service; or
 - following an incident while being educated and cared for by an education and care service
- any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service -
 - which a reasonable person would consider required urgent medical attention from a registered medical practitioner (examples include broken limbs or anaphylaxis reaction) attention of a registered medical practitioner; or
 - for which the child attended, or ought reasonably to have attended a hospital
- any incident where the attendance by emergency services at the education and care service premises was sought, or ought reasonably to have been sought
- any circumstances where a child being educated and cared for by an education and care service appears to be missing or cannot be accounted for;
 - appears to have been taken or removed from the education and care services premises in a manner that contravenes National Regulations;
 - is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

The Regulatory Authority must be notified of a serious incident (section 174(2)(a)) **in writing in the case of:**

- the death of a child, as soon as practicable but within 24 hours of the death, or the time that the person becomes aware of the death

- any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident.

Written notification of serious incidents must be submitted via the ACECQA portal using the appropriate forms at <http://acecqa.gov.au/notifications>.

Volunteer: Parent/guardian, family member or community member who attends the service to assist the service in some capacity.

Voluntary (non-mandated) notification: A notification to the Child Protection Service by a person who believes that a child is in need of protection and is not mandated to make the notification. Section 183 of the *Children, Youth and Families Act 2005* states that any person who believes, on reasonable grounds, that a child is in need of protection, may notify a protective intervener of that belief and of the reasonable grounds that the belief is based on. Under this part of the Act, notifications are made out of moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

Young person: In Victoria, under the *Children, Youth and Families Act 2005*, a child or young person is a person under 18 years of age.

• SOURCES AND RELATED POLICIES

Sources

- Australian Human Rights Commission: <https://www.humanrights.gov.au/>
- Betrayal of Trust Implementation: <http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/betrayal+of+trust+implementation>
- Better Health Channel: <https://www.betterhealth.vic.gov.au/>
- *Charter of Human Rights and Responsibilities Act 2006* (Vic): <http://www.legislation.vic.gov.au>
- *Choose With Care: Child Protection* – an information and training program: www.childwise.net
- Commission for Children and Young People (CCYP): <http://www.ccyp.vic.gov.au>
- National Children's Commissioner: <http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/national-children-s-commissioner>
- Palfrey, N & Harris, A. *Information for professionals on supporting children and families after a child has been abused*. Tipsheet produced by the Australian Child & Adolescent Trauma, Loss & Grief Network. Viewed at: <http://earlytraumagrief.anu.edu.au/files/profresponchildabusetip.pdf>
- *Protecting children and young people from abuse is our responsibility* Department of Education and Training resources: <http://www.education.vic.gov.au/about/programs/health/protect/Pages/default.aspx>
- *Protecting the safety and wellbeing of children and young people* – A joint protocol of the Department of Human Services Child Protection, Department of Education and Training, early childhood services and Victorian schools: <http://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx>
- Safe Supportive Schools Community Working Group <http://www.bullyingnoway.gov.au>
- Service Agreement Information Kit for Funded Organisations: <http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement>
- The United Nations Convention on the Rights of the Child: www.unicef.org/crc
- Victorian Institute of Teaching : www.vit.vic.edu.au
- *What is Child Abuse?*: www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/what-is-child-abuse
- Working with Children (WWC) Check: www.justice.vic.gov.au/workingwithchildren

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

RESPONSIBILITIES

The COM is responsible for:

- providing leadership in the development of an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved through policies and procedures
- advising staff of current child protection legislation, and their legal and duty of care obligations (Regulation 84)
- undertaking child safety reviews to identify the potential for and respond to signs of child abuse at GELC in consultation with staff, parents/guardians and children (refer to Attachment 1 – Child safety review checklist)
- identifying and implementing appropriate programs and practices to support the implementation of the Child Safe Standards in consultation with staff, parents/guardians and children (refer to Attachment 2 – Implementation of Child Safe Standards)
- conducting recruitment and induction processes for staff in line with this policy (refer to Attachment 3 – Guidelines for the incorporation of child safety into staff recruitment and management)
- screening contractors, in line with their roles (refer to Attachment 4 – Guidelines for the incorporation of child safety into recruitment of contractors and volunteers)
- putting processes in place so that contractors, volunteers, students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children
- developing and implementing procedures to prevent contact from occurring or responding if it has occurred, when the service has been notified of a court order prohibiting an adult from contacting an enrolled child
- ensuring all staff undertake appropriate training on child safety, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 5 – Processes for responding to and reporting suspected child abuse)
- developing and monitoring procedures for reporting and responding to suspected child abuse or neglect which are promoted across the service and regularly reviewed in partnership with staff and parents/guardians, and where appropriate contractors, volunteers, students and children (refer to Attachment 5: Processes for responding to and reporting suspected child abuse)
- offering support to the child and their family, and to staff in response to concerns or reports relating to the health, safety and wellbeing of a child at GELC

- implementing reporting procedures and notifications when there are significant concerns for the health, safety or wellbeing of a child at the service (refer to Attachment 5 – Processes for responding to and reporting suspected child abuse)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- implementing and reviewing this policy in consultation with staff, volunteers, parents/guardians, and children
- providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- keeping staff, contractors, parents/guardian, volunteers and students informed of any relevant changes in legislation and practices in relation to this policy
- ensuring all staff, students, contractors, parents/guardians, volunteers and visitors abide by the *Code of Conduct Policy*
- ensuring an explicit statement of GELC's commitment to child safety is included in all advertising promotion for the organisation.

The Nominated Supervisor is responsible for:

- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- supporting the implementation of the Child Safe Standards in GELC
- promoting the development of an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved
- identifying the potential for child abuse at GELC, and developing and implementing effective prevention strategies in consultation with the Approved Provider and staff (refer to Attachment 1 – Child safety review checklist and Attachment 2 – Implementation of Child Safe Standards)
- developing programs and supporting the implementation of the Child Safe Standards in consultation with the Approved Provider and other staff at the service (refer to Attachment 1 – Child safety review checklist and Attachment 2 – Implementation of Child Safe Standards)
- identifying and providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to *Sources*)
- ensuring educators, staff, and where appropriate, contractors, volunteers and students undertake appropriate training on child safety, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 5 – Processes for responding to and reporting suspected child abuse)
- implementing reporting procedures where there are reasonable grounds (refer to *Definitions*) for believing that a child is at risk of child abuse (refer to Attachment 5 – Processes for responding to and reporting suspected child abuse)
- developing co-operative relationships with appropriate services and/or professionals (including Child FIRST) in the best interests of children and their families
- notifying the Approved Provider immediately on becoming aware of a concern, complaint or allegation regarding the health, safety and welfare of a child at GELC
- notifying DET within 24 hours of a serious incident (refer to *Definitions*) occurring at the service
- notifying DET within 24 hours in writing of becoming aware of a notifiable complaint (refer to *Definitions*) or allegation regarding the health, safety and/or welfare of a child at the service
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child at GELC

- making all staff aware of this policy, the Code of Conduct Policy and the Interactions with Children Policy and holding them to account for the behavioural expectations identified.
- implementing and reviewing this policy in consultation with the Approved Provider, educators, staff, contractors and parents/guardians and children
- planning so that no child is left alone (or is out of sight) with a contractor, volunteer, student, parent/guardian or visitor, at the service.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- fulfilling their legal responsibilities and duty of care to protect children safe and to maintain children's rights
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- contributing to an organisational culture of child safety
- identifying the potential for child abuse at GELC, and developing and implementing effective prevention strategies in consultation with the Approved Provider and the Nominated Supervisor (refer to Attachment 1 – Child safety review checklist and Attachment 2 – Implementation of Child Safe Standards)
- following processes for responding and reporting suspected child abuse (Attachment 5: Processes for responding to and reporting suspected child abuse)
- undertaking appropriate training on child protection, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 5 – Processes for responding to and reporting suspected child abuse)
- identifying and implementing appropriate programs and practices to support the implementation of Child Safe Standards in consultation with the Approved Provider and Nominated Supervisor at the service (refer to Attachment 1 – Child safety review checklist and Attachment 2 – Implementation of Child Safe Standards)
- notifying the Nominated Supervisor or the Approved Provider immediately on becoming aware of any concerns, complaints or allegations regarding the health, safety and welfare of a child at GELC
- offering support to the child and their family in response to concerns or reports relating to the health, safety and wellbeing of a child at GELC
- developing co-operative relationships with appropriate services and/or professionals (including Child FIRST) in the best interests of children and their families
- co-operating with other services and/or professionals (including Child FIRST) in the best interests of children and their families
- informing families of support services available to them (such as Child FIRST), and of the assistance these services can provide
- conducting activities so that no child is left alone (or is out of sight) with a contractor, visitor, volunteer, student or parent/guardian at the service
- following the GELC's processes where the service has been notified of a court order prohibiting an adult from contacting an enrolled child
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- implementing and reviewing this policy in consultation with the Approved Provider and Nominated Supervisor
- educating and empowering children to talk about events and situations that make them feel uncomfortable
- ensuring that children at the service are not subjected to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances

- using appropriate resources and undertaking training to assist with the implementation of this policy (refer to *Sources*)
- abiding by the service's *Code of Conduct Policy* and *Interactions with Children Policy*.

Parents/guardians are responsible for:

- reading and complying with this policy
- reporting any concerns, including in relation to potential child abuse, to the appropriate child protection authorities or the police if immediate police attention is required
- abiding by the service's *Code of Conduct*.

Contactors, volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to 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 (Regulation 172(2)).

ATTACHMENTS

- Attachment 1: Child safety review checklist
- Attachment 2: Implementation of Child Safe Standards
- Attachment 3: Guidelines for the incorporation of child safety into staff recruitment and management
- Attachment 4: Guidelines for the incorporation of child safety into recruitment of contractors and volunteers
- Attachment 5: Processes for responding to and reporting suspected child abuse

AUTHORISATION

This policy was adopted by the COM of GELC 30th May 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Child safety review checklist

This checklist assists services to assess important areas of child safety in line with the seven Child Safe Standards. The outcomes of the checklist should inform a plan to address policies and practices to ensure children's safety and wellbeing.

Child safety element	Yes/No	What does the service do well?	What improvements can be made?	Who, when and review date
1. Strategies to embed an organisational culture of child safety, through effective leadership arrangements				
Do you have appropriate governance arrangements in place?				
Is the commitment to child safety modelled by your leadership?				
Do you welcome all children and acknowledge that some children are particularly vulnerable?				
Do you recognise, respect and promote the belief that cultural identity is fundamental to a child's safety and wellbeing, and provide training for staff on this?				
Do you encourage children with special needs and from different backgrounds to participate, and do they participate?				
Do you raise awareness about child abuse?				



Child safety element	Yes/No	What does the service do well?	What improvements can be made?	Who, when and review date
2. A Child Safe Policy				
Do all staff members know about this Child Safe Policy and their responsibilities to uphold it?				
Has the Child Safe Policy been adapted to address the risks that have been identified in your risk assessment?				
Do you undertake regular Child Safety Reviews to inform your policy?				
Are children consulted about how safe they feel and what ideas they might have to promote safety in your organisation?				
Do staff know their responsibilities about Failure to Disclose and Failure to Protect legislative requirements?				
3. A Code of Conduct that establishes clear expectation for appropriate behaviour with children				
Is the Code of Conduct well known by staff, volunteers, children and families and are they required to comply with it?				
Do staff know how concerns regarding breaches of the Code of Conduct can be raised and how they will be responded to?				
Are parents/guardians and visitors aware of the Code of				

Conduct?				
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Child safety element	Yes/No	What does the service do well?	What improvements can be made?	Who, when and review date
4. Screening, supervision, training and other human resource practices that reduce the risk of child abuse by new and existing personnel				
Do you have clear duty and position statements (job descriptions?)				
Have you determined which employee or volunteer positions require Working with Children Checks and have those checks been undertaken?				
Does your organisation follow the recruitment procedures outlined in Attachment 3 including interview processes, referee checks, Working with Children Checks and other screening requirements and record the procedures taken?				
Does the service have a staff development strategy to maintain and develop skills and capabilities, including understanding the risk of harm to children, the different types of harm, how to identify child abuse and relevant legislative requirements?				
Does the service have robust staff and volunteer performance management strategies in place?				
5. Processes for responding to and reporting suspected child abuse				
Do your staff know and understand the process for reporting and acting on disclosures or concerns				

about child safety?				
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Child safety element	Yes/No	What does the service do well?	What improvements can be made?	Who, when and review date
Are your staff and volunteers aware of their responsibility to report concerns of harm?				
Do you have policies and procedures concerning record keeping requirements and confidentiality and privacy?				
Do you have a complaints process that is accessible for children and families?				
Do you have child friendly processes in place to ensure children know who to talk to if they feel unsafe or have a concern?				
6. Strategies to identify and reduce or remove risks of child abuse				
Do you undertake risk assessments and have an organisational Risk Management Plan?				
Is undertaking, monitoring and reviewing the risk management plan the designated responsibility of a specific staff member?				
In undertaking your risk assessment, do you specifically consider the cultural safety of Aboriginal children and children from culturally and/or linguistically diverse backgrounds and the safety of children with a disability?				

Child safety element	Yes/No	What does the service do well?	What improvements can be made?	Who, when and review date
7. Strategies to promote the participation and empowerment of children				
Do you consult with children about decisions that affect them?				
Do you create opportunities for participation that incorporates planning, preparation, action and feedback?				
Do you inform children of their rights and tell them how to raise any concerns?				

ATTACHMENT 2

Implementation of Child Safe Standards³

This table provides some examples of practices that may be implemented to support compliance with the Child Safe Standards. Services must include the following principles as part of each standard:

- Promoting the cultural safety of Aboriginal children
- Promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds
- Promoting the safety of children with a disability.

Child safe standard	Examples of practices
1. Strategies to embed an organisational culture of child safety, including through effective leadership arrangements	<ul style="list-style-type: none"> • The Approved Provider has responsibility for ensuring child safety review is conducted and implemented • Strategic direction, vision and philosophy include child safety • Induction/training for recognising and responding to child abuse for all personnel including leadership • Service welcomes all children and acknowledges that some children are vulnerable • Service supports children's cultural identity • Child safety is a regular agenda item at leadership and staff meetings • Child safe policies and procedures are communicated to all staff, volunteers, children and families.
2. A child safe policy or statement of commitment to child safety.	<ul style="list-style-type: none"> • Have a child safe policy (such as this one) which provides an approach to being child safe, such as recruitment processes, reporting procedures and guides to managing child abuse risks • Have a plan to address the risks identified in the child safety review • Public statements to raise awareness of the organisation's commitment to child safety.
3. A code of conduct that establishes clear expectations for appropriate behaviour with children	<ul style="list-style-type: none"> • Clear and specific standards of conduct for interactions with children, such as in different situations • Require staff to sign a code of conduct • Clear explanation of appropriate relationships with children for staff, volunteers, parents and children • Policies clearly explain how concerns regarding the Code of Conduct are raised and will be responded to • Instruction on how to respond to risks adults may pose to children or that children may pose to each other.
4. Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing	<ul style="list-style-type: none"> • Embed child safety into performance arrangements and position descriptions • Ensure existing and newly recruited staff and volunteers understand the importance of child safety

³ Attachment 2 is based on *A Guide for Creating A Child Safe Organisation* Version 2.0 December 2015, available from the Commission for Children and Young People (refer to *Sources*) and on *Child Safe Standards and Criminal Law Reform for Early Childhood Services* presentation by Centre for Excellence in Child and Family Welfare Inc.



personnel	<p>and are aware of the policies and procedures</p> <ul style="list-style-type: none"> • A staff development strategy is in place to maintain and develop skills including understanding responsibilities and how to identify child abuse and reduce the risk • Undertake consistent recruitment and selection processes that identify and respond to indicators of risk • Have a process for management of allegations, negative police checks and other checks relevant for staff positions.
5. Processes for responding to and reporting suspected child abuse	<ul style="list-style-type: none"> • Ensure staff and volunteers are aware of their responsibility to report signs of risk and concerns of harm • Have a complaints process that is accessible for children and families and publicise this • Ensure children know who to talk to if they feel unsafe or have a concern • Maintain adequate record keeping of child safety issues which respect privacy • Establish feedback processes for staff, volunteers, children and families on policies and procedures
6. Strategies to identify and reduce or remove risks of child abuse	<ul style="list-style-type: none"> • Complete the Child Safety Review Checklist (Attachment 1) and develop an improvement plan • Ensure risk assessment takes into consideration the needs of Aboriginal children and children from culturally and/or linguistically diverse backgrounds and the safety of children with a disability • Develop, record and communicate processes for removing risks to children • Encourage early identification and awareness raising of risks • Learn from past lessons such as through training and policy review
7. Strategies to promote the participation and empowerment of children	<ul style="list-style-type: none"> • Consult children about decisions which affect them • Inform children of their rights and tell them how to raise safety concerns • Gather feedback from children about what would help them to raise safety concerns and implement improvements • Train staff and volunteers on methods of empowering children and encouraging their participation • Raise awareness in the organisation and community about children's rights

ATTACHMENT 3

Guidelines for incorporation of child safety into the recruitment and management of staff

The following guidelines and processes for the incorporation of child safety into the recruitment and management of staff demonstrate GELC's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work at our service.

Preparation for recruitment

- Assess whether the role includes direct and unsupervised contact with children and whether a Working with Children Check (WWCC) or Victorian Institute of Teaching registration is required
- Include a statement of GELC's commitment to maintaining a child safe environment in the job description
- Job description clearly outlines responsibilities and accountability
- Job advertisements clearly state our commitment to child safety
- The template letter of offer includes a statement about what is expected of the staff member in terms of commitment and responsibilities for child safety.

Selection process

- At least three people are on the interview panel including, where possible, a gender mix and a person external to the service or someone with human resource/interviewing experience
- Questions are behaviour-based and ask the interviewee to provide examples of their past behaviour in specific situations relevant to the job being applied for
- Questions regarding relationships with children are values-based and include a consideration of issues such as professional boundaries, resilience and motivation, teamwork, accountability and ethics
- Questions are based on key selection criteria
- More detail is asked for when answers seem incomplete
- Confirm identity by sighting (and taking a copy of) an original birth certificate or extract, a driver's licence or a passport
- Verify qualifications and, where relevant, Working with Children Check or Victorian Institute of Teaching registration
- Thorough reference checks:
 - at least two referees are contacted (including the current or most recent employer or direct line manager) in person or via telephone
 - all referees must have observed the applicant working with children first-hand
 - referees are asked about the candidate's past behaviour including relationships with children, professional boundaries, resilience and motivation, teamwork, accountability and ethics.
- Orientation and induction covers information about values, attitudes, expectations and workplace practices in relation to maintaining a child safe environment
- Information provided to the new staff member on commencing work at the service includes: the *Child Safe (formerly Child Protection) Policy*, *Child Safe Environment Policy*, *Code of Conduct Policy*, *Complaints and Grievances Policy* and *Staffing Policy*
- Regular meetings are held between staff members and the Approved Provider
- A mentoring or buddy system for staff members is in place
- Training and education with regard to child safety and child protection is provided for all staff
- Resources and support are provided for all staff to ensure a child safe environment.

Ongoing Management

- Regular meetings are held between staff and the Approved Provider and child safety is a regular item on the agenda
- Provide supervision to ensure clear expectations about the role, adequate support as well as on-the-job monitoring of their performance
- Performance reviews consider the staff member's contribution to creating a child safe environment
- Regular training and education with regard to child safety, child protection and inclusive practices is provided for all staff
- Resources and support are provided for all staff to ensure a child safe environment
- Have a process to ensure that the registration of all early childhood teachers with Victorian Institute of Training remains current
- Maintain a register of all workers with a WWCC card and regularly check the status of the WWCC cards of all staff to ensure that no one has been given a Negative Notice or had their card revoked or suspended or that it has expired
- Develop processes to deal with a worker who is given a Negative Notice including ensuring that they do not do any child-related work.

ATTACHMENT 4

Guidelines for incorporation of child safety into the recruitment and management of contractors, volunteers and students

The following guidelines and processes for the recruitment and management of contractors (refer to *Definitions*), volunteers (refer to *Definitions*) and students demonstrates GELC's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work, volunteer or be on student placement at our service.

- Assess the nature of the work or task being undertaken by contractors, volunteers and students to determine whether a Working with Children Check is required
- Assess the nature of the work or task being undertaken by contractors, volunteers and students to determine whether a position description is required
- Consider whether a screening or recruitment process is relevant to the role and the risks to children
- Inform contractors, volunteers and students of policies relevant to their role as part of their orientation to the service
- Provide supervision to ensure clear expectations about the role and responsibilities
- Do not leave contractors, volunteers or students (or visitors) alone with children
- Have conversations about child safety and wellbeing and how the service maintains and responds to issues of safety with contractors, volunteers and students.

ATTACHMENT 5

Processes for responding to and reporting suspected child abuse

Overview

The following requirements are observed at GELC:

- Early childhood staff **must act** when they form a reasonable belief or have a suspicion that a child has been, or is at risk of being abused.
- The flowchart: *Processes for responding to incidents, disclosures and suspicions of child abuse*, outlines the steps which must be followed. For more detailed information see Early Childhood Guidance available at <http://www.education.vic.gov.au/about/programs/health/protect/Pages/default.aspx>
- Staff must report a reasonable belief that a child has been, or is at risk of being abused to external and to internal authorities:

External authorities:

- In an emergency, where a child may have been sexually abused (including grooming) or where the suspected abuse is coming from within the service, the report must be made to the Victoria Police
- Where the suspected abuse is from within the community and the child is in need of protection or the risk has had or is likely to have serious impact on the child's safety, stability or development, it is to be reported to DHHS Child Protection. Where sexual abuse or grooming is suspected, staff must also report to the Victoria Police.

Internal authorities:

- Suspected abuse must be reported to the Approved Provider
- The Approved Provider must report to DET.
- Staff **must seek advice** from the Approved Provider or DHHS Child Protection and/or Victoria Police if they are uncertain about whether they have sufficient grounds to form a reasonable belief.
- If staff hold a reasonable belief that a child has been or is at risk of being abused, regardless of the advice of the Approved Provider, they must **still** make a report to Child Protection and/or Victoria Police.
- Records are kept about any child safety concern or complaint. These records contain comprehensive description of incidents/ issues of concern and provide evidence for actions taken, including reports made to statutory authorities or professional bodies and follow-up actions to be completed. The records are stored in accordance with the service's Privacy and Confidentiality Policy.
- Privacy is maintained, and information is only disclosed on a need-to-know basis.
- Permission is not required from parents/guardians of a child where abuse is suspected, and parents/guardians do not need to be notified that a report has been made.

Strategies for managing a disclosure

It is very important to validate a child's disclosure, by listening to the child, taking them seriously and responding and acting on the disclosure by implementing the GELC's reporting procedures.

Strategies include:

- Let the child talk about their concerns in their own time and in their own words
- Give them your full attention, the time and a quiet space in which to do this and be a supportive and reassuring listener
- Remain calm and use a neutral non-judgmental tone
- Comfort the child if they are distressed

- Record the child's disclosure using the child's words.
- Tell the child that telling you is the right thing to do and that what has happened is not their fault
- Let them know that you will act on this information and that you will need to let other people know so that they can help the child
- AVOID asking investigative or invasive questions which may cause the child to withdraw and may interfere with an investigation
- AVOID going over information repeatedly
- Follow the process outlined in the flowchart: Processes for responding to incidents, disclosures and suspicions.

Indicators of abuse

Below are some of the indicators of harm or abuse. This is not a comprehensive list and if in doubt staff must always seek advice.

- Physical signs of abuse or neglect may include, but are not limited to, bruises, burns, sprains, bites, cuts, fractures, frequent hunger, malnutrition, poor hygiene and inappropriate clothing.
- Behavioural signs of abuse (physical, sexual and emotional) or neglect may include, but are not limited to, wariness or distrust of adults, fear of parents/guardians and of going home, fear when other children cry/shout, excessive friendliness to strangers, being very passive and/or compliant, having/claiming to have headaches and/or stomach pains, displaying sexual behaviour that is unusual for the child's age, frequent rocking, sucking and biting, having difficulty sleeping, being withdrawn, aggressive and/or demanding behaviour, being highly anxious, having delayed speech, acting like a much younger child, and often being tired and falling asleep.
- Other indicators are family violence, parental substance abuse, psychiatric illness or intellectual disability which is impacting on the child's safety, stability or development.

Reporting to external authorities

- If a child is in immediate danger ensure their safety and call emergency services on 000 for urgent medical and/or police assistance
- If there is a suspicion of sexual abuse of a child (including grooming) contact Victoria Police
- If there is an allegation of abuse by a proprietor, staff member, contractor, volunteer, student or visitor within the service, the matter must be immediately reported directly to Victoria Police
- To report concerns about the immediate safety of a child within their family or the community, call the nearest DHHS office in your region during business hours or after hours the Child Protection Crisis Line on 13 12 78 (24 hours, 7 days a week and toll free within Victoria). Note: this is an emergency service for weekends and after hours only, and cases reported to the Child Protection Crisis Line will be referred to the relevant DHS office on the following working day
- Provide the following information:
 - the child's name, age and address
 - the reason for believing that the injury or behaviour is the result of abuse or neglect
 - an assessment of immediate danger to the child/ren (the person making the report may be questioned regarding knowledge of the current location of the alleged abuser/s)
 - a description of the injury or behaviour observed
 - the current location of the child
 - knowledge of other services that support or are involved with the family
 - any other information about the family
 - any specific details that will help the child, such as cultural background, need for an interpreter or disability support requirements
- A notification should be made, even if the notifier does not have all the necessary information

- There are two types of notifications to be made in relation to significant concerns for the safety or wellbeing of a child: a referral to Child FIRST (Family Services) or a report to Child Protection (see below).

Reporting to internal authorities

- Staff must notify the Approved Provider of all incidents, suspicions and disclosures of child abuse
- The Approved Provider must notify DET <http://www.acecqa.gov.au/national-quality-agenda-it-system> of any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service (Regulation 175 (2) (c) including:
 - occurrences of sexualised play between children
 - where children are being or may be at risk of being subjected to physical, emotional or sexual abuse including instances where children are observed displaying concerning behaviour that may indicate they are being subject to abuse.

Making a referral to Child FIRST

A referral to **Child FIRST** should be considered if, after taking into account the available information, the Approved Provider/staff member has significant concerns for a child's wellbeing and the child is not in immediate need of protection. This may include circumstances when there are:

- significant parenting problems that may be affecting the child's development
- family conflict, including family breakdown
- families under pressure, due to a family member's physical or mental illness, substance misuse, disability or bereavement
- young, isolated and/or unsupported families
- families experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

Child FIRST provides a consolidated intake service to Family Services within sub-regional catchments. Child FIRST ensures that vulnerable children, young people and their families are linked effectively into relevant services, and this may be the best way to connect children, young people and their families with the services they need.

Making a report to Child Protection

A report to **Child Protection** should be considered if, after taking into account the available information, the staff member forms a view that the child **is** in need of protection because:

- the harm or risk of harm has a serious impact on the child's immediate safety, stability and/or development
- the harm or risk of harm is persistent and entrenched, and is likely to have a serious impact on the child's safety, stability and/or development
- the child's parents/guardians are unwilling or unable to protect the child or young person from harm.

Upon receipt of a credible report, Child Protection will seek further information, often from professionals who may already be involved with the child or family, to determine whether further action is required. In determining what steps to take, Child Protection will also consider any concerns previously reported with regard to the child or young person. In most circumstances, Child Protection will inform the notifier of the outcome of investigations.

When reporting concerns of child abuse and/or neglect, it is important to remember that:

- a failure to notify the Department of Health and Human Services is an offence under section 182 of the *Children, Youth and Families Act 2005*
- Child Protection must be notified as soon as practicable
- it is not necessary to prove that abuse has taken place, only to provide reasonable grounds (refer to Definitions) for the belief
- permission from parents/guardians or caregivers is **not required** to make a notification, nor do they need to be informed that a notification is being or has been made
- if a notification is made in good faith, the notifier cannot be held legally liable for any consequences, regardless of the outcome of the notification
- the identity of the notifier will remain confidential unless the notifier chooses to inform the child and/or family, or if the notifier consents in writing to the disclosure of their identity, or if the court decides that this information must be disclosed
- the notifier may have an ongoing role, including:
 - acting as a support person in interviews with the child or young person
 - attending a case conference
 - participating in case-planning meetings
 - continuing to monitor the child's behaviour and their interactions with others
 - observing/monitoring the conditions of a protective court order that may relate to access or contact with a parent/guardian and following GELC's procedures where the conditions are breached
 - liaising with other professionals and child protection officers in relation to a child or young person's wellbeing
 - providing written reports for case-planning meetings or court proceedings in relation to the child's wellbeing or progress.

Flowchart: Processes for responding to incidents, disclosures and suspicions of child abuse



CODE OF CONDUCT POLICY

Mandatory – Quality Area 4

PURPOSE

This policy provides guidelines to enable GELC to:

- establish the expected standards of behaviour for the Approved Provider, Nominated Supervisor, staff, contractors, volunteers, students on placement, parents/guardians and visitors
- create and maintain a child safe environment that reflects the philosophy, beliefs, objectives and values of GELC
- promote desirable and appropriate behaviour
- promote interactions at the service which are respectful, honest, courteous, sensitive, tactful and considerate and confidential.

POLICY STATEMENT

• VALUES

GELC:

- respects the rights of the child and values diversity
- acknowledges the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and has zero tolerance of discrimination
- maintains a duty of care (refer to *Definitions*) towards all children at the service
- is committed to the safety and wellbeing of each child at the service
- is committed to the safety and wellbeing of all staff at the service
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment in which everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages volunteers, students, parents/guardians and visitors to support and participate in the program and activities of the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities..

• BACKGROUND AND LEGISLATION

Background

Codes of conduct establish standards of behaviour to be followed and define how individuals are expected to behave towards each other, towards the children in their care, and towards other organisations and individuals in the community.

The Approved Provider, Nominated Supervisor and staff have a duty of care to the children attending the service and must ensure 'that every reasonable precaution is taken to protect children being

educated and cared for by the service from harm and from any hazard likely to cause injury' (National Law: Section 167).

The *National Quality Standard* requires that staff are respectful and ethical and that 'professional standards guide practice, interactions and relationships' (*National Quality Standard*: 4.2 and 4.2.1).

Employers also have a legal responsibility to provide, as far as is practicable, a safe workplace that is free from discrimination, bullying and harassment.

Child Safe Standard 3 requires services to develop and review codes of conduct that establish clear expectations for appropriate behaviour with children including:

- how to respond to risks adults may pose to children or that children may pose to each other
- how to ensure the cultural safety of Aboriginal children and culturally and linguistically diverse children
- how to be inclusive of all children, including children with a disability.

A Code of Conduct should be informed by the service's philosophy, beliefs and values, and based on ethical principles of mutual respect, equity and fairness. Consideration should be given to the Victorian Teaching Profession *Code of Conduct and the Code of Ethics* and to the Early Childhood Australia's *Code of Ethics* in developing the code of conduct.

The Approved Provider must ensure that the Nominated Supervisor, staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of GELC adhere to the expectations outlined in the Code of Conduct when communicating to and interacting with:

- children at the service and their parents and family members
- each other
- others in the community.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- Child Safe Standards (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*: Sections 166, 167, 174
- *Education and Care Services National Regulations 2011*: Regulations 155, 156, 157, 175
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- Fair Work Regulations 2009 (Cth)
- National Quality Standard, Quality Area 4: Staffing Arrangements
 - a) Standard 4.2: Educators, coordinators and staff members are respectful and ethical
 - i) Element 4.2.1: Professional standards guide practice, interactions and relationships
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Racial Discrimination Act 1975*
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Sex Discrimination Act 1984* (Cth)

- Victorian Institute of Teaching *The Victorian Teaching Profession Code of Conduct*
- Victorian Institute of Teaching *The Victorian Teaching Profession Code of Ethics*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – Federal Register of Legislation: <https://www.legislation.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Bullying: Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Ethical conduct: Behavior which reflects values or a code of conduct.

Harassment: When someone is demeaning, derogatory or intimidating towards another person. Harassment includes:

- racial taunts
- taunts about sexual orientation or gender identity
- sexual harassment: unwelcome physical, verbal or written behaviour of a sexual nature
- repeated insulting remarks.

Investigator: A person/staff member assigned or organization engaged with the responsibility of investigating suspected breaches of the Code of Conduct by the Approved Provider.

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): <http://www.acecqa.gov.au/national-quality-agenda-it-system>. If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Respect: Demonstrating regard for the rights of individuals, for different values and points of views.

Serious incident: A serious incident is defined as (regulation 12):

- the death of a child -
 - while being cared for by an education and care service; or

- following an incident while being educated and cared for by an education and care service
- any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service -
 - which a reasonable person would consider required urgent medical attention from a registered medical practitioner (examples include broken limbs or anaphylaxis reaction) attention of a registered medical practitioner; or
 - for which the child attended, or ought reasonably to have attended a hospital.
- any incident where the attendance by emergency services at the education and care service premises was sought, or ought reasonably to have been sought
- any circumstances where a child being educated and cared for by an education and care service appears to be missing or cannot be accounted for;
 - appears to have been taken or removed from the education and care services premises in a manner that contravenes National Regulations;
 - is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

The Regulatory Authority must be notified of a serious incident (section 174(2)(a)) **in writing in the case of:**

- the death of a child, as soon as practicable but within 24 hours of the death, or the time that the person becomes aware of the death
- any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident

Written notification of serious incidents must be submitted via the ACECQA portal using the appropriate forms at <http://acecqa.gov.au/notifications>.

Support: Work in a co-operative and positive manner.

1. **Conflict of interest:** Examples of conflicts of interest, or circumstances, which may lead to a conflict of interest arising include (but are not limited to):

- doing business with, or being employed by, an organisation that is in the same or similar business as GELC; or a competitor of GELC; or
- undertaking secondary employment for families who attend GELC in the form of “babysitting” or child care ; or
- doing business with a supplier because they have given GELC or one of its employees a gift or benefit; or
- working alongside, or in a manager/employee relationship with a close relative (for example, spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, grandparent or the parent of their spouse); or
- working in the immediate area/room as a child attending the Centre who is a close relative (for example, child, step-child, foster-child, niece, nephew grandchild or a child in respect of whom the GELC Representative acts as guardian or primary care giver); or
- being involved in a decision relating to the selection, appointment or promotion of a close relative or associate; or
- seeking to run for, or, hold, a public office that may impact GELC.

• SOURCES AND RELATED POLICIES

Sources

- Early Childhood Australia, *Code of Ethics*: www.earlychildhoodaustralia.org.au
- United Nations, *The Universal Declaration of Human Rights*: <http://www.un.org/en/universal-declaration-human-rights/>

- United Nations, *Convention on The Rights of the Child*: <http://www.unicef.org/crc/>
- Victoria Legal Aid: www.legalaid.vic.gov.au
- Victorian Institute of Teaching – The Victorian Teaching Profession Code of Conduct and Code of Ethics: <http://www.vit.vic.edu.au>

Related policies

- *Child Safe (formerly Child Protection) Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Relaxation and Sleep Policy*
- *Staffing Policy*

RESPONSIBILITIES

The Approved Provider is responsible for:

- providing a safe environment for staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of GELC
- providing guidance through leadership and by being a positive role model
- developing and updating/ reviewing codes of conduct for GELC in collaboration with the Nominated Supervisor, staff, parents/guardians, children and others involved with the service (refer to Attachments 1 and 3)
- ensuring that the Nominated supervisor and senior staff are provided with a copy of this policy on employment or engagement at the service and that the current codes of conduct are publicly displayed and promoted to everyone including contractors and visitors
- ensuring that the Nominated supervisor and senior staff are provided, complete and sign the *Code of Conduct Acknowledgement* (refer to Attachment 2) and that these are filed with individual staff records upon engagement in the service
- developing a process of accountability within the service for complying with the code(s) of conduct and being prepared to respond when behavioural expectations are not adhered to
- ensuring that all children being educated and cared for at GELC are protected from harm and any hazard likely to cause injury (National Law: Section 167) and that the children know who to speak to about any concerns and that their concerns are followed-up
- working with the Nominated Supervisor, senior staff and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- developing practices and procedures to ensure that parent/guardians, students, contractors, volunteers or visitors at the service, are not placed in a situation where they are left alone with a child
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of care of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157)
- respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal

- notifying DET in writing within 24 hours of a serious incident (refer to *Definitions*) or of a notifiable complaint (refer to *Definitions*) at the service (National Law: Sections 174(2)(b) and 174(4), National Regulations: Regulations 175(2)(c) and 176(2)(b)) via the NQAITS
- referring notifiable complaints (refer to *Definitions*), grievances or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator (refer to *Complaints and Grievances Policy*)
- activating the *Complaints and Grievances Policy* on notification of a breach of the *Code of Conduct Policy*
- taking appropriate disciplinary or legal action, or reviewing the terms of employment in the event of misconduct or a serious breach of the *Code of Conduct Policy*
- contacting police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the *Child Safe (formerly Child Protection) Policy*.

The Nominated Supervisor is responsible for:

- ensuring that the staff, volunteers, students and parents/guardians are provided with a copy of this policy on employment, engagement or enrolment at the service and that the current codes of conduct are publicly displayed and promoted to everyone including contractors and visitors
- ensuring that the children educated and cared for at GELC are protected from harm and from any hazard likely to cause injury (National Law: Section 167)
- providing guidance through their leadership and by being a positive role model
- developing a culture of accountability within the service for complying with the code(s) of conduct and being prepared to respond when behavioural expectations are not adhered to
- working with the senior staff, staff, students, volunteers, parents/guardians and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
-
- assisting the Approved Provider to develop codes of conduct for staff and parents/guardians, students, contractors, volunteers and visitors (refer to Attachments 1 and 3 for samples)
- completing and witnessing staff sign the *Code of Conduct Acknowledgement* (refer to Attachment 2)
- ensuring that the codes of conduct are regularly discussed at staff meetings to reinforce expectations
- adhering to the Code of Conduct for staff at all times
- informing the Approved Provider in the event of a serious incident (refer to *Definitions*), of a notifiable complaint (refer to *Definitions*) or of a breach of the *Code of Conduct Policy*
- contacting Police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated, or where sexual abuse or grooming is suspected as outlined in the *Child Safe (formerly Child Protection) Policy*
- working with the Approved Provider, staff, students, volunteers, parents/guardians and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- ensuring that parents/guardians, students and volunteers sign the code of conduct (refer to Attachment 4)
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of care of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157)

- taking appropriate disciplinary or legal action, or reviewing the terms of employment in the event of misconduct or a serious breach of the *Code of Conduct Policy*
- respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal
- understanding and accepting that serious breaches of this code will be deemed misconduct and may lead to disciplinary or legal action, or a review of their employment.
- complying with all policies of the service.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- assisting the Approved Provider to develop a code of conduct for staff (refer to Attachment 1)
- completing and signing the *Code of Conduct Acknowledgement* (refer to Attachment 2)
- adhering to the code of conduct for staff (refer to Attachment 1) at all times
- providing guidance to students, volunteers, parents/guardians, students and visitors through positive role modelling and, when appropriate, clear and respectful directions
- working with the Approved Provider, Nominated Supervisor, their colleagues, students, volunteers, parents/guardians and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- ensuring that parents/guardians, students, contractors, volunteers and visitors at the service are not placed in a situation where they are left alone with a child
- informing the Approved Provider in the event of a serious incident (refer to *Definitions*), of a notifiable complaint (refer to *Definitions*) or of a breach of the *Code of Conduct Policy*
- contacting Police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the *Child Safe (formerly Child Protection) Policy*.
- respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal
- understanding and accepting that serious breaches of this code will be deemed misconduct and may lead to disciplinary or legal action, or a review of their employment.
- complying with all policies of the service.

declaring any conflict of interest or circumstance which may lead to a conflict of interest arising

Parents/guardians are responsible for:

- reading the *Code of Conduct Policy*
- completing and signing the Code of Conduct for parents/guardians (refer to Attachments 3 and 4)
- abiding by the Code of Conduct for parents/guardians
- complying with all policies of the service.

Students, contractors, volunteers and visitors while at the service, are responsible for following this policy and its procedures.

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.

ATTACHMENTS

- Attachment 1: Code of Conduct for Approved Provider, Nominated Supervisor and all staff
- Attachment 2: Code of Conduct Acknowledgement for staff
- Attachment 3: Code of Conduct for parents/guardians, students, contractors and volunteers
- Attachment 4: Code of Conduct Acknowledgement for parents/guardians, students, contractors and volunteers

AUTHORISATION

This policy was adopted by the Committee of Management on 29th November 2017.

REVIEW DATE: NOVEMBER 2018

ATTACHMENT 1

Code of conduct for the Approved Provider, Nominated Supervisor and all staff⁴

The Approved Provider, Nominated Supervisor and all staff at GELC are responsible for promoting the safety and wellbeing of children and their families by:

welcoming all children and their families and being inclusive

- treating everyone with respect, including listening to and valuing their ideas and opinions
- contributing to a culture of child safety
- adhering to the *Child Safe (formerly Child Protection) Policy* and all other policies
- taking all reasonable steps to protect children from abuse
- respecting the privacy of children and their families, and only disclosing information to people who have a need to know as required under the *Privacy and Confidentiality Policy*
- reporting and acting on any breaches of this Code of Conduct, complaints or concerns.

Professional responsibilities

The Approved Provider, Nominated Supervisor and all staff demonstrate our commitment to our professional responsibilities by:

undertaking duties in a competent, timely and responsible way

- ensuring our knowledge and expertise are up to date and relevant to our roles
- being aware of the role of other professionals and agencies and working collaboratively and within the limits of our professional expertise
- understanding and complying with legal obligations in relation to:
 - a) discrimination, harassment and vilification
 - b) negligence
 - c) grooming
 - d) disclosure of child sexual abuse
 - e) protection of a child from child sexual abuse
 - f) mandatory reporting
 - g) privacy and confidentiality
 - h) occupational health and safety, including emergency evaluation procedures
 - i) raising any complaints or grievances in accordance with the Complaints and Grievances Policy
 - j) maintaining teacher registration and Working with Children checks as applicable.
- raising any complaints or grievances in accordance with the *Complaints and Grievances Policy*.

Relationships with children

The Approved Provider, Nominated Supervisor and all staff at GELC demonstrate our commitment to high-quality education and care for children by:

- encouraging children to express themselves and their opinions
- allowing children to undertake experiences that develop self-reliance and self-esteem
- maintaining a safe environment for children
- being a positive role model at all times
- speaking to children in an encouraging and positive manner

⁴ This attachment was informed by the Victorian Institute of Teaching's *The Victorian Teaching Profession Code of Conduct* and *A Guide for Creating A Child Safe Organisation*, available from the Commission for Children and Young People (refer to *Sources*)

- giving each child positive guidance and encouraging appropriate behaviour
- providing opportunities for children to interact and develop respectful and positive relationships with each other, and with other staff members and volunteers at the service
- regarding all children equally, and with respect and dignity
- having regard to the cultural values of all children and supporting them to express their culture
- respecting individual difference including age, physical and intellectual development, and catering to the abilities of each child at the service
- working with children in an open and transparent way by informing other staff about the work being done with children
- encouraging and assisting children to undertake activities of a personal nature for themselves e.g. toileting and changing clothes
- informing children if physical contact is required for any purpose, asking them if they are comfortable with this interaction and complying with the *Interactions with Children policy*.

Relationships with parents/guardians and families

In our relationships with parents/guardians and families, the Approved Provider, Nominated Supervisor and all staff demonstrate our commitment to collaboration by:

- working collaboratively with parents/guardians and families
- considering the perspective of parents/guardians and families when making decisions that impact on the education and care of their child
- communicating with parents/guardians and families in a timely and sensitive manner
- responding to concerns expressed by parents/guardians and families in a timely and appropriate manner.

Relationships with employer and between colleagues

In relationships with the Approved Provider, Nominated Supervisor and between colleagues, staff demonstrate collegiality by:

- encouraging others to act in accordance with this Code of Conduct and taking action when they observe behaviours which are outside of the Code of Conduct
- developing relationships based on mutual respect, equity and fairness
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing expertise and knowledge in appropriate forums, and in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- being prepared to have difficult conversations and use constructive processes to address differences of opinion.

ATTACHMENT 2

Code of Conduct Policy Acknowledgement for staff

I hereby acknowledge that on [Date], I received a copy of the *Code of Conduct Policy* for GELC.

I have read the policy and I understand its contents.

I commit to abiding by the Code of Conduct and fulfilling my responsibilities as outlined in this policy whilst working at GELC.

I understand that the Approved Provider will address any breach of this policy, and that any *serious* breach could lead to disciplinary or legal action.

Signature

Name (please print)

Date

Witness signature

Name (please print)

Date

Thank you for your contribution to making GELC an open, safe, welcoming and friendly environment.

ATTACHMENT 3

Code of conduct for parents/guardians, students, volunteers, contractors and visitors

I commit to contributing to creating an environment at GELC that:

- respects the rights of the child and values diversity
- acknowledges the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and has zero tolerance of discrimination
- maintains a duty of care (refer to *Definitions*) towards all children at the service
- is committed to the safety and wellbeing of each child at the service
- is committed to the safety and wellbeing of all staff at the service
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment where everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages parents/guardians, volunteers, students and community members to support and participate in the program and activities of the service.

Relationships with children

In our relationships with children, I commit to:

- being a positive role model at all times
- encouraging children to express themselves and their opinions
- allowing children to undertake experiences that develop self-reliance and self-esteem
- maintaining a safe environment for children
- speaking to children in an encouraging and positive manner
- giving each child positive guidance and encouraging appropriate behaviour
- regarding all children equally, and with respect and dignity
- having regard to each child's cultural values
- respecting individual difference including age, physical and intellectual development, and catering to the abilities of each child at the service.

Relationships with the Approved Provider, Nominated Supervisor, staff and others

In my relationships with the Approved Provider, Nominated Supervisor, staff, other parents/guardians, volunteers and visitors I commit to:

- reading and abiding by the *Code of Conduct Policy*
- developing relationships based on mutual respect
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing our expertise and knowledge in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- respecting the privacy of children and their families and only disclosing information to people who have a need to know as required under the Privacy and Confidentiality policy
- following the directions of staff at all times
- treating the kindergarten environment with respect

- raising any concerns, including concerns about safety, as soon as possible with staff to ensure that they can be resolved efficiently
- raising any complaints or grievances in accordance with the *Complaints and Grievances Policy*.

ATTACHMENT 4

Code of Conduct Policy Acknowledgement for parents/guardians, students, contractors and volunteers

I hereby acknowledge that on [Date], I received a copy of the *Code of Conduct Policy* for GELC.

I have read this policy and understand its contents. I commit to abiding by the Code of Conduct and fulfilling my responsibilities as outlined in this policy whilst my child is attending GELC.

I agree to abide by the values, principles and practices set out within.

I understand that a breach of the Code of Conduct may lead to limitations being placed on my attendance at the service.

Signature

Name (please print)

Date

Witness signature

Name (please print)

Date

Thank you for your contribution to making GELC an open, safe, welcoming and friendly environment.

COMMITTEE OF MANAGEMENT RECRUITMENT POLICY

Best practice QA 7

PURPOSE

To recruit individuals to the Committee of Management who are a representative of the local community and have a demonstrated ability to contribute positively to the operations of Gumnuts Early Learning Centre (GELC).

POLICY STATEMENT

The Committee of Management aims to maintain and record a membership, with a balance of expertise in all areas of operation of GELC.

Proposed candidates to the Committee of Management should:

- The committee must act with integrity and diligence in accordance with GELC purposes and general wellbeing of the association.
- Demonstrate a commitment to the Philosophy of GELC and its purposes of the association.
- Have expertise and the ability to contribute positively to the governance of GELC.
- Express a desire to be actively involved in Committee of Management activities such as strategic planning, financial management, policy development implementation and review, fundraising and employment of senior staff.
- Be prepared to become familiar with the day to day activities of GELC.
- Be willing to commit to regularly attending Committee of Management meetings.
- Be willing to support other members of the Committee of Management and all staff.

The Committee of Management will be comprised of a President, Vice President, Secretary, Treasurer and no more than 3 general committee members. If required the committee can form a sub-committee who can include committee, members and or staff, to work on specific tasks delegated by the committee.

The Committee of Management will meet a minimum of six times per calendar year.

The Committee of Management may grant a Committee member a leave of absence from committee meetings for a period not exceeding three months.

Related Service policies and documents

- Association Rules of GELC
- Corporate Governance charter
- Nomination for a Committee position form
- Conflict of Interest Policy
- Access and Equity Policy

PROCEDURES

The Committee of Management shall regularly review its composition to ensure a balance of expertise, experience and diversity.

Prior to the Annual General Meeting, the Committee of Management shall actively recruit suitable candidates for Committee positions via a range of mediums such as (but not limited to) advertising in the newsletter, email, posters on noticeboard and speaking to potential nominees.

Nominations of prospective members to the Committee of Management must be formalised via completion of the “*Nomination for a Committee Position*” (attachment 1) form prior to the Annual General Meeting.

If vacancies occur in the period between Annual General Meetings, additional members may be elected to fill casual vacancies.

EVALUATION

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

- Regularly seek feedback from educators, staff, parents/guardians, children, members, management and all affected by the policy regarding its effectiveness
- 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 change to this policy or its procedures.

ATTACHMENTS

List all attachments included in this policy.

- Attachment 1 (*Nomination for a committee position*)

AUTHORISATION

The policy was adopted by the Committee of Management GELC on 26th July 2017

REVIEW DATE: 26/JULY/2018

ATTACHMENT 1

Nomination for a Committee Position

For a person to be nominated for a committee position at the AGM, they must ensure that they are a current member of the association. As stated in the association rules, a person's membership must be approved at least 10 days prior to the AGM for them to be entitled to vote. This committee nomination form must be received at least 14 days prior to the AGM.

Name of person being nominated	
Committee position nominating for: Please indicate only one of the following: President Vice – President Treasurer Secretary General Committee (3 positions available)	
Mailing Address	
Phone number	
Email	
Date of nomination	
Signature	

Please return completed nomination form to Secretary (insert email or other)

COMPLAINTS AND GRIEVANCES POLICY

Mandatory – Quality Area 7

PURPOSE

This policy will provide guidelines for Gumnuts early learning centre (GELC):

- Receiving and dealing with complaints and grievances GELC
- Procedure's to be followed when investigating complaints and grievances.

Note: This policy does not address complaints relating to staff grievances or employment matters. The relevant award/EBA provides information on the management of such issues.

POLICY STATEMENT

• VALUES

GELC is committed to:

- Providing an environment of mutual respect and open communication, where the expression of opinions is encouraged
- Complying with all legislative and statutory requirements
- Dealing with disputes, complaints and complainants with fairness and equity
- Establishing mechanisms to promote prompt, efficient and satisfactory resolution of complaints and grievances
- Maintaining confidentiality at all times.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

Complaints or grievances may be received from anyone who comes in contact with GELC including parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints and grievances will be the responsibility of the Committee of Management. All complaints and grievances, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (refer to *Definitions*).

When a complaint or grievance has been assessed as 'notifiable', the Committee of Management must notify Department of Education and Training (DET) of the complaint or grievance. The

Committee of Management will investigate the complaint or grievance and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DET.

There may be occasions when the complainant reports the complaint or grievance directly to DET. If DET then notifies the Committee of Management about a complaint they have received, the Committee of Management will still have responsibility for investigating and dealing with the complaint or grievance as outlined in this policy, in addition to co-operating with any investigation by DET.

DET will investigate all complaints and grievances it receives about a service, where it is alleged that the health, safety or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Education and Care Services National Law Act 2010*: Section 174(2)(b)
- *Education and Care Services National Regulations 2011*: Regulations 168(2)(o) and 176(2)(b)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - a) Standard 7.3: Administrative systems enable the effective management of a quality service
 - i) Element 7.3.4: Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner
- *Privacy Act 1988* (Cth)
- *Privacy Regulations 2013*(Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Committee of Management, Nominated Supervisor, and Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Complaint: (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours, and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless related to the safety of the children) and issues related to the legal business entity, such as the incorporated association or co-operative.

Complaints and Grievances Register (Attachment 3): (In relation to this policy) records information about complaints and grievances received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and Responsible Persons at the service. The register can provide valuable information to the Committee of Management on meeting the needs of children and families at the service.

Dispute resolution procedure: The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

General complaint: A general complaint may address any aspect of the service e.g. a lost clothing item or the service's fees. Services do not have to inform DET, but the complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

Grievance: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

Mediator: A person (neutral party) who attempts to reconcile differences between disputants.

Mediation: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

Notifiable complaint: A complaint that alleges a breach of the 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 Committee of Management to the secretary of DET within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Committee of Management is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation. 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 using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the Regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

• SOURCES AND RELATED POLICIES

Sources

- ACECQA: www.acecqa.gov.au
- Department of Education and Training (DET) – Regional Office details are available under 'Contact Us' on the DET website: www.education.vic.gov.au
- ELAA *Early Childhood Management Manual*: www.elaa.org.au
- *The Kindergarten Guide* (Department of Education and Training) is available under *early childhood / service providers on the DET website*: www.education.vic.gov.au

Service policies

- *Code of Conduct Policy*

- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

PROCEDURES

The Committee of Management is responsible for:

- Being familiar with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, service policies and constitution, and complaints and grievances policy and procedures
- Identifying, preventing and addressing potential concerns before they become formal complaints/grievances
- Ensuring that the name and telephone number of the Responsible Person (refer to *Staffing Policy*) to whom complaints and grievances may be addressed are displayed prominently at the main entrance of the service (Regulation 173(2)(b))
- Ensuring that the address and telephone number of the Authorised Officer at the DET regional office are displayed prominently at the main entrance of the service (Regulation 173(2)(e))
- Advising parents/guardians and any other new members of GELC of the complaints and grievances policy and procedures upon enrolment
- Ensuring that this policy is available for inspection at the service at all times (Regulation 171)
- Being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers
- Responding to all complaints and grievances in the most appropriate manner and at the earliest opportunity
- Treating all complainants fairly and equitably
- Providing a *Complaints and Grievances Register* (refer to *Definitions*) and ensuring that staff record complaints and grievances along with outcomes
- Complying with the service's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times (Regulations 181, 183)
- Establishing a Grievances Subcommittee or appointing an investigator to investigate and resolve grievances (refer to Attachment 1 – Sample terms of reference for a Grievances Subcommittee/investigator)
- Referring notifiable complaints (refer to *Definitions*), grievances (refer to *Definitions*) or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator
- Informing DET in writing within 24 hours of receiving a notifiable complaint (refer to *Definitions*) (Act 174(4), Regulation 176(2)(b))
- Receiving recommendations from the Grievances Subcommittee/investigator and taking appropriate action.

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- Responding to and resolving issues as they arise where practicable
- Maintaining professionalism and integrity at all times

- Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)
- Informing complainants of the service's *Complaints and Grievances Policy*
- Recording all complaints and grievances in the *Complaints and Grievances Register* (refer to *Definitions*)
- Notifying the Committee of Management if the complaint escalates and becomes a grievance (refer to *Definitions*), is a notifiable complaint (refer to *Definitions*) or is unable to be resolved appropriately in a timely manner
- Providing information as requested by the Committee of Management e.g. written reports relating to the grievance
- complying with the service's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times (Regulations 181, 183)
- Working co-operatively with the Committee of Management and DET in any investigations related to grievances about GELC, it's programs or staff.

Parents/guardians are responsible for:

- Raising a complaint directly with the person involved, in an attempt to resolve the matter without recourse to the complaints and grievances procedures
- Communicating (preferably in writing) any concerns relating to the management or operation of the service as soon as is practicable
- Raising any unresolved issues or serious concerns directly with the Committee of management, via the Nominated Supervisor/educator or through the Grievances Subcommittee/investigator
- Maintaining complete confidentiality at all times
- Co-operating with requests to meet with the Grievances Subcommittee and/or provide relevant information when requested in relation to complaints and grievances.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness
- Monitor complaints and grievances as recorded in the *Complaints and Grievances Register* to assess whether satisfactory resolutions have been achieved
- Review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- 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.

ATTACHMENTS

- Attachment 1: Sample terms of reference for a Grievances Subcommittee/investigator
- Attachment 2: Dealing with complaints and grievances
- Attachment 3: Complaints and grievances register

AUTHORISATION

This policy was adopted by the Committee of Management of GELC on 26th July 2017.

REVIEW DATE: JULY 2018

ATTACHMENT 1

Sample terms of reference for a Grievances Subcommittee/investigator

DATE ESTABLISHED: [Date]

PURPOSE

[Choose one that is appropriate]

- A Grievances Subcommittee has been established by the Committee of Management of GELC to investigate and resolve grievances lodged with [Service Name].
- An investigator/panel of investigators has been appointed by the Committee of Management of GELC to investigate and resolve grievances lodged with GELC.

MEMBERSHIP

[If a Grievances Subcommittee is established]

Three people are nominated by the Committee of Management, and membership must include a minimum of one Responsible Person (refer to *Definitions*).

[If an investigator or a panel of investigators is appointed]

[Specify the membership.]

TIME PERIOD NOMINATED

The Grievances Subcommittee/investigator shall be appointed for [insert time frame e.g. one year].

MEETING REQUIREMENTS

The subcommittee convenor/investigator is responsible for organising meetings as soon as is practicable after receiving a complaint or grievance.

DECISION-MAKING AUTHORITY

The subcommittee/investigator is required to fulfil only those tasks and functions as outlined in these terms of reference.

The Committee of Management may decide to alter the decision-making authority of the subcommittee/investigator at any time.

BUDGET ALLOCATION

All expenditure to be incurred by the subcommittee/investigator must be approved by the Committee of Management. A request in writing must be submitted by the subcommittee/investigator.

REPORTING REQUIREMENTS OF THE COMMITTEE

- The subcommittee/investigator is required to keep minutes of all meetings held. These are to be kept in a secure file.
- The convenor is required to present a written report to the Committee of Management about the grievance, ensuring that privacy and confidentiality are maintained according to the service's *Privacy and Confidentiality Policy*.

TASKS AND FUNCTIONS OF THE GRIEVANCES SUBCOMMITTEE/INVESTIGATOR

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in Attachment 2 – Dealing with complaints and grievances
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the Committee of Management if a complaint is assessed as notifiable

- Keeping the Committee of Management informed about complaints that have been received and the outcomes of investigations
- Providing the Committee of Management with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered
- Reviewing the terms of reference of the Grievances Subcommittee/investigator at commencement and on completion of their term. Suggestions for alterations are to be presented to and approved by the Committee of Management

ATTACHMENT 2

Dealing with complaints and grievances

DEALING WITH A COMPLAINT

When a complaint is received, the person to whom the complaint is addressed will:

- Inform the complainant of the service's *Complaints and Grievances Policy*
- Encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
- Enter the complaint in the *Complaints and Grievances Register* (refer to *Definitions*) together with the outcome
- Comply with the service's *Privacy and Confidentiality Policy* with regard to all meetings/discussions in relation to a complaint
- Inform the Committee of Management if the complaint escalates and becomes a grievance (refer to *Definitions*), a notifiable complaint (refer to *Definitions*) or is unable to be resolved appropriately in a timely manner.

DEALING WITH A GRIEVANCE

When a formal complaint or grievance is lodged with the service:

- The staff member receiving the formal complaint or grievance will record all relevant details regarding the grievance in the *Complaints and Grievances Register* (refer to *Definitions*) and immediately inform the Committee of Management
- The Committee of Management must inform the service's Grievances Subcommittee, if there is one, or appoint an investigator(s) to investigate the grievance
- The Grievances Subcommittee/investigator will assess the grievance to determine if it is a notifiable grievance (refer to *Definitions*)
- If the grievance is notifiable, the Committee of Management will be responsible for notifying DET. This must be in writing within 24 hours of receiving the complaint (Regulation 176(2)(b))
- The written report to DET needs to be submitted using the appropriate forms from ACECQA and will include:
 - a) details of the event or incident
 - b) the name of the person who initially made the complaint
 - c) if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
 - d) contact details of a nominated member of the Grievances Subcommittee/investigator
 - e) any other relevant information
- If the Committee of Management is unsure if the complaint is a notifiable complaint, it is good practice to contact DET for confirmation.

GRIEVANCES SUBCOMMITTEE/INVESTIGATOR RESPONSIBILITIES AND PROCEDURES

In the event of a grievance being lodged, the Grievances Subcommittee/investigator will:

- Convene as soon as possible to deal with the grievance in a timely manner
- Disclose any conflict of interest relating to any member of the subcommittee/panel of investigators. Such members must stand aside from the investigation and subsequent processes
- Consider the nature and the details of the grievance
- Identify which service policies (if any) the grievance involves
- Inform the Committee of Management if their involvement is required under any other service policies

- If the grievance is a notifiable complaint (refer to *Definitions*), inform the complainant of the requirements to notify DET of the grievance and explain the role that DET may take in investigating the complaint
- Maintain appropriate records of the information and data collected, including minutes of meetings, incident reports and copies of relevant documentation relating to the grievance
- Respect the confidential nature of information relating to the grievance. The Committee of Management and the subcommittee/investigator must handle any grievance in a discreet and professional manner
- Store all written information relating to grievances securely and in compliance with the service's *Privacy and Confidentiality Policy*.

INVESTIGATING THE GRIEVANCE AND GATHERING RELEVANT INFORMATION

When investigating the grievance and gathering relevant information, the Grievances Subcommittee/investigator will:

- Meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident
- Offer the complainant the opportunity of meeting with the subcommittee/investigator to discuss the complaint and provide additional information where relevant
- Nominate a subcommittee member to inform the complainant of the procedures for dealing with the grievance if the complainant does not take up the opportunity to attend a meeting
- Document the time, date and detail of meetings/discussions, and follow this up with a letter to the complainant outlining the information discussed
- Be available to meet with DET staff, if required, and provide additional information as requested
- Review relevant information and documents
- Obtain any other relevant information or documentation that will assist in resolving the grievance
- Seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the grievance (any cost in seeking advice will require prior approval by the Committee of Management).

FOLLOWING THE INVESTIGATION

Once the investigation of the grievance is complete, the Grievances Subcommittee/investigator will:

- Endeavour to resolve the grievance by mutual agreement of the parties involved
- Meet to discuss the information gathered and determine further action, including generating recommendations to be presented to the Committee of Management
- Ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:
 - a) *Education and Care Services National Law Act 2010*
 - b) *Education and Care Services National Regulations 2011*
- *The Kindergarten Guide* (refer to Sources) report outcomes that may include relevant information gained in investigations and consultations to the Committee of Management and, where required, provide any recommendations for consideration by the Committee of Management
- Inform the Committee of Management on the involvement of DET and the outcomes of any investigation by DET. The Committee of Management will review the report and any subcommittee/investigator recommendations and will be responsible for making decisions on the action to be taken (if any), including relevant review mechanisms
- Advise the complainant and other relevant parties of any decisions made by the Committee of Management in relation to the grievance

- Follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the Committee of Management.

ATTACHMENT 3

Complaints and Grievances Register

Grievance Register

A record or register will be maintained by the Service outlining the nature of the complaint, the complainant, date the complaint has been brought to the **COM or Nominated Supervisor's** attention and action taken to resolve the complaint.

Name of Person Dealing With Complaint _____

Date Grievance was received: _____

Name of Grievant:

Nature of Grievance:

Outcome of Grievance:

Task	Date Started	Date Complete	Completed By	Signature
Send letter of receipt when written grievance received				
Discuss grievance with grievant (within 24 hours of verbal or written complaint)				
Investigate grievance				
Communicate the result of the investigation to the grievant (within 7 working days of receiving verbal or written complaint)				
Document the investigation and outcome (Do not include details in the file of any staff member involved unless a disciplinary action has been undertaken.)				

Offer external review to the grievant				
Send questionnaire to grievant				
Track complaints to rectify recurring issues within our Service				

CURRICULUM DEVELOPMENT POLICY

Best Practice – Quality Area 1

PURPOSE

This policy will provide guidelines to ensure that the educational program (curriculum) and practice at GELC is:

- based on an approved learning framework
- underpinned by critical reflection and careful planning
- stimulating, engaging and enhances children's learning and development.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing an educational program that is based on reflective practice, critical analysis and planning
- supporting each child to achieve learning outcomes consistent with the national *Early Years Learning Framework* (refer to *Sources*)
- providing an educational program where children can learn through play and are supported to make decisions, problem-solve and build relationships with others
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- involving families in the development and review of educational program and practice.

• SCOPE

This policy applies to the COM, Nominated Supervisor, Educational Leader, Early Childhood Teachers, educators, parents/guardians and children attending the programs and activities of GELC.

• BACKGROUND AND LEGISLATION

Background

The *Education and Care Services National Law Act 2010* (National Law) requires services to deliver an educational program (curriculum) that is based on an approved learning framework. In Victoria, approved learning frameworks for the early childhood sector are the *Early Years Learning Framework (Belonging, Being & Becoming)* (refer to *Sources*) and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*). These documents are underpinned by practices and principles that encourage reflection and provide educators with a thorough understanding of the pedagogy of early childhood curriculum in a contemporary context.

Part 4.1 of the *Education and Care Services National Regulations 2011* (National Regulations) outlines the operational requirements for educational program and practice within services, including the requirements for documentation of assessments in relation to the educational program. There is no prescribed method in the National Law or National Regulations for documenting assessment of children's learning. Each service must determine a method that suits their individual circumstances. To meet the documentation requirements of the National Regulations, the assessment must include an analysis of children's learning. Collecting this information enables educators to plan effectively for each child's learning and development. It can also be used by educators to stimulate reflection on their own values, beliefs and teaching practices, and to communicate about children's learning with children and their families.

The National Regulations require the appointment of an Educational Leader to lead the development and implementation of the educational program (or curriculum) at the service (Regulation 118). This person will have suitable qualifications and experience, as well as a thorough understanding of the *Early Years Learning Framework* and/or the *Victorian Early Years Learning and Development Framework*, enabling them to guide other educators in planning and reflection, and to mentor colleagues in implementation practices (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations*, p85 – refer to *Sources*).

The *National Quality Standard* is linked to the approved learning frameworks. Quality Area 1: Educational Program and Practice focuses on “enhancing children's learning and development through the:

- pedagogical practices of educators and co-ordinators
- development of programs that promote children's learning across five learning outcomes” (*Guide to the National Quality Standard*, p20 – refer to *Sources*).

The educational program must also be underpinned by the service's philosophy.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 168, 301(3)(d), 323
- *Education and Care Services National Regulations 2011*: Regulations 73–76, 118, 148
- *National Quality Standard*, Quality Area 1: Educational Program and Practice
 - a) Standard 1.1: An approved learning framework informs the development of a curriculum that enhances each child's learning and development
 - b) Standard 1.2: Educators and co-ordinators are focused, active and reflective in designing and delivering the program for each child

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Approved learning framework: A document that outlines practices that educators and co-ordinators must use to support and promote children's learning. The *Early Years Learning Framework (Belonging, Being & Becoming)* and the *Victorian Early Years Learning and Development Framework* are approved learning frameworks for use in Victoria (refer to *Sources*).

Critical reflection: Reflective practices that focus on implications for equity and social justice (*Early Years Learning Framework*, p45 – refer to *Sources*).

Curriculum: All interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development (*Early Years Learning Framework*, p45 – refer to *Sources*; adapted from Te Whariki).

Each child: A phrase used in the *National Quality Standard* when an individualised approach is warranted and educators are required to modify their response to meet the needs of an individual child. An example is 'each child's current knowledge, ideas, culture and interests provide the foundation for the program'.

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs at the service (Regulation 118). This person must have a thorough understanding of the *Early Years Learning Framework* (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in the implementation of their practice.

Learning: A natural process of exploration that children engage in from birth, as they expand their intellectual, physical, social, emotional and creative capacities. Early learning is closely linked to early development.

Learning framework: Refer to **approved learning framework** above.

Learning outcome: A skill, knowledge or disposition that educators can actively promote in early childhood settings, in collaboration with children and families.

Learning relationships: Relationships that further children's learning and development. Both adult and child have intent to learn from one another.

Play-based learning: A context for learning through which children organise and make sense of their social world as they engage actively with people, objects and representations.

• SOURCES AND RELATED POLICIES

Sources

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:*
<http://education.gov.au/early-years-learning-framework>
- *Educators' Guide to the Early Years Learning Framework for Australia:*
<http://education.gov.au/early-years-learning-framework>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA: www.acecqa.gov.au
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au
- *National Quality Standard Professional Learning Program:*
www.earlychildhoodaustralia.org.au/nqsplp
- *Victorian Early Years Learning and Development Framework:*
www.education.vic.gov.au/earlylearning/eyldf/default.htm
- *Victorian Early Years Learning and Development Framework – Resources for Professionals:*
www.education.vic.gov.au/earlylearning/eyldf/profresources.htm

Service policies

- *Code of Conduct Policy*
- *Environmental Sustainability Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*

- *Participation of Volunteers and Students Policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*
- *Supervision of Children Policy*
- *Water Safety Policy*

PROCEDURES

The COM is responsible for:

- ensuring that the educational program is stimulating and engaging, enhances children's learning and development, and is based on an approved learning framework (refer to *Definitions*) (Section 168)
- ensuring the developmental needs, interests and experiences, and the individual differences of each child are accommodated in the educational program (Section 168) (refer to *Inclusion and Equity Policy*)
- ensuring the educational program contributes to each child:
 - i) developing a strong sense of identity
 - b) being connected with, and contributing to, his or her world
 - c) having a strong sense of wellbeing
 - d) being a confident and involved learner
 - e) being an effective communicator (Regulation 73)
- ensuring the staff record includes the name of the Educational Leader at the service (Regulation 148)
- ensuring that the service's philosophy guides educational program and practice
- ensuring that assessments of the child's developmental needs, interests, experiences and participation in the educational program are documented (Regulation 74(1)(a)(i))
- ensuring that assessments of the child's progress against the outcomes of the educational program are documented (Regulation 74(1)(a)(ii))
- ensuring documentation of assessments includes reflection on the period of time the child is at the service, and how documented information will be used by educators at the service (Regulation 74(2)(a)(i)&(ii))
- ensuring documentation is written in plain language and is easy to understand by both educators and parents/guardians (Regulation 74(2)(b))
- ensuring a copy of the educational program is displayed at the service and accessible to parents/guardians (Regulation 75)
- ensuring that parents/guardians are provided with information about the content and implementation of the educational program, their child's participation in the program and documentation relating to assessments or evaluations of their child (Regulation 76)
- developing and evaluating the educational program in collaboration with the Nominated Supervisor, educators, children and families.

The Nominated Supervisor and Educational Leader are responsible for:

- ensuring that the educational program is stimulating and engaging, enhances children's learning and development, and is based on an approved learning framework (refer to *Definitions*) (Section 168)
- ensuring the developmental needs, interests and experiences, and the individual differences of each child are accommodated in the educational program (Section 168) (refer to *Inclusion and Equity Policy*)

- designating a suitably qualified and experienced Educational Leader to direct the development and implementation of educational programs at the service (Regulation 118)
- displaying a copy of the educational program at the service in a location accessible to parents/guardians
- ensuring that each child's learning and development is assessed as part of an ongoing cycle of planning, documentation and evaluation
- ensuring that there is a record of learning and development for each child, and that it is updated and maintained on an ongoing basis
- developing and evaluating the educational program in collaboration with the COM, educators, children and families
- ensuring regular communication is established between the service and parents/guardians in relation to their child's learning and development.

Person in day to day charge, Early Childhood Educators and other educators are responsible for:

- delivering an educational program that is stimulating and engaging, enhances children's learning and development, and is based on an approved learning framework (refer to *Definitions*)
- considering the developmental needs, interests and experiences, and the individual differences of each child in the educational program (refer to *Inclusion and Equity Policy*)
- assessing and documenting each child's needs, interests, experiences, participation and progress in relation to the educational program in a way that is easy to understand for parents/guardians
- ensuring that each child's learning and development is assessed as part of an ongoing cycle of planning, documentation and evaluation
- ensuring that there is a record of learning and development for each child, and that it is updated and maintained on an ongoing basis
- making information available to parents/guardians about their child's participation in the educational program
- communicating regularly with parents/guardians in relation to their child's learning and development
- developing and evaluating the educational program in collaboration with the Approved Provider, Nominated Supervisor, children and families.

Parents/guardians are responsible for:

- communicating regularly with the service in relation to their child's learning and development
- providing input to the development of the educational program in collaboration with the Approved Provider, Nominated Supervisor, educators and children.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the COM 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
- 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.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 27th June 2018.

REVIEW DATE: 2019

DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending GELC shows symptoms of an infectious disease
- a child at GELC has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses.

Note: This policy includes information on child immunisation.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
 - responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
 - complying with current exclusion schedules and guidelines set by the Department of Health
-

- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

GELC supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at GELC are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

- **SCOPE**

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

- **BACKGROUND AND LEGISLATION**

Background

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. The Department of Health has developed a document, *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts*, (attachment 5) to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the *Public Health and Wellbeing Regulations 2009*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children(attachment 6) to assist in preventing the spread of infectious diseases. A standard immunisation calendar is available at: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm. If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:

- the Australian Childhood Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request
- any Medicare office.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - a) Standard 2.1: Each child's health is promoted
 - i) Element 2.1.1: Each child's health needs are supported
 - ii) Element 2.1.3: Effective hygiene practices are promoted and implemented
 - iii) Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - b) Standard 2.3: Each child is protected
 - i) Element 2.3.1: Children are adequately supervised at all times
 - ii) Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
 - iii) Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
 - a) Standard 6.2: Families are supported in their parenting role and their values and beliefs about child rearing are respected
 - b) Standard 6.3: The service collaborates with other organisations and service providers to enhance children's learning and wellbeing
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

- *Public Health and Wellbeing Regulations 2009*

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Blood-borne virus (BBV): A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

Exclusion: Inability to attend or participate in the program at the service.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.

Infection: The invasion and multiplication of micro-organisms in bodily tissue.

Infestation: The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Pediculosis: Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.

Recommended minimum exclusion period: The period recommended by the Department of Health for excluding any person from attending a children's service to prevent the spread of infectious diseases through interpersonal contact. The exclusion period table, published by the Department of Health, can be accessed at (<http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>)

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

• SOURCES AND RELATED POLICIES

Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- Communicable Disease and Prevention Control Unit: phone – 1300 651 160: <http://ideas.health.vic.gov.au> and infectious.diseases@health.vic.gov.au
- Communicable Disease Prevention and Control Unit, Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: [http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/\\$FILE/Industry-guide-Childcare-web.pdf](http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/$FILE/Industry-guide-Childcare-web.pdf)
- Department of Health: www.immunise.health.gov.au
- Department of Health, Victoria (2012) *Head lice management guidelines*: <http://docs.health.vic.gov.au/docs/doc/Head-lice-management-guidelines->
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <http://www.nhmrc.gov.au/guidelines/publications/ch55>
- Victorian Department of Health: www.health.vic.gov.au/immunisation
- WorkSafe Victoria: *First aid in the workplace compliance code*

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The COM is responsible for:

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease (as designated by the

Department of Health – refer to *Definitions*) ensuring that the parent/guardian and Secretary⁵ are informed within 24 hours of becoming aware that an enrolled child is suffering from:

Pertussis, or
Poliomyelitis, or
Measles, or
Mumps, or
Rubella, or
Meningococcal C,

as required under Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*

(Note: The Department of Health recommends that services inform the Communicable Disease Prevention and Control Unit – refer to *Sources* – if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.)

- notifying DET within 24 hours of a serious incident (refer to *Definitions*), including when a child becomes ill at the service or medical attention is sought while the child is attending the service
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- ensuring information about the National Immunisation Program (NIP) Schedule is displayed and is available to all stakeholders (refer to: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)
- ensuring that the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators/staff and parents/guardians in a timely manner.

The Nominated Supervisor is responsible for:

- notifying the Approved Provider immediately on becoming aware that an enrolled child is suffering from:
Pertussis, or
Poliomyelitis, or
Measles, or
Mumps, or
Rubella, or
Meningococcal C
- contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine-preventable disease
- notifying a parent/guardian or authorised emergency contact person when a symptom of an excludable infectious illness or disease has been observed

⁵ In practice, services should contact the Department of Health's Communicable Disease Prevention and Control Unit.

- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to: <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>)
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- ensuring all families have completed *Consent to conduct head lice inspections* on enrolment
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- encouraging parents/guardians to notify the service if their child has an infectious disease or infestation
- observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- monitoring that all parents/guardians have completed a *Consent to conduct head lice inspections* on enrolment
- conducting regular head lice inspections, whenever an infestation is suspected, which involves visually checking children's hair and notifying the Nominated Supervisor and parents/guardians of the child if an infestation of head lice is suspected
- providing a *Head lice action form* (Attachment 1) to the parents/guardians of a child suspected of having head lice
- providing a head lice notification letter (Attachment 2) to the relevant parents/guardians when an infestation of head lice has been detected in their child's room.
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 3)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- keeping their child/ren at home if they are unwell or have an excludable infectious disease
- keeping their child/ren at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased

- informing the service if their child has an infectious disease or has been in contact with a person who has an infectious disease
- providing accurate and current information regarding the immunisation status of their child/ren when they enrol, and informing the service of any subsequent changes to this while they are enrolled at the service
- complying with the recommended minimum exclusion periods
- regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- complying with the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 3) when in attendance at the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- 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 change to this policy or its procedures.

ATTACHMENTS

- Attachment 1: *Head lice action form*
- Attachment 2: Head lice notification letter
- Attachment 3: Procedures for infection control relating to blood-borne viruses
- Attachment 4: Minimum Period of Exclusion from Schools and Children's Services Centres of Infectious Diseases Cases and Contacts
- Attachment 5: Immunisation Schedule Victoria

AUTHORISATION

This policy was adopted by the COM of GELC 30th May 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Head lice action form

Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet *Treating and controlling head lice* from the Department of Human Services. This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify GELC, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

To GELC

CONFIDENTIAL

Child's name: _____ Room: _____

I understand that my child must not attend the service with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

_____ [write name of treatment used].

Treatment commenced on: _____ [write date treatment was first used].

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 2

Head lice notification letter

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's room at GELC and we seek your co-operation in checking your child's hair regularly throughout this week, [Date].

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

While head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

We request that you observe these exclusion periods if head lice or lice eggs are detected on your child.

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the Department of Human Services. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting the service.

Who do I contact if my child has head lice?

If head lice or lice eggs are found in your child's hair, you must inform:

- the service, and use the attached form to advise when treatment has commenced
- parents/guardians and carers of your child's friends so that they can also check these children for head lice or lice eggs and commence treatment if necessary.

When can my child return to the service?

Department of Health regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

GELC is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

[Signature of Nominated Supervisor]

[Name of Nominated Supervisor]

ATTACHMENT 3

Procedures for infection control relating to blood-borne viruses

This procedure is based on information available from the Department of Education and Training (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

Equipment and procedures for responding to incidents that present blood-borne virus hazards

CLEANING AND REMOVAL OF BLOOD SPILLS

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

Put on disposable gloves.

Cover the spill with paper towels.

Carefully remove the paper towel and contents.

Place the paper towels in an appropriate disposable plastic bag/zip lock bag/bio hazard container.

Clean the area with warm water and detergent/bleach, then rinse and dry.

Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.

Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

Equipment (label clearly and keep in an easily accessible location)

- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

Procedure

- Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.

Put on disposable gloves.

When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your

eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.

Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.

Clean the affected area and cover the wound with waterproof dressing.

Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.

Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- Detergent/bleach

Procedure

- Put on disposable gloves.
- Do **not** try to re-cap the needle or to break the needle from the syringe.
- Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
- Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
- Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
- Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
- Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
- Clean the area with warm water and detergent/bleach, then rinse and dry.
- Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Under no circumstances should work-experience students or children be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk, and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

NEEDLE STICK INJURIES

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

Procedure

- Flush the injured area with flowing water.
- Wash the affected area with warm soapy water and then pat dry.
- Cover the wound with a waterproof dressing.
- Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
- Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
- For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
- See a doctor as soon as possible and discuss the circumstances of the injury.

ATTACHMENT 4

Minimum Period of Exclusion from Schools and Children's Services Centres of Infectious Diseases Cases and Contacts

Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following 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 contacts until cleared to return by the Secretary.
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed.	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary.	Not excluded.

Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclude until well.	Not excluded unless considered necessary by the Secretary.
Leprosy	Exclude until approval to return has been given by the Secretary.	Not excluded.
Measles*	Exclude for at least 4 days after 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 contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria - other than meningococcal meningitis)	Exclude until well.	Not excluded.
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.
Pertussis* (whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Severe Acute Respiratory	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary.

Syndrome (SARS)		
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.

ATTACHMENT 5
IMMUNISATION SCHEDULE VICTORIA

Please click on icon below to view



Immunisation
schedule Oct 2018.PI

DEALING WITH MEDICAL CONDITIONS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for GELC to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements.

POLICY STATEMENT

• VALUES

GELC is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of GELC are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

This policy should be read in conjunction with:

- Anaphylaxis Policy
- Asthma Policy
- Diabetes Policy
- Epilepsy Policy

• BACKGROUND AND LEGISLATION

Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition

- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two educators in attendance, one of whom must hold a Diploma of Early Childhood Education. One adult will be responsible for the administration and the other adult will witness the procedure.
- if the medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.1: Each child's health is promoted
 - i) Element 2.1.1: Each child's health needs are supported

- ii) Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard, Quality Area 7: Leadership and Service Management*
 - a) Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community
 - i) Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive
- *Occupational Health and Safety Act 2004 (Vic)*
- *Public Health and Wellbeing Act 2008 (Vic)*
- *Public Health and Wellbeing Regulations 2009 (Vic)*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from: <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse affect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition.

• SOURCES AND RELATED POLICIES

Sources

- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council:
<http://www.nhmrc.gov.au/guidelines/publications/ch55>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, p 62: www.acecqa.gov.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Diabetes Policy*
- *Epilepsy Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- ensuring educators/staff receive regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing
- ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines
- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service
- ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within

- informing the Approved Provider of any issues that impact on the implementation of this policy
- ensuring that the *AV How to Call Card* (refer to *Definitions*) is displayed near all telephones
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation
- ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- ensuring children do not swap or share food, food utensils or food containers
- ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*)
- ensuring educators and other staff follow each child's risk minimisation plan and medical management plan
- ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- ensuring that children do not swap or share food, food utensils or food containers
- communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation
- ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- undertaking relevant training to assist with the management of specific medical conditions of children at the service
- being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan
- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor

- adequately supervising all children, including those with specific medical conditions
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

Parents/guardians are responsible for:

- informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service
- providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- 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 change to this policy or its procedures.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the COM of GELC 30th May 2018.

REVIEW DATE: 2019

DELIVERY AND COLLECTION OF CHILDREN POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide clear guidelines to ensure the safe delivery and collection of children attending GELC.

POLICY STATEMENT

- **VALUES**

GELC is committed to:

- ensuring the safe delivery and collection of children being educated and cared for at the service
- meeting its duty of care obligations under the law.

- **SCOPE**

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

- **BACKGROUND AND LEGISLATION**

Background

A duty of care exists at all times the child is attending a children's service. In addition, the service has a duty of care to a child while he/she is on the service's premises even if he/she hasn't yet been signed into the service or has been signed out of the service, and is legally under the care and supervision of the parent/guardian (refer to *Supervision of Children Policy*).

The child may only leave the service in the care of a parent/guardian, authorised nominee or a person authorised by one of these parties to collect the child. An authorised person does not include a parent

who is prohibited by a court order from having contact with the child. An exception is made in the event of a medical or other emergency (refer to *Incident, Injury, Trauma and Illness Policy* and *Emergency and Evacuation Policy*) and for excursions (refer to *Excursions and Service Events Policy*).

The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service will need to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic)
- *Education and Care Services National Law Act 2010*: Sections 167, 170
- *Education and Care Services National Regulations 2011*: Regulations 99, 168(2)(f)
- *Family Law Act 1975* (Cth)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.3: Each child is protected

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Attendance record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Authorised nominee: (In relation to this policy) a person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service and is 18 years or over in age. These details will be on the child's enrolment form.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Inappropriate person: A person who may pose a risk to the health, safety or wellbeing of any child attending the education and care service, or whose behaviour or state of mind make it inappropriate for him/her to be on the premises e.g. a person under the influence of drugs or alcohol (Act 171(3)).

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- name and age of the child
- circumstances leading to the incident, injury, trauma or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this

- signature of the person making the entry, and time and date of this.

These details must be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication if required (Regulation 92). A sample medication record is available on the ACECQA website.

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Unauthorised person: (in relation to this policy) is any person who has not been listed as an authorised nominee on the child's enrolment form or is under the age of 18 years.

• SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Department of Education and Early Childhood Development (DEECD), Licensed Children's Services, phone 1300 307 415 or email licensed.childrens.services@edumail.vic.gov.au

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Child Safe Environment Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Fees Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- ensuring parents/guardians have completed the authorised nominee (refer to *Definitions*) section of their child's enrolment form, and that the form is signed and dated (refer to *Enrolment and Orientation Policy*)

- providing an attendance record (refer to *Definitions*) that meets the requirements of Regulation 158(1) and is signed by the parent/guardian or authorised nominee on delivery and collection of their child from the service every day
- ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these (refer to Attachment 2 – Authorisation Form) or in the case of a medical or other emergency (Regulation 99) (refer to *Acceptance and Refusal of Authorisations Policy, Dealing with Medical Conditions Policy, Incident, Injury Trauma and Illness Policy* and *Child Safe Environment Policy*)
- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee (refer to *Excursions and Service Events Policy*)
- ensuring authorisation procedures are in place for excursions and other service events (refer to *Excursions and Service Events Policy*)
- ensuring that there are procedures in place when a child is given into the care of another person, such as for a medical or other emergency (refer to *Emergency and Evacuation Policy* and *Incident, Injury, Trauma and Illness Policy*)
- ensuring that there are procedures in place when a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child's enrolment form will be collecting their child (refer to Attachment 1 – Authorisation procedures)
- ensuring that parents/guardians or authorised nominees are contacted in the event that an unauthorised person arrives to collect a child from the service, and that appropriate procedures are followed (refer to Attachment 1 – Authorisation procedures)
- ensuring that there are procedures in place if an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to Attachment 3 – Procedures to ensure the safe collection of children)
- keeping a written record of all visitors to the service, including time of arrival and departure
- ensuring procedures are in place for the care of a child who has not been collected from the service on time (refer to Attachment 4 – Procedures for the late collection of children)
- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service (including when children are collected late from the service) according to the requirements of Regulations 123 and 360 (refer also to *Supervision of Children Policy*)
- notifying DET in writing within 24 hours, and the parents as soon as is practicable, in the event of a serious incident (refer to *Definitions*), including when a child has left the service unattended by an adult or with an unauthorised person (Regulations 12, 86, 176)
- providing parents/guardians with information regarding procedures for delivery and collection of children prior to their child's commencement at the service
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these (refer to Attachment 2 – Authorisation Form) or in the case of a medical or other emergency (refer to *Acceptance and Refusal of Authorisations Policy, Dealing with Medical Conditions Policy, Incident, Injury Trauma and Illness Policy* and *Child Safe Environment Policy*)
- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee (refer to *Excursions and Service Events Policy*)

- providing an attendance record (refer to *Definitions*) that meets the requirements of Regulation 158(1) and is signed by the parent/guardian or authorised nominee on delivery and collection of their child from the service every day
- ensuring that educator-to-child ratios are maintained at all times children are in attendance at the service (including when children are collected late from the service) according to the requirements of Regulations 123 and 360 (refer also to *Supervision of Children Policy*)
- ensuring that parents/guardians or authorised nominees are contacted in the event that an unauthorised person arrives to collect a child from the service, and that appropriate procedures are followed (refer to Attachment 1 – Authorisation procedures)
- ensuring that there are procedures in place when a child is given into the care of another person, such as for a medical or other emergency (refer to *Emergency and Evacuation Policy* and *Incident, Injury, Trauma and Illness Policy*)
- ensuring children are adequately supervised at all times (refer to *Supervision of Children Policy*)
- following the authorisation procedures listed in Attachment 1
- following the procedures to ensure the safe collection of children (refer to Attachment 3 – Procedures to ensure the safe collection of children)
- following the procedures for late collection of children (refer to Attachment 4 – Procedures for the late collection of children)
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

Other educators/staff are responsible for:

- ensuring the attendance record is signed by the parent/guardian, authorised nominee, Nominated Supervisor or an educator, detailing the child's time of arrival and departure from the service (Regulation 158(1))
- developing safety procedures for the mass arrival and departure of children from the service
- refusing to allow a child to depart from the service with a person who is not the parent/guardian or authorised nominee, or where there is not written authorisation of one of these (refer to Attachment 2 – Authorisation Form) (refer also to *Acceptance and Refusal of Authorisations Policy*)
- implementing the authorisation procedures outlined in Attachment 1 in the event that a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child's enrolment form will be collecting their child
- following the authorisation procedures (Attachment 1) and contacting the parents/guardians or authorised nominees if an unauthorised person arrives to collect a child from the service
- following procedures in the event that an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to Attachment 3 – Procedures to ensure the safe collection of children)
- informing the Approved Provider as soon as is practicable, but within 24 hours, if a child has left the service unattended by an adult or with an unauthorised person (refer to *Definitions*)
- following procedures for the late collection of children (refer to Attachment 4 – Procedures for the late collection of children)
- maintaining educator-to-child ratios at all times children are in attendance at the service (including when children are collected late from the service)
- ensuring the entry/exit doors and gates are kept closed during program hours

- displaying an up-to-date list of the telephone numbers of the Approved Provider, DET, Child FIRST, DHHS Child Protection Service and the local police station
- complying with the service's *Road Safety and Safe Transport Policy*.

Parents/guardians are responsible for:

- completing and signing the authorised nominee section of their child's enrolment form before their child attends the service
- signing and dating permission forms for excursions
- signing the attendance record as their child arrives at and departs from the service
- ensuring educators are aware that their child has arrived at/been collected from the service
- collecting their child on time at the end of each session/day
- alerting educators if they are likely to be late collecting their child
- providing written authorisation where children require medication to be administered by educators/staff, and signing and dating it for inclusion in the child's medication record (refer to *Definitions*)
- supervising their own child before signing them into the program and after they have signed them out of the program
- familiarising themselves with the service's *Road Safety and Safe Transport Policy*
- supervising other children in their care, including siblings, while attending or assisting at the service
- paying a late-collection fee if required by the service's *Fees Policy*.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Authorisation procedures
- Attachment 2: Authorisation Form
- Attachment 3: Procedures to ensure the safe collection of children
- Attachment 4: Procedures for the late collection of children

AUTHORISATION

This policy was adopted by the COM of GELC on Wednesday 30th May 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Authorisation procedures

These procedures are to be followed when a child is collected by an unauthorised person, including where a parent/guardian or authorised nominee telephones the service to notify that such a person will be collecting their child.

The Nominated Supervisor will:

request that the parent/guardian or authorised nominee email, fax or hand write the authorisation if it is possible to do so, detailing the name, address and telephone number of the person who will be collecting the child

accept a verbal authorisation if it is not possible for the parent/guardian or authorised nominee to provide authorisation via email, fax or handwritten authorisation, provided the following procedure is followed:

- all details of the person collecting the child, including the name, address and telephone number of the person must be obtained

- two educators take the verbal authorisation message (recommended by DET)

- the verbal authorisation is documented and stored with the child's enrolment record for follow-up

- photo identification is obtained to confirm the person's identity on arrival at the service

- ensure that parents/guardians or authorised nominees follow up a verbal authorisation by completing an Authorisation Form (Attachment 2) when next at the service, or by adding details of the new authorised nominee to the child's enrolment form

ensure that fax or email authorisation is stored with the child's enrolment record

ensure the attendance record is completed prior to child leaving the service

refuse to release a child where authorisation is not/cannot be provided by the parent/guardian or authorised nominee

contact police if the safety of the child or service staff is threatened

implement late collection procedures (refer to Attachment 4) if required

notify the Approved Provider in the event that written authorisation is not provided for further follow-up.

ATTACHMENT 2

Authorisation Form

Authorisation form

To be used as a follow-up to a verbal/email/fax authorisation when the parent/guardian or authorised nominee is next at the service

I _____ authorised by telephone/email/fax (please circle)

for my child/ren (write name/s) _____ to be

collected from GELC on [Date] by:

Name: _____

Address: _____

Telephone number: _____

This was a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment form.

Authorisation form

To be used where the parent/guardian or authorised nominee is able to provide prior written authorisation

I _____ authorise

Name: _____

Address: _____

Telephone Number: _____

to collect my child/ren (write name/s) _____

from GELC on [Date].

This will be a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment form.

ATTACHMENT 3

Procedures to ensure the safe collection of children

Early childhood professionals have a duty of care not to endanger children at the service by knowingly placing them in a situation that could reasonably be expected to be dangerous, including releasing a child into the care of an inappropriate person (refer to *Definitions*).

Where an educator believes that the parents/guardians or authorised nominee may be ill, affected by alcohol or drugs, or not able to safely care for the child, the following procedures must be followed.

- Consult with the Nominated Supervisor or the Approved Provider, if possible.
- Advise the person collecting the child of their concerns and suggest contacting an alternative authorised nominee to collect the child.
- If the Nominated Supervisor or the Approved Provider fears for the safety of the child, themselves or other service staff at any time, contact the police immediately.
- Complete the *Incident, Injury, Trauma and Illness Record* and file with the child's enrolment form.
- Inform the Approved Provider as soon as is practicable, and at least within 24 hours of the incident.
- Inform the Regulatory Authority (DET) within 24 hours of a serious incident occurring (refer to *Definitions*).

ATTACHMENT 4

Procedures for the late collection of children

Scenario 1: The service has been notified of the late collection

Where a parent/guardian or authorised nominee **has** notified the service that they will be late collecting their child, the Nominated Supervisor/Person in charge is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee if the child has not been collected by the agreed time, and informing the Person in charge of the situation
- following the steps listed in scenario 3 (below) if parents/guardians or the authorised nominee do not arrive to collect the child and cannot be contacted.

Scenario 2: The service has *not* been notified of the late collection

Where a parent/guardian or authorised nominee is late collecting their child and **has not** notified the service that they will be late, the Nominated Supervisor/Person in charge is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee to request collection
- informing the Approved Provider of the situation
- following the steps listed in scenario 3 (below) if the parents/guardians or authorised nominee cannot be contacted.

Scenario 3: The child has not been collected and a parent/guardian/authorised nominee is unable to be contacted

Where the parent/guardian or authorised nominee is late collecting their child and is **unable to be contacted**, the Nominated Supervisor/Person in charge is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting Child FIRST or the local police if a child has not been collected within 20 minutes after the service closes
- notifying DET as soon as is practicable
- informing the Approved Provider of the situation.

Late collection fee

A late collection fee of \$5 per minute will be charged in accordance with the *Fees Policy* of the service in all of the above scenarios if a child is collected after service closing time.

DETERMINING RESPONSIBLE PERSON POLICY

Mandatory – Quality Area 4

PURPOSE

This policy will provide guidelines to assist in determining the Responsible Person at GELC .

POLICY STATEMENT

- **VALUES**

GELC is committed to:

meeting its duty of care (refer to *Definitions*) obligations under the law

ensuring staffing arrangements contribute to the safety, health, wellbeing, learning and development of all children at the service

meeting legislative requirements for a Responsible Person (refer to *Background* and *Definitions*) to be on the service premises at all times.

- **SCOPE**

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, students on placement, volunteers and parents/guardians of GELC .

- **BACKGROUND AND LEGISLATION**

Background

Under the *Education and Care Services National Law Act 2010*, it is an offence to operate an approved centre-based education and care service unless a Responsible Person (refer to *Definitions*) is physically in attendance at all times the service is educating and caring for children.

An Approved Provider must not operate a service unless there is a Nominated Supervisor appointed for that service. The Nominated Supervisor does not have to be in attendance at the service at all times, but in their absence, a Responsible Person, such as a Person in day-to-day Charge must be present.

Legislation and standards

Relevant legislation and standards include but are not limited to:

Child Safe Standards

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

National Quality Standard, Quality Area 4: Staffing Arrangements

National Quality Standard, Quality Area 7: Leadership and Service Management

Working with Children Act 2005 (Vic)

Working with Children Regulations 2006 (Vic)

- **DEFINITIONS**

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Responsible Person, National Law, National Regulations, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Person in day-to-day Charge: A person who is placed in day-to-day charge of an education and care service by an Approved Provider or a Nominated Supervisor; and who has consented to the placement in writing (Regulation 117A).

Person with Management or Control: Where the Approved Provider of a service is an eligible association, each member of the association's executive committee is a Person with Management or Control and has the responsibility, alone or with others, for managing the delivery of the education and care service (National Law: Definitions (b)).

Responsible Person: Centre-based services must have a Responsible Person present at all times that the service is delivering education and care. The responsible person is the Person in day-to-day Charge at the service and can be one of the following:

- the Approved Provider, if the Approved Provider is an individual, or in any other case, a Person with Management or Control (refer to *Definitions*) of an education and care service operated by the Approved Provider
- the Nominated Supervisor of the service
- a Person placed in day-to-day Charge of the service. (National Law, Section 162)

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor(s) with responsibility for the service in accordance with the National Regulations (Section 5 and 161).

• SOURCES AND RELATED POLICIES

Sources

Australian Children's Education and Care Quality Authority (ACECQA), Information Sheets:

www.acecqa.gov.au

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au

Guide to the National Quality Framework: www.acecqa.gov.au

Service policies

Child Safe Environment Policy

Code of Conduct Policy

Participation of Volunteers and Students Policy

Privacy and Confidentiality Policy

Staffing Policy

Supervision of Children Policy

PROCEDURES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring there is a Responsible Person on the premises at all times the service is delivering education and care programs for children
- nominating sufficient Nominated Supervisors to meet legislative requirements for a Responsible Person at the service at all times, including during periods of leave or illness
- ensuring that a person nominated as a Nominated Supervisor or a Person in day-to-day Charge:
 - is at least 18 years of age
 - has adequate knowledge and understanding of the provision of education and care to children
 - has the ability to effectively supervise and manage an education and care service

- has not been subject to any decision under the National Law, or any other children's services or education law, to refuse, refuse to renew, suspect, or cancel a licence, approval, registration, certification or other authorisation granted to the person
- has a history of compliance with the National Law and other relevant laws (Regulations 117C and 117B)
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service⁶ (National Law: Section 172)
- ensuring that the service does not operate without a Nominated Supervisor(s), and that the Nominated Supervisor(s) has given written consent to be in the role
- ensuring that the name of the Nominated Supervisor is displayed prominently at the service
- ensuring that information about the Nominated Supervisor, including name, address, date of birth, evidence of qualifications, approved training, a Working with Children Check or teaching registration, and other documentary evidence of fitness to be a Nominated Supervisor (refer to *Staffing Policy*) is kept on the staff record (Regulation 146)
- notifying the Regulatory Authority if:
 - there is a change to the name or contact details of the Nominated Supervisor (Section 56, Regulation 35)
 - the Nominated Supervisor is no longer employed or engaged by the service
 - has been removed from the role
 - the Nominated Supervisor withdraws their consent to the nomination
 - if a Nominated Supervisor or person in day-to-day charge has their Working with Children Check or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law
- there is any other matter or incident which affects the ability of the Nominated Supervisor to meet minimum requirements and re-assessing the Nominated Supervisor's suitability for the role
- ensuring that, when the Nominated Supervisor is absent from the premises, an alternative Responsible Person is on site
- ensuring that the Nominated Supervisor and Person in day-to-day Charge have a sound understanding of the role of Responsible Person
- ensuring that the staff record includes the name of the Responsible Person at the centre-based service for each time that children are being educated and cared for by the service (Regulation 150)
- ensuring that the Nominated Supervisors and Person in day-to-day Charge have successfully completed child protection training (see *Child Safe Environment Policy*)
- developing rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children.

The Nominated Supervisor is responsible for:

- providing written consent to accept the role of Nominated Supervisor
- ensuring they have a sound understanding of the role of Responsible Person (refer to *Definitions*)
- ensuring that, in their absence from the service premises, a Responsible Person is present
- ensuring that a Person in day-to-day Charge:
 - is at least 18 years of age
 - has adequate knowledge and understanding of the provision of education and care to children,
 - has the ability to effectively supervise and manage an education and care service
 - has not been subject to any decision under the National Law, or any other children's services or education law, to refuse, refuse to renew, suspect, or cancel a licence, approval, registration, certification or other authorisation granted to the person
 - has a history of compliance with the National Law and other relevant laws (Regulation 117B)

- ensuring that an educator gives written consent to being a Person in day-to-day Charge
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- supporting the Approved Provider to develop rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check or teacher registration, or if they are subject to disciplinary proceedings.
- **Other staff are responsible for:**
- meeting the qualifications, experience and other requirements if they wish to be nominated as a Person in day-to day Charge
- providing written consent to be the Person in day-to-day Charge
- ensuring they have a sound understanding of the role of Responsible Person.

Parents/guardians are responsible for:

- reading and understanding this policy
- being aware of the Responsible Person at the service on a daily basis.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Committee of Management of GELC on 27th September 2017.

REVIEW DATE: SEPTEMBER 2018

DIABETES POLICY

Mandatory – Quality Area 2

The content of this policy was developed for ELAA by advocacy and diabetes educators at Diabetes Australia – Vic and the Royal Children’s Hospital Melbourne’s manager of diabetes education in Australia, in August 2012. It was fully revised in February 2015.

PURPOSE

To ensure that enrolled children with type 1 diabetes and their families are supported, while children are being educated and cared for by the service.

This *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy* of GELC.

POLICY STATEMENT

• VALUES

GELC believes in ensuring the safety and wellbeing of children who are diagnosed with diabetes, and is committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the program
- actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks, and developing risk minimisation and risk management strategies for their child
- ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

Services that are subject to the National Quality Framework must have a policy for managing medical conditions in accordance with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. This policy must define practices in relation to:

- the management of medical conditions
- procedures requiring parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with a child's parents/guardians
- development of a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the *Dealing with Medical Conditions Policy* (in addition to any other relevant service policies).

Services must ensure that each child with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes action and management plan provides staff members with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service staff to support children with type 1 diabetes:

- Follow the service's *Dealing with Medical Conditions Policy* (and this *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes action and management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes action and management plan to supply to the service. Examples can be found here: <http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school>
- Contact Diabetes Australia – Vic for further support, information and professional development sessions.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected

- Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type 1 diabetes is life threatening.

Type 2 diabetes: Occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes accounts for 85 to 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of carbohydrate
- undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and possibly convulsions.

The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo.

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin
- consuming too much carbohydrate
- common illnesses such as a cold
- stress.

Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level.

Insulin pump: A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

• SOURCES AND RELATED POLICIES

Sources

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne:
<http://www.rch.org.au/diabetesmanual/>
- Diabetes Australia – Vic: www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents
 - Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff), sample management plans and online resources.

Examples of current action and management plans can be found here:

<http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that a diabetes policy is developed and implemented at the service
- ensuring that the Nominated Supervisor, educators, staff, students and volunteers at the service are provided with a copy of the *Diabetes Policy*, including the section on management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*
- ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes (refer to *Inclusion and Equity Policy*), and that children with diabetes can participate in all activities safely and to their full potential
- ensuring that the parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the *Diabetes Policy* (including procedures) and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring that the Nominated Supervisor, staff and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- ensuring that staff have access to appropriate training and professional development opportunities and are adequately resourced to work with children with Type 1 Diabetes and their families

- ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment and signed off by all relevant parties
- ensuring that the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- ensuring that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii)
- ensuring that a communication plan is developed for staff and parents/guardians in accordance with Regulation 90(iv), and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring that the *Diabetes Policy* is implemented at the service
- compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- organising appropriate training and professional development for educators and staff to enable them to work effectively with children with Type 1 Diabetes and their families
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes
- communicating daily with parents/guardians regarding the management of their child's diabetes
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- reading and complying with this *Diabetes Policy* and the *Dealing with Medical Conditions Policy*
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- working with individual parents/guardians to determine the most appropriate support for their child
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- knowing which children are diagnosed with diabetes, and the location of their medication and diabetes action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes

- communicating daily with parents/guardians regarding the management of their child's medical condition
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

All parents/guardians are responsible for:

- reading and complying with this *Diabetes Policy*, diabetes management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*.

Parents/guardians of children diagnosed with type 1 diabetes are responsible for:

- providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team and signed off by all relevant parties
- working with the Approved Provider to develop a risk minimisation plan for their child
- working with the Approved Provider to develop a communication plan
- working with educators and staff to assist them to provide the most appropriate support for their child
- ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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 following a hypo emergency at the service, to identify any changes required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the service

AUTHORISATION

This policy was adopted by the COM of GELC on 30th August 2018 .

REVIEW DATE: 2019

ATTACHMENT 1

Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none"> • Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to <i>Definitions</i>) and a finger pricking device. The child's diabetes action and management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session. • Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for checking include before meals, before bed and regularly overnight. • Additional checking times will be specified in the child's diabetes action and management plan. These could include such times as when a 'hypo' is suspected. • Children are likely to need assistance with performing BG checks. • Parents/guardians should be asked to teach service staff about BG checking procedures. • Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> • Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. • Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.
Administering insulin	<ul style="list-style-type: none"> • Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • As a guide, insulin for service-aged children is commonly administered: twice a day: before breakfast and dinner at home by a small insulin pump worn by the child If insulin is required please seek specific advice from the child's diabetes treatment team.
Managing ketones	<ul style="list-style-type: none"> • Ketone checking may be required when their blood glucose level is >15.0 mmol/L. • Refer to the child's diabetes action and management plan.

Off-site excursions and activities	<ul style="list-style-type: none"> • With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.
Infection control	<ul style="list-style-type: none"> • Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	<ul style="list-style-type: none"> • Most meal requirements will fit into regular service routines. • Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes <u>cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>
Physical activity	<ul style="list-style-type: none"> • Exercise in excess of the normal day to day activities of play should be preceded by a serve of carbohydrates. • Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. • Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.
Participation in special events	<ul style="list-style-type: none"> • Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. • Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.
Communicating with parents	<ul style="list-style-type: none"> • Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes action and management plan is current. • Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. • Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.

EMERGENCY AND EVACUATION POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide a framework for:

- the development of specific emergency and evacuation procedures, practices and guidelines at Gumnuts ELC
- raising the awareness of everyone attending Gumnuts ELC about potential emergency situations and appropriate responses.

POLICY STATEMENT

• VALUES

Gumnuts ELC is committed to:

- providing a safe environment for all children, staff and persons participating in programs at Gumnuts ELC
- having a plan to manage emergency situations in a way that reduces risk to those present on the premises
- ensuring effective procedures are in place to manage emergency incidents at the service
- ensuring an appropriate response during and following emergency incidents to meet the needs of the children, their families, staff and others at the service.

• SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Gumnuts ELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

The *Education and Care Services National Regulations 2011* define an emergency in relation to an education and care service as any situation or event that poses an imminent or severe risk to the persons at the service premises e.g. flood, fire or a situation that requires the service premises to be locked down.

Comprehensive emergency management includes prevention, preparedness, response and recovery. Services are required to have policies and procedures in place detailing what needs to be done in an emergency, including an emergency and evacuation floor plan. These policies and procedures must

be based on a risk assessment that identifies potential emergencies relevant to the service (Regulation 97).

Early childhood services have a duty of care to all attending the facility including the children, staff, volunteers, students, visitors, and contractors. It is also a requirement under the *Occupational Health and Safety Act 2004* that employers provide a healthy and safe environment for all persons who access the service's facilities and/or programs.

All services in Victoria are required to have an *Emergency Management Plan* (EMP) as part of their everyday 'best practice' operations. All education and care services listed on the Department of Education and Training (DET)'s Bushfire At-Risk Register are required as a condition of their service approval to submit their EMP to their regional office annually. DET provides *Emergency Management Plan Guidelines* and an *Emergency Management Plan* template to assist services develop and review their EMP (refer to *Sources* below for the link). All services must complete the required sections of the plan and lodge it with the relevant DET regional office. A copy should also be attached to this policy.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011* including Regulations 97, 98, 168(2)(e)
- *National Quality Standard*, including Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004*

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Attendance record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158).

Country Fire Authority (CFA): CFA respond to a variety of fire and emergency incidents. They are also involved in a range of other activities including:

- fire safety building inspections
- delivering community awareness, education and safety programs
- post-incident analysis and fire investigation
- fire prevention planning and land use planning at a municipal level.

Duty of care: A common law concept that refers to the responsibilities of a service to provide an adequate level of protection against harm and all reasonable foreseeable risks.

Emergency: Includes any situation or event that poses an imminent or severe risk to the persons at the education and care service premises e.g. flood, fire or a situation that requires the service premises to be locked down (National Regulations, page 21).

Emergency Management Plan (EMP): A written set of instructions for the service to prepare for and respond to emergencies. A guide to preparing an emergency plan and an *Emergency Management Plan* template are available on the DET website (refer to *Sources* below).

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence.

These details must be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available from the ACECQA: www.acecqa.gov.au (Search 'Sample forms and templates')

Planned closure: services identified as being at high fire risk and on the DET's Bushfire at-Risk Register will close on days determined to have a fire danger rating of Code Red by the Emergency Management Commissioner. Where possible, four to seven days notice of a planned closure will be provided. Services not on the Department's Bushfire at-Risk Register will remain open, unless directly threatened by fire or another emergency.

Metropolitan Fire Brigade (MFB): provide a fire and rescue service and are the first to respond to specific medical emergencies. The MFB aims to reduce the incidence and impact of fire and other emergencies on the community. This is achieved through the delivery of educational strategies that assist the community to become more self-reliant, including:

- fire safety building inspections, and checking fire-fighting equipment
- delivering community awareness, education and safety programs.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Risk management: A structured approach to managing uncertainty related to a threat; a sequence of activities including the identification, assessment and prioritisation of risks followed by co-ordinated and economical application of resources to minimise, monitor and control the probability and/or impact of those risks.

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a

person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution

- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

State of emergency: A situation in which the government is granted special powers, by constitutional or legal provision, to deal with a perceived threat to law and order, or public safety.

WorkSafe Victoria: The manager of Victoria's workplace safety system. WorkSafe Victoria:

- strives to prevent workplace injuries, illness and fatalities
- provides benefits to injured workers and helps them to return to work
- enforces Victoria's occupational health and safety laws
- provides reasonably priced workplace injury insurance for employers
- provides an emergency response service 24 hours per day.

• SOURCES AND RELATED POLICIES

Sources

- Australian Standards: Planning for emergencies in facilities (AS 3745–2010) available from www.infostore.saiglobal.com
- Department of Education and Training, *Guide to Preparing an Emergency Plan and Emergency Management Plan*: www.education.vic.gov.au (Search emergency management planning early childhood services)
- Department of Education and Training, *Emergency Management Plan*: www.education.vic.gov.au (Search emergency management planning early childhood services)
- Metropolitan Fire Brigade: www.mfb.vic.gov.au
- Country Fire Authority: www.cfa.vic.gov.au
- State Emergency Service: www.ses.vic.gov.au
- WorkSafe Victoria: www.worksafe.vic.gov.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Delivery and Collection of Children Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM and Persons with Management or Control are responsible for:

- completing the DET *Emergency Management Plan* (refer to *Sources*), lodging this with the relevant DET regional office and attaching a copy to this policy
- conducting a risk assessment to identify potential emergencies that the service may encounter (Regulation 97(2)) (refer to attached *Emergency Management Plan*)
- developing instructions for what must be done in the event of an emergency (Regulation 97(1)(a)) (refer to attached *Emergency Management Plan*)
- appointing an Incident Management Team (IMT) to oversee safety at the service in the event of an emergency (refer to attached *Emergency Management Plan*)
- developing an emergency and evacuation floor plan (Regulation 97(1)(b)) (refer to attached *Emergency Management Plan*)
- ensuring that a copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit at the service premises (Regulation 97(4))
- ensuring that the emergency and evacuation procedures are rehearsed at least once every 3 months by all at the service (Regulation 97(3)(a))
- ensuring that the rehearsals of the emergency and evacuation procedures are documented (Regulation 97(3)(b)) (refer to attached *Emergency Management Plan*)
- ensuring that those working at, or attending the service, have access to a phone for immediate communication with parents/guardians and emergency services (Regulation 98), and that phone numbers of emergency services are displayed
- identifying potential onsite hazards and taking action to manage and minimise risk (refer to attached *Emergency Management Plan*)
- ensuring all infrastructure and service equipment are regularly checked for condition and maintenance, including emergency exit lighting
- ensuring the location of first aid kits, fire extinguishers and other emergency equipment are clearly signposted
- ensuring all emergency equipment is maintained on a regular basis in accordance with requirements specified by regulations, such as the Australian Standards Building Code e.g. fire extinguishers, smoke detectors, evacuation kits, sprinkler systems and alarm or duress systems
- providing a fully-equipped portable first aid kit (refer to *Administration of First Aid Policy*)
- keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to be used
- developing a regular training schedule for staff to ensure that they are able to deal with emergency situations e.g. first aid, emergency management and OHS training
- regularly reviewing, evaluating and updating emergency management plans, manuals and procedures (at least annually or following an emergency incident)
- developing procedures to debrief staff following emergency incidents
- conducting checks of documentation and practices to ensure all requirements of this policy are being complied with
- notifying DET in writing within 24 hours of a serious incident (refer to *Definitions*)
- completing the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) where required
- notifying DET within 7 days of an incident that required the service to be closed, or a circumstance that posed a significant risk to the health, safety or wellbeing of a child attending the service (National Law: Section 174(2)(c); Regulations: 175(2)(b)&(c), 176)
- reporting notifiable incidents (refer to *Definitions*) in the workplace to WorkSafe Victoria

- engaging with the Metropolitan Fire Brigade and/or Country Fire Authority regarding fire safety awareness and training for the service, including demonstrations of fire equipment, basic fire safety, smoke alarm, fire blankets and escape plans
- identifying staff and children requiring additional assistance in the event of an emergency (refer to attached *Emergency Management Plan*)
- ensuring that emergency contact details are provided on each child's enrolment form and that these are kept up to date
- ensuring that an attendance record (refer to *Definitions*) is maintained to account for all children attending the service (Regulation 158)
- keeping a written record of all visitors to the service, including time of arrival and departure
- ensuring all staff, parents/guardians, children, volunteers and students on placement understand the procedures to follow in the event of an emergency
- ensuring there are induction procedures in place to inform new staff, including casual or relief staff, of the emergency and evacuation policy and procedures
- ensuring all staff, parents/guardians, children, volunteers, students on placement and others attending the service are accounted for in the event of an evacuation
- developing procedures to deal with loss of critical functions, such as power/water shut off.

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- ensuring that the emergency and evacuation floor plan is displayed in prominent positions and that all parents/guardians, volunteers, contractors, staff and relief staff are briefed and aware of the procedures
- ensuring that children are adequately supervised at all times and protected from hazards and harm (refer to *Supervision of Children Policy*)
- ensuring that the *Emergency Management Plan* (attached) is followed in the event of an emergency
- testing alarms and communication systems regularly, such as on a monthly basis
- keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to be used
- informing the Approved Provider of any serious or notifiable incidents (refer to *Definitions*) that must be reported to DET or WorkSafe Victoria.

All other educators are responsible for:

- implementing the procedures and responsibilities in this policy and the service's *Emergency Management Plan* (attached)
- supervising the children in their care and protecting them from hazards and harm (refer to *Supervision of Children Policy*)
- providing support to children before, during and after emergencies
- checking that the attendance record (refer to *Definitions*) is completed at the beginning and end of each session
- keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to be used
- checking that the emergency evacuation procedure is displayed in prominent positions and that all persons at the service are made aware of these (refer to attached *Emergency Management Plan*)
- rehearsing emergency evacuation procedures with the children at least once every 3 months (or more often, as required) and ensuring that these are documented (refer to attached *Emergency Management Plan*)
- providing feedback regarding the effectiveness of emergency and evacuation procedures to inform policy, procedures and manuals etc.

- completing the *Incident, Injury, Trauma and Illness Record*, as required
- informing the Nominated Supervisor or Persons in Day-to-Day Charge or, in their absence, the Approved Provider or Person with Management and Control, about any serious incidents or notifiable incidents (refer to *Definitions*) at the service
- attending first aid, emergency management and OHS training, as required
- communicating with parents about emergency procedures
- raising children's awareness about potential emergency situations and appropriate responses.

Parents/guardians are responsible for:

- familiarising themselves with the service's emergency and evacuation policy and procedures and the service's *Emergency Management Plan* (attached)
- ensuring they complete the attendance record (refer to *Definitions*) on delivery and collection of their children (refer to *Delivery and Collection of Children Policy*)
- providing emergency contact details on their child's enrolment form and ensuring that this is kept up to date
- reinforcing the service's emergency and evacuation procedures with their child
- following the directions of staff in the event of an emergency or when rehearsing emergency procedures.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- review the policy to determine whether it adequately addresses a range of potential emergency situations
- regularly seek feedback from everyone affected by the policy regarding its effectiveness particularly following an emergency
- review procedures, including evacuation procedures, to determine their effectiveness, including timing and processes
- use information gained from checks on documentation and practices and the *Incident, Injury, Trauma and Illness Record* to inform proposed changes to this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required by legislation, research, policy and best practice
- consult with emergency services such as the MFB and CFA, to ensure the policy and procedures meet current best practices
- notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of a risk.

ATTACHMENT

- Complete DET's *Emergency Management Plan* and file a copy as an attachment to this policy. The template is available at: www.education.vic.gov.au (Search emergency management planning early childhood services)

AUTHORISATION

This policy was adopted by the Approved Provider of Gumnuts ELC on 30th May 2018.

REVIEW DATE: 2019

ENROLMENT AND ORIENTATION POLICY

Mandatory – Quality Area 6

PURPOSE

This policy outlines:

- the criteria for enrolment at GELC
- the process to be followed when enrolling a child at GELC
- the basis on which places within the programs will be allocated
- procedures for the orientation of new families and children into GELC
- processes to ensure compliance with legislative and DET funding requirements in relation to the enrolment of children in early childhood education and care services.

POLICY STATEMENT

• VALUES

GELC is committed to:

- equal access for all eligible children
- meeting the needs of the local community
- supporting families to meet the requirements for enrolment through the provision of information
- maintaining confidentiality in relation to all information provided for enrolment
- ensuring all families are welcomed and receive an effective orientation into the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians,

children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

The *Education and Care Services National Regulations 2011* require approved services to have a policy and procedures in place in relation to enrolment and orientation (Regulation 168(2)(k)).

It is intended that all eligible children (refer to *Definitions*) will have access to one year of kindergarten before commencing school. However, a shortage of places in some areas can limit choices for parents/guardians. Where demand is higher than availability, a priority system for access must be determined by the Approved Provider in order to allocate the available places. The criteria used to determine the allocation of places will vary from service to service, but is generally based on a service's philosophy, values and beliefs, and the provisions of the *Equal Opportunity Act 2012*. The Victorian Government requires funded organisations to ensure that their policies and procedures promote equal opportunity for all children. Criteria for access and inclusion are outlined in *The Kindergarten Guide* (refer to *Sources*).

Childcare services providing approved care (refer to *Definitions*) must abide by the *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011* (refer to *Legislation and standards*) and the Commonwealth Government's *Priority for allocating places in child care services* (refer to *Sources*).

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *A New Tax System (Family Assistance) Act 1999*
-
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 160, 161, 162, 168, 177, 183
- *Equal Opportunity Act 2010* (Vic)
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *National Quality Standard*, Quality Area 6: Collaborative Partnerships with Families and Communities
 - Standard 6.1: Respectful and supportive relationships with families are developed and maintained
 - Element 6.1.1: There is an effective enrolment and orientation process for families
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015* (Vic)
- *Sex Discrimination Act 1984* (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – Federal Register of Legislation: <https://www.legislation.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Acceptable immunisation documentation: documentation as defined by the *Immunisation Enrolment Toolkit for early childhood education and care services* as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period.

Approved care: Care given by a service provider that has been approved by the Family Assistance Office to receive Child Care Benefit payments on behalf of eligible families. Most long day care, family day care, before-and-after school care, vacation care, some occasional care and some in-home care childcare services are approved providers. Details are available at:

www.familyassist.gov.au/payments/family-assistance-payments/child-care-benefit/

Authorised nominee: (In relation to this policy) is a person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child's enrolment form.

The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service will need to consider a risk assessment on an individual basis to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.

Child Care Subsidy (CCS): A Commonwealth Government payment to help families who use either approved or registered childcare services. All eligible families can receive some Child Care Subsidy. Details are available at: www.education.gov.au

Children with additional needs: Children whose development or physical condition requires specialist support or children who may need additional support due to language, cultural or economic circumstances (refer to *Inclusion and Equity Policy*).

Deferral: When a child does not attend in the year when they are eligible for a funded kindergarten place, or is officially withdrawn from a service prior to the April data collection. DET considers that this child has not accessed a year of funded kindergarten and is therefore eligible for DET funding in the following year.

Eligible child: A child attending an early childhood education and care service as described in the *Immunisation enrolment toolkit for early childhood education and care services* or a child in a kindergarten program who meets the requirements of both *The Kindergarten Guide* and the *Immunisation enrolment toolkit for early childhood education and care services*.

Enrolment application fee: A payment to cover administrative costs associated with the processing of a child's enrolment application for a place in a program at the service.

Enrolment application form: A form to apply for a place at the service.

Enrolment form: A form that collects contact details, and personal and medical information from parents/guardians about their child. The information on this form is placed on the child's enrolment record (see below) and is kept confidential by the service.

Enrolment record: The collection of documents which contains information on each child as required under the National Regulations (Regulations 160, 161, 162) including the enrolment form; details of any court orders; and immunisation documentation as specified in the *Immunisation Enrolment Toolkit for early childhood education and care services*. This information is kept confidential by the service.

Fee: A charge for a place within a program at the service.

• SOURCES AND RELATED POLICIES

Sources

- Australian Childhood Immunisation Register:
www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register
- Child Care Benefit (Eligibility of Child Care Services for Approval and Continued Approval) Determination 2000: www.legislation.gov.au/Series/F2006B01541
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*: www.acecqa.gov.au/
- *Guide to the National Quality Standard*: www.acecqa.gov.au/
- *Priority for allocating places in child care services*: <http://education.gov.au/priority-allocating-places>
- *The Kindergarten Guide (Department of Education and Training)*:
www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx
- *Immunisation enrolment toolkit for early childhood education and care services 2015*:
www2.health.vic.gov.au/about/publications/policiesandguidelines/immunisation-enrolment-toolkit
- Victorian Department of Health: www.health.vic.gov.au/immunisation

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Complaints and Grievances Policy*
- *Dealing with Infectious Disease Policy*
- *Fees Policy*
- *Inclusion and Equity Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The Committee of Management is responsible for:

- determining the criteria for priority of access to programs at GELC based on funding requirements and the service's philosophy (refer also to Attachment 1 – Eligibility and priority of access criteria)
- considering any barriers to access that may exist, developing procedures that ensure all eligible families are aware of, and are able to access, an early childhood program
- complying with the *Inclusion and Equity Policy*
- appointing a person to be responsible for the enrolment process and the day-to-day implementation of this policy (refer also to Attachment 2 – General enrolment procedures and Attachment 3 – Sample enrolment application form)
- providing opportunities (in consultation with the Nominated Supervisor and educators) for interested families to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program
- providing parents/guardians with information about the requirements of the law for enrolment, locating and accessing immunisation services and obtaining acceptable immunisation documentation required for enrolment

- ensuring parents/guardians are only offered a tentative place until the child's immunisation documentation is assessed as being acceptable
- assessing the child's immunisation documentation **prior to enrolment** to determine if the child's vaccination status complies with requirements or whether the child is eligible for the 16 week grace period
- ensuring that only children who have acceptable immunisation documentation have a confirmed place in the program
- advising parents/guardians who do not have acceptable immunisation documentation that their children are not able to attend the service and referring them to immunisation services (see Attachment 4 – Letter for parents/guardians without acceptable immunisation documentation)
- taking reasonable steps to obtain acceptable immunisation documentation from a parent/guardian of a child enrolled under a grace period within the 16 weeks from when the child begins attending (Note: the child can continue to attend the service if acceptable immunisation documentation is not obtained).
- ensuring that the enrolment form (refer to *Definitions*) complies with the requirements of Regulations 160, 161, 162 and that it effectively meets the management requirements of the service
- ensuring that enrolment records (refer to *Definitions*) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183)
- ensuring that the orientation program and plans meet the individual needs of children and families, and comply with DET funding criteria
- reviewing the orientation processes for new families and children to ensure the objectives of this policy are met
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157).

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- reviewing enrolment applications to identify children with additional needs (refer to *Definitions* and the *Inclusion and Equity Policy*)
- responding to parent/guardian enquiries regarding their child's readiness for the program that they are considering enrolling their child in
- discussing the individual child's needs with parents/guardians and developing an orientation program to assist them to settle into the program
- encouraging parents/guardians to:
 - stay with their child as long as required during the settling in period
 - make contact with educators and carers at the service, when required
- assisting parents/guardians to develop and maintain a routine for saying goodbye to their child
- sharing information with parents/guardians regarding their child's progress with regard to settling in to the service
- discussing support services for children with parents/guardians, where required.
- Supporting families with the re-enrolment process in term 4 for the following year.

All educators are responsible for:

- responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process, as required

- providing parents/guardians with information about the requirements of the law for enrolment, locating and accessing immunisation services and obtaining acceptable immunisation documentation required for enrolment
- developing strategies to assist new families to:
 - feel welcomed into the service
 - become familiar with service policies and procedures
 - share information about their family beliefs, values and culture
 - share their understanding of their child's strengths, interests, abilities and needs
 - discuss the values and expectations they hold in relation to their child's learning
- providing comfort and reassurance to children who are showing signs of distress when separating from family members
- complying with the service's *Privacy and Confidentiality Policy* in relation to the collection and management of a child's enrolment information.

Parents/guardians are responsible for:

- reading and complying with this *Enrolment and Orientation Policy*
- completing the enrolment application form and the enrolment form prior to their child's commencement at the service and providing acceptable immunisation documentation of their child's immunisation status
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- ensuring that all other required information is provided to the service
- updating information by notifying the service of any changes as they occur.
- Re-enrolling their child in term 4 each year.

Volunteers and students, while at the service, are responsible for following this policy and its procedures

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the COM 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
- 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.

ATTACHMENTS

- Attachment 1: Eligibility and priority of access criteria
- Attachment 2: General enrolment procedures
- Attachment 3: Sample Enrolment Application Form
- Attachment 4: Letter for parents/guardians without acceptable immunisation documentation

AUTHORISATION

This policy was adopted by the Committee of Management of GELC on 23rd August 2017.

REVIEW DATE: AUGUST 2018

ATTACHMENT 1

Eligibility and priority of access criteria

1. Eligibility and priority of access criteria for the funded kindergarten program

The following children are eligible for attendance in the funded kindergarten program:

- children who have been granted approval to receive funding for a second year of kindergarten in accordance with *The Kindergarten Guide* available at:
www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx
- children who were eligible to attend in the previous year, but:
 - deferred
 - withdrew from the service prior to the April data collection
- children who turn four years of age by 30 April in the year they will attend kindergarten
- children turning six years of age at kindergarten who have been granted an exemption from school-entry age requirements by the regional office of DET (refer to *The Kindergarten Guide*, available at:
<http://www.education.vic.gov.au/childhood/providers/funding/Pages/default.aspx>)
- children who are younger than the eligible age, but whose parents/guardians have submitted an early age entry request for their child to attend school the following year. This written request is to be directed to the regional office of DET, or the non-government school the child will be attending. A copy of the approval must be attached to the kindergarten application. Parents/guardians should note that very few requests are approved by DET. If the child attends kindergarten early, but does not proceed to school in the following year, they will be unable to access a second year of kindergarten unless they are deemed eligible by DET for having recognised developmental needs
- three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection may be eligible for the Early Start Kindergarten program. This scheme provides funding to enable children to attend a kindergarten program that is planned and delivered by an early childhood teacher for a specific number of hours. Details are available at:
www.education.vic.gov.au/about/programs/learningdev/pages/earlystartkinder.aspx

When demand exceeds availability, the Approved Provider will refer to the service's values, philosophy and *Inclusion and Equity Policy* to determine the priority of access. This will include:

- children who have received funding for a second year of kindergarten
- children who were eligible to attend in the previous year but deferred or withdrew from the service prior to the April data collection.
- priority of access criteria as outlined in *The Kindergarten Guide* available at:
www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx

Other considerations may include date of application, siblings already enrolled at the service, attendance in the three-year-old program and local community zoning.

If participating in a central enrolment scheme, the priority of access for that scheme will be implemented. Childcare services providing approved care (refer to *Definitions*) must abide by the *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011* (refer to *Legislation and standards*) and the Commonwealth Government's *Priority for allocating places in child care services* (refer to *Sources*).

Eligibility and access criteria for Long Day Care

Priorities

- First Priority: a child at risk of serious abuse or neglect
- Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- Third Priority: any other child.

Within these main categories priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016, or who or whose partner are on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you:

- are notified when your child first entered care that your service follows this policy
- are given at least 14 days notice of the need for your child to vacate.

Outside School Hours Care

Outside School Hours Care is primarily for school children. A service may ask a child not yet in school to leave care if a child who is in school applies for a place.

Employer sponsored places

Where a child care service has places sponsored by an employer, the service may require those places to be vacated for the employee's children

ATTACHMENT 2

General enrolment procedures

1. Application for a place

- Enrolment applications will be accepted any time after the child has turned 6 weeks of age for LDC enrolments or from after Kindergarten open days for 4 year old Kinder.
- Enrolment application forms are available online or from the service and are provided to the parents/guardians together with information about the requirements of the law for enrolment, locating and accessing immunisation services, obtaining acceptable immunisation documentation and a copy of the *Enrolment and Orientation Policy*.
- GELC will determine the date(s) by which applications must be received for offer of places in the funded kindergarten program.
- A separate application form must be completed for each child, and for each proposed year of attendance at the service.
- To facilitate the inclusion of all children into the program, the enrolment application form should clearly identify any additional or specific needs of the child (refer to *Inclusion and Equity Policy*).
- Parents/guardians of children applying for a second year of funded kindergarten must also submit an enrolment application form for the following year.
- A copy of the child's proof of address must be submitted with all applications.
- Completed enrolment application forms are to be forwarded to the person responsible for the enrolment process at the service, at GELC.
- Access to completed enrolment application forms will be restricted to the person responsible for the enrolment process, the Approved Provider, Nominated Supervisor and educators at the service, unless otherwise specified by the Approved Provider.
- Applications will be entered on the waiting list using the eligibility and priority of access criteria.
- Applications received after the above dates set by GELC will be considered if there are available places, and after all other applicants have been offered a place, in line with the eligibility and priority of access criteria of GELC.

2. Offer of places

- Tentative places will be offered in writing to funded Kindergarten applicants in accordance with the eligibility and priority of access criteria of the service making clear that confirmation of places is not final until immunisation documentation has been received, assessed and found acceptable.
- GELC requires parents/guardians who have been offered a tentative place to provide acceptable immunisation documentation for assessment two months prior to the child first attending the service in order that a confirmed place can be offered.
- The documentation is assessed as outlined in the *Immunisation enrolment toolkit for early childhood education and care services* by the person responsible for the enrolment process on behalf of the Approved Provider. The Key Dates work form in the *Immunisation enrolment toolkit for early childhood education and care services* is used to determine the date at which immunisations must be up to date. The toolkit also provides guidance on assessing immunisation documentation to determine if a child is up to date or qualifies for an exemption. The following documents and resources can be accessed from <https://www2.health.vic.gov.au>:
 - The *Immunisation enrolment toolkit for early childhood education and care services* (search 'Immunisation enrolment toolkit')
 - The Key Dates work form (search 'Key Dates work form')
 - Hard copies of the immunisation resources (search 'immunisation resources order form')
- The acceptable outcomes of the assessment for offering a confirmed place are:

- That the next due vaccine for the child on the ACIR Immunisation History Statement or the Immunisation Status certificate is within the acceptable timeframe for an enrolment, or;
- That the child is on a recognised catch-up schedule if they have fallen behind with their vaccinations, or;
- That the child has a medical reason not to be vaccinated, or,
- That the child has been assessed by GELC as being eligible for a 16 week grace period
- The person responsible for the enrolment process advises the parent/guardian in writing whether a confirmed place is offered and the enrolment can proceed.
- Parents/guardians who do not have acceptable immunisation documentation cannot be offered a place and are referred to Australian Childhood Immunisation Register or to an immunisation provider (refer to Appendix 4 – Letter for parents/guardians who do not have acceptable immunisation documentation).
- Parents/guardians who do not wish to accept the offer of a tentative or confirmed place, or intend to withdraw their enrolment, are requested to notify GELC in writing as soon as possible.
- An enrolment form and other relevant information will be provided by GELC to the parent/guardian after a confirmed place has been accepted and the fee has been paid.

Note: Places will not be allocated to children until any outstanding fees owed to the service by the family is paid, or a payment plan is agreed to between the family and the service (refer to *Fees Policy*).

3. Cancellation of Care.

If a Parent/Guardian decides to cancel their child's permanent care arrangements, they will be required to give the Director at least two weeks' notice in writing. Parents will need to fill out and 'exit form' or email the centre advising of your intention to cease care. The form should be given to the Director no later than two weeks prior to the cancellation date. The child must physically attend the Centre during the two week notice period, if the child does not attend, full fee will apply under Child Care Subsidy legislation.

If care is cancelled it will include all future care placements and subsequently be placed on the waiting list if future care is required.

If the child is absent from the Centre for more than two weeks without the Director being notified, the position will be cancelled.

Fees will be charged to parents if the exit form is not received at least two weeks before the cancellation date.

ATTACHMENT 3

Enrolment Application Link

To complete an enrolment form for your child please visit the link below and then click the service you would like to enrol into. eg: Long day care, Before school care, Afterschool care or vacation care.

https://www.smartcentral.net/v2/service_profile/show/339

To enrol into Before and After school at Maffra please click this link below.

https://www.smartcentral.net/v2/service_profile/show/371

Kindergarten Fee Subsidy

DET provides a fee subsidy for eligible families. Please indicate if you are eligible for one of the following concessions, or meet one of the following criteria:

Health Care Card ☐

Pensioner Concession Card ☐

DVA Gold Card ☐

Bridging Visas A–F ☐

Temporary Protection/Humanitarian Visas 447, 451, 785 or 786 ☐

Resolution of Status Visa (RoS) Visa Class CD, Subclass 851 ☐

Refugee and Special Humanitarian Visas 200–217 ☐

Triplets or Quadruplets ☐

Aboriginal or Torres Strait Islander ☐

Supporting documentation will need to be sighted on commencement at GELC by the service Director.

Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found at:

www.education.vic.gov.au/childhood/parents/support/Pages/financialassist.aspx

Children with additional needs

Does your child have additional needs?

☐ Yes •

☐ No

If yes, please specify: _____

You are encouraged to discuss your child's needs with the educator when your child's place is confirmed.

Is your child registered with a specific support service/agency?

☐ Yes •

☐ No

Name of support service/agency: _____

Signature of parent/guardian: _____

Date: _____

ATTACHMENT 4

Letter for parents/guardians without acceptable immunisation documentation

Gumnuts Early Learning Centre

305 Raglan st Sale 3850

[Insert date]

Dear [insert name]

Re: Enrolment at GELC for [insert year]

I am contacting you regarding your tentative place for [insert child's name] at GELC in the 4 year old program in [insert year].

Under the *Public Health and Wellbeing Act 2008* early childhood education and care services cannot enrol a child unless the parent/guardian has provided acceptable immunisation documentation.

Acceptable immunisation documentation includes evidence that your child:

- is fully vaccinated for their age
- is on a recognised catch-up schedule
- has a medical reason not to be vaccinated
- has been assessed by our service as being eligible for a 16 week grace period.

As we have not received acceptable immunisation documentation for [insert name of child] by the due date, we are unable to confirm a place at our service for [insert year] and your child's name has been removed from our list.

Immunisation programs are effective in reducing the risk of vaccine preventable diseases. Immunisation from an early age helps protect your child against serious childhood infections. Further information about immunisations for your child is available from:

- your doctor
- [insert details of local government immunisation service]
- National Immunisation Information Line Tel. 1800 671 811
- Australian Childhood Immunisation Register Tel 1800 653 809
- Better Health Channel website: <https://www.betterhealth.vic.gov.au/no-jab-no-play>

Should you wish to re-apply for a place for [insert child's name], we are happy to accept a new enrolment application accompanied by acceptable immunisation documentation. The new application would be considered in line with GELC's Enrolment and Orientation policy.

Yours sincerely

Brendon Ronan

Director

GELC

ENVIRONMENTAL SUSTAINABILITY POLICY

Best Practice – Quality Area 3

PURPOSE

This policy will provide guidelines to assist GELC to take an active role in caring for the environment, and promoting and contributing to a sustainable future.

POLICY STATEMENT

• VALUES

GELC is committed to:

- promoting respect for, and an appreciation of, the natural environment among all at the service
- fostering children's capacity to understand and respect the natural environment, and the interdependence between people, plants, animals and the land
- supporting the development of positive attitudes and values in line with sustainable practices
- ensuring that educators and other staff engage in sustainable practices during the operation of the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC.

• BACKGROUND AND LEGISLATION

Background

"One of the most significant responsibilities that [early childhood] professionals have is to support children to retain the sense of awe and wonder that they are born with, to add to that a desire to nurture and protect what is beautiful, and to encourage them to appreciate that there are many possibilities for honouring life and wonders that the world holds" (Stonehouse, A. (2006) NSW Curriculum Framework for Children's Services – refer to Sources).

Current research confirms that experiences in the early years help establish lifelong behaviour and values, and this reinforces the need for sustainability education to be included in early childhood programs. It is important for children to understand their place in the world and the role that they can play in protecting the environment. Children should learn to be environmentally responsible and be empowered to make a difference, and this learning should not wait until the 'formal education' of primary school. Elliot and Davis (refer to Sources) state that "early childhood educators have an active and significant role to play ensuring children experience connections with the natural environment in meaningful way which will ultimately promote action for sustainability".

Environmental education can be defined as learning *about* the environment and how natural systems function; the interconnectedness of plants, animals, humans and the planet we inhabit. Environmental education promotes the growth of knowledge, skills and values about the environment, often with a focus on science and nature. In an early childhood setting, environmental education is integrated into everyday decisions made as part of the curriculum.

Sustainability can be defined in a broader and more holistic context of education for the environment. The complexities of social, environmental and economic systems are acknowledged, and their implications for sustaining life are considered. The aim of sustainability education is to promote a sense of responsibility, respect, empowerment, active participation, enquiry and a desire for social change (adapted from ECA Environmental Sustainability Policy 2005). The goal of sustainability education is to empower children and adults to think and act in ways that meet their immediate needs without jeopardising the potential of future generations to meet *their* own needs. Sustainable practice in early childhood settings requires a holistic approach that integrates all aspects of sustainability into service operations.

The *National Quality Standard* (Quality Area 3: Physical Environment) includes a discussion on the service taking an active role in caring for its environment and contributing to a sustainable future (Standard 3.3). As service providers to the community, education and care services have an opportunity not only to make reductions to waste, water and energy consumption through their operations, but to role-model sustainable living to young children in a world facing climate change, increasing levels of air, land and water pollution, and depleted natural resources.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, Quality Area 3: Physical Environment
 - a) Standard 3.3: The service takes an active role in caring for its environment and contributes to a sustainable future
 - i) Element 3.3.1: Sustainable practices are embedded in service operations
 - ii) Element 3.3.2: Children are supported to become environmentally responsible and show respect for the environment

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Environmental sustainability: The responsible use and management of the planet's resources to ensure that they remain available and uncompromised for future generations to use and enjoy.

SOURCES AND RELATED POLICIES

Sources

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:* <http://education.gov.au/early-years-learning-framework#key%20documents>
- Davis, J. M. and Elliott, S. (2004) Mud pies and daisy chains: Connecting young children and nature. In *Every Child*, 10(4) p4. Available at: http://www.earlychildhoodaustralia.org.au/pdf/every_child/ec0404_mudpies.pdf
- Early Childhood Australia: http://www.earlychildhoodaustralia.org.au/resource_themes/
- 'Educators' Guide to the Early Years Learning Framework for Australia: <http://docs.education.gov.au/documents/educators-guide-early-years-learning-framework-australia>

- Environmental Education in Early Childhood (EEEC): <http://www.eeec.org.au/index.php>
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au
- Hughes, M. (2007) *Climbing the little green steps: How to promote sustainability within early childhood services in your local area*, Gosford and Wyong Council:
<http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/useful-links-and-resources/sustainability-resources>
- *My Time, Our Place – Framework for School Age Care in Australia*:
<http://education.gov.au/my-time-our-place-framework-school-age-care-australia>
- Stonehouse, A. (2006) *NSW Curriculum Framework for Children's Services*:
http://www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_framework.pdf
- *Victorian Early Years Learning and Development Framework*:
www.education.vic.gov.au/earlylearning/eyldf/default.htm
- *Victorian Early Years Learning and Development Framework – Resources for Professionals*:
www.education.vic.gov.au/earlylearning/eyldf/profresources.htm

Service policies

- *Child Safe Environment Policy*
- *Curriculum Development Policy*
- *Excursions and Service Events Policy*
- *Sun Protection Policy*
- *Supervision of Children Policy*
- *Water Safety Policy*

PROCEDURES

The Approved Provider is responsible for:

- collaborating with the Nominated Supervisor, educators, staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation (refer to Attachment 1 – Strategies for environmental sustainability)
- allocating the necessary resources to implement the identified environmental sustainability strategies at the service
- ensuring the Nominated Supervisor and all staff are aware of their responsibilities under this *Environmental Sustainability Policy*
- ensuring the identified strategies (refer to Attachment 1 – Strategies for environmental sustainability) are implemented at the service
- ensuring parents/guardians are aware of, and have access to, the *Environmental Sustainability Policy*.

The Nominated Supervisor is responsible for:

- collaborating with the Approved Provider, educators, staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- implementing identified strategies for which they have responsibility at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- ensuring environmental education and practices are incorporated into the curriculum (refer to *Curriculum Development Policy*)

- providing families with information about environmentally sustainable practices e.g. through displays, fact sheets and local community resources, and by ensuring that they have access to the *Environmental Sustainability Policy*
- making recommendations to the Approved Provider about green and sustainable options for the service, that reflect the guidelines within this policy
- seeking and applying for grants, where appropriate, to support the implementation of strategies within this policy
- keeping up to date with current research, resources and best practice through newsletters, journals and support agencies such as Environmental Education in Early Childhood (EEEC).

Certified Supervisors, educators and other staff are responsible for:

- collaborating with the Approved Provider, Nominated Supervisor, fellow educators/staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- implementing identified strategies for which they have responsibility at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- engaging in activities that support the service to become more environmentally sustainable (e.g. recycling)
- incorporating environmental education and sustainable practices within the curriculum
- planning opportunities for children to connect with nature and the natural world at the service, including on excursions and at other service events
- incorporating celebrations of environmental awareness into the program e.g. National Tree Day, National Recycling Week, Clean Up Australia Day and Walk to Work Day
- keeping up to date with current research, resources and best practice through newsletters, journals and support agencies such as Environmental Education in Early Childhood (EEEC).

Parents/guardians are responsible for:

- collaborating with the Approved Provider, Nominated Supervisor, educators, staff, children and others at the service to identify environmental sustainability strategies for implementation at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- following the strategies identified and outlined in this *Environmental Sustainability Policy*
- encouraging their children to adopt environmentally sustainable practices at both the service and at home.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Strategies for Environmental Sustainability

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 1st November 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Strategies for Environmental Sustainability

This checklist can be used to promote discussion and formulate an environmental sustainability policy for the service. Many of these strategies were drawn from Mia Hughes' *Climbing the little green steps: How to promote sustainability within early childhood services in your local area* (refer to *Sources*). Other strategies can be added to the checklist as required – refer to *Sources* as a starting point for further information. Ensure that responsibility for implementation is allocated to each strategy adopted e.g. Approved Provider, Nominated Supervisor, educators, parents/guardians, children etc. Agreed strategies should form the basis of the service's *Environmental Sustainability Policy*.

Strategy	Adopt (Yes/No)	Responsible for implementation (e.g. Nominated Supervisor, educators, etc.)
Data Collection		
Collect baseline data from energy and water bills, and monitor waste collection. Use information gathered to set reduction targets and evaluate whether they have been achieved.		
Green purchasing		
Purchase local products.		
Purchase recycled products.		
Purchase energy and water efficient products.		
Purchase organic produce.		
Purchase items with minimal packaging.		
Purchase chemical-free, green cleaning products.		
Purchase formaldehyde-free paint.		
Waste		
Minimise waste from one-use, throwaway products (e.g. paper towels, disposable nappies, wet wipes) by changing behaviours and procedures, and using alternative products. The following are some suggestions:		
<ul style="list-style-type: none"> ● Replace paper towels with individual cloth towels on a peg located in the bathroom or at each child's locker, and washed each week. 		
<ul style="list-style-type: none"> ● Install a low energy electric hand dryer. 		
<ul style="list-style-type: none"> ● Cut paper towels in half to reduce waste while working towards using cloth towels or installing a low energy electric hand dryer. 		

• Replace disposable nappies with a nappy wash service.		
• Replace wet wipes with washable cloths.		
Encourage children to bring a rubbish-free lunch/snack in a reusable container.		
Adopt green cleaning practices by using safe and sustainable cleaning products and methods.		
Recycle plastic waste (codes #1–#7), glass, paper, cardboard, foil and metal.		
Investigate composting of food scraps.		
Explore the waste hierarchy of refuse within the educational program i.e. reduce, reuse, repair and recycle.		
Refrain from using food items for children's play experiences (e.g. rice, pasta, jelly etc.) as this is wasteful of both the food items, and the water and energy used in production.		
Promote recycling and reusing items e.g. through SWAP markets for children's clothing, toys and books.		
Energy		
Turn off computers and/or screens when not in use.		
Turn off computers and electrical equipment before leaving the building.		
Install and use ceiling fans instead of air conditioning, when appropriate.		
Close doors and windows when heating or air conditioning the building where possible, while maintaining adequate ventilation. Strategies must be developed for indoor-outdoor programs to enable this to occur.		
Turn off fridges that are not in use during extended holiday periods (ensure no food remains and the fridge is cleaned well beforehand).		
Turn lights off when not required. Install light sensors where possible.		
Upgrade old appliances with energy efficient appliances.		
Water		
Install 5,000–20,000 litre water tanks and consider connecting these to toilets.		

Set limits for water use during play, while acknowledging that water play is important and that children need to use water in order to learn how to conserve it.		
Ensure that water from troughs and bowls is reused to water the garden.		
Use grey water (containing low salt/phosphate detergents) to water grass and gardens when children are not in attendance at the service.		
Install water saving taps in children's bathrooms.		
Install dual flush toilets.		
Place buckets or watering cans next to drink stations to collect excess water.		
Biodiversity		
Grow food crops in vegetable gardens.		
Plant fruit trees.		
Grow a diverse range of plants, and develop children's understanding of how plant diversity encourages animal diversity.		
Grow indigenous (native) and water-wise plants.		
Water plants in the play space using recycled water where possible. Plants are a precious resource for the planet and should be protected and nurtured.		
Transport		
Encourage staff to walk, cycle or catch public transport to work and on excursions, where possible.		
Create prominent, effective spaces for the storage of bikes and prams to promote riding and walking to staff and families.		
Curriculum		
Role-model sustainable practices and behaviours. Actions such as reusing water from a sink and switching off lights when not in use can have a large impact on young children, who are at a formative stage with respect to skills and attitudes.		
Aim to counteract the 'throwaway' mentality that children experience every day in relation to waste.		
Take every opportunity to talk with young children about sustainable practices, and encourage older children to take part in these practices.		

Assign roles such as water, waste and energy monitors to children within the service (consider providing them with badges and charts appropriate to their role). Children are often vigilant at monitoring the behaviour of their peers.		
The curriculum offers many opportunities to explore sustainable issues and practices. The following are some suggestions:		
<ul style="list-style-type: none"> • Create an 'earth hour' each day where no lights/minimal lighting is used e.g. during rest, relaxation or sleep times. 		
<ul style="list-style-type: none"> • Use a range of pictures, books and stories that address environmental sustainability issues. 		
<ul style="list-style-type: none"> • Have waste-free days. 		
<ul style="list-style-type: none"> • Use improvised, recycled and natural materials for program activities. 		
<ul style="list-style-type: none"> • Examine damaged household appliances and explore whether they can be repaired. 		
<ul style="list-style-type: none"> • Play a recycling game to promote an understanding of items that can be recycled. 		
<ul style="list-style-type: none"> • Investigate alternatives to texta pens and liquid paint, such as powder paint and refillable markers or pencils. 		
<ul style="list-style-type: none"> • Join Environmental Education in Early Childhood (EEEC) for more ideas. 		
Family and community involvement		
Inform families about this policy and the service's approach to environmental sustainability through information sessions, photo displays and newsletters etc.		
Design a poster outlining the key principles of environmental sustainability, for display in the foyer of the service. This may include a charter of principles and key targets to be achieved.		
Become involved in community events such as Earth Hour, World Environment Day and Clean Up Australia Day.		
Build relationships with local organisations regarding biodiversity. Also utilise the Wellington Shire's sustainability officer		

EPILEPSY POLICY

Best Practice – Quality Area 2

This policy was written in consultation with The Epilepsy Foundation. The Epilepsy Foundation provides training, support and resources to any individual affected by epilepsy. For more detailed information, visit The Epilepsy Foundation's website: www.epinet.org.au

PURPOSE

This policy will outline the procedures to:

- ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy to safely and fully participate in the program and activities of GELC
- ensure that all necessary information for the effective management of children with epilepsy enrolled at GELC is collected and recorded so that these children receive appropriate attention when required.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not.

“Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child’s abilities, learning and skills will be affected by seizures. Because the child’s brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan” (*Children with epilepsy: A Teacher’s Guide*, Epilepsy Foundation— refer to *Sources*).

Most people living with epilepsy have good control of their seizures through medication, however it is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

The Epilepsy Foundation (refer to *Sources*) has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. Regulation 136 of the *Education and Care Services National Regulations 2011* requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, ELAA recommends **all educators** have current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
 - Standard 2.1: Each child’s health is promoted
 - Element 2.1.1: Each child’s health needs are supported
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic).

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Absence seizure: Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called ‘petit mals’.

AEDs: Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

Approved First Aid Qualifications: First aid qualifications that meet the requirements of Regulation 136(1) and have been approved by the National Authority.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Emergency epilepsy medication: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past, but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of midazolam can administer this medication.

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: www.epinet.org.au

Epilepsy: Recurrent seizures (abnormal burst of electrical activity in the brain that scrambles messages) that are unprovoked.

Epilepsy Management Plan (EMP): Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: www.epinet.org.au

Focal (previously called simple or complex partial) seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

Generalised seizure: Both sides of the brain are involved and the person will lose consciousness. A Tonic Clonic seizure is one type of generalised seizure.

Ketogenic diet: A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the parents/guardians or carers.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and

signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Midazolam: Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of midazolam should occur rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer midazolam.

Midazolam kit: An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g. buccal, gloves, tissues, pen and paper, +/- stopwatch.

Seizure record: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

Seizure triggers: Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy.

Staff record: Must be kept by the service and include details of the Nominated Supervisor, the Educational Leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website:

www.acecqa.gov.au

Tonic Clonic seizure: A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

• SOURCES AND RELATED POLICIES

Sources

- The Epilepsy Foundation: www.epinet.org.au or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Epilepsy Smart Schools initiative and resources*: www.epilepsysmartschools.org.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*

- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy.*

PROCEDURES

The Approved Provider is responsible for:

- providing all staff with a copy of the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy
- ensuring that all staff have current CPR training and are aware of seizure first aid procedures (refer to Attachment 1) when a child with epilepsy is enrolled at the service
- ensuring that all staff attend training conducted by The Epilepsy Foundation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the service
- providing parents/guardians of children with epilepsy with a copy of the service's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Epilepsy Policy*
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children living with epilepsy can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- compiling a list of children with epilepsy and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy

- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy, and the location of their medication and management plans
- organising epilepsy management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- ensuring that they are aware of the service's *Epilepsy Policy* and seizure first aid procedures (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- maintaining current approved first aid qualifications (refer to *Definitions*)
- identifying and, where possible, minimising possible seizure triggers (refer to *Definitions*) as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and to other offsite events
- administering prescribed medication in accordance with the service's *Administration of Medication Policy*
- ensuring that emergency medication is stored correctly and that it remains within its expiration date
- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation
- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- assisting parents/guardians to complete the enrolment form and medication record for their child
- consulting with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children with epilepsy can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Epilepsy Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy
- providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service. This plan should be reviewed and updated at least annually
- ensuring the medication record (refer to *Definitions*) is completed in accordance with the *Administration of Medication Policy* of the service
- working with staff to develop a risk minimisation plan for their child
- where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy

- encouraging their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

Volunteers and students, while at the service, are responsible for following this policy and its procedures

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
- 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.

ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Sample risk minimisation plan for children prescribed midazolam

AUTHORISATION

This policy was adopted by the COM of GELC on 30th August 2018.

REVIEW DATE: 2019

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of The Epilepsy Foundation in developing this policy. If your service is considering changing any part of this model policy, please contact The Epilepsy Foundation to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Seizure first aid

Tonic Clonic seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- **Do not** attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Absence seizure

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

Focal seizure

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call an ambulance

Call an ambulance:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan
- if the seizure continues for more than five minutes
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

Emergency services: 000

Epilepsy Help Line: 1300 852 853

ATTACHMENT 2

Enrolment checklist for children prescribed midazolam

- ☐ A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- ☐ Parents/guardians of a child prescribed midazolam have been provided with a copy of the service's *Epilepsy Policy* and *Dealing with Medical Conditions Policy*.
- ☐ The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at: www.epinet.org.au).
- ☐ A copy of the child's EMMP is included in the child's midazolam kit (refer to *Definitions*).
- ☐ The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- ☐ Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- ☐ All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- ☐ Staff have undertaken The Epilepsy Foundation's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to *Definitions*).
- ☐ Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- ☐ A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- ☐ Contact details of all parents/guardians and authorised nominees are current and accessible.

ATTACHMENT 3

Sample risk minimisation plan for children prescribed midazolam

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?	
Who are the children?	<input type="checkbox"/> List the name and room location of each child diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying these names to non-staff.
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the children? <input type="checkbox"/> List strategies that will minimise these triggers occurring (e.g. flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.).
Do staff know what the child's seizures look like and how to support the child?	<input type="checkbox"/> List the strategies for ensuring that all staff, including casual and relief staff, recognise what the child's seizures look like and what support the child may need. <input type="checkbox"/> If the child is prescribed midazolam for emergency use, ensure that trained staff know where the midazolam kit is located.
Do staff know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> All staff have read and understood the child's Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none"> • what constitutes an emergency and when to call an ambulance • how to provide support to the child during and after a seizure.

If midazolam is prescribed, how does the service ensure its safe administration and storage?

- ☐ Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's *Epilepsy Policy*.
- ☐ Record the date that parents/guardians provide an unused, in-date and complete midazolam kit.
- ☐ Record the date and name of staff who have attended child-specific training in the administration of midazolam.
- ☐ Test that all trained staff know the location of the midazolam kit and Emergency Medication Management Plan (EMMP) for each child.
- ☐ Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule.
- ☐ Ensure the midazolam kit is maintained according to the instructions in this *Epilepsy Policy* (refer to *Definitions: midazolam kit*).
- ☐ Display the Epilepsy First Aid poster in staff areas.
- ☐ The midazolam kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g. for excursions.

Do trained people know *when* and *how* to administer midazolam to a child who is prescribed it?

- ☐ Know the contents of each child's EMMP and EMP, and implement the procedures.
- ☐ Know:
 - who will administer the midazolam and stay with the child
 - who will telephone the ambulance and the parents/guardians of the child
 - who will ensure the supervision of other children at the service
 - who will let the ambulance officers into the service and take them to the child.
- ☐ Ensure that all staff have undertaken training by The Epilepsy Foundation.

Potential scenarios and strategies

How effective is the service's risk minimisation plan?

- ☐ Review the risk minimisation plan of each child living with epilepsy with parents/guardians at least annually, but always on enrolment and after any seizures occur.

A child with epilepsy should not be overprotected – many of the risk strategies apply universally to ensure the health, safety and wellbeing of all children in early childhood environments.

Scenario	Strategy	Who is responsible?
Scooters and tricycles are provided by the service for outside play	<p>If the child has Tonic Clonic (convulsive) seizures, bicycle safety is particularly important.</p> <p>As part of a whole-of-service safe bicycle education program, helmets (with children wearing their own sunhats underneath) are used by all children at the service.</p> <p>Alternatively, parents/guardians may provide a specific helmet for their child.</p>	Staff
Water activities (e.g. play troughs, excursions)	Ensure the child with epilepsy is never left unattended near water.	Staff
	On excursions, ensure that there is no opportunity for a child with epilepsy to approach a body of water unsupervised.	Staff
	All sink plugs are placed at a height that is inaccessible to children.	Staff
Individual seizure triggers	<p>For example, if a child's seizures are triggered by heat, outdoor activities are undertaken in the cooler part of day, in accordance with parents/guardians consultation on temperature monitoring.</p> <p>An air conditioner is thermostated to maintain constant room temperature.</p>	Staff/parents/guardians

EXCURSIONS AND SERVICE EVENTS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for Gumnuts ELC to plan and conduct safe and appropriate excursions and service events.

POLICY STATEMENT

• VALUES

Gumnuts ELC is committed to:

- providing opportunities through the educational program for children to explore and experience the wider environment and broader society
- ensuring that all excursions and service events are accessible, affordable and contribute to children's learning and development
- ensuring the health, safety and wellbeing of children at all times, including during excursions and service events
- providing adequate supervision of all children during excursions and service events
- promoting road safety education and safe active travel for children.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisors, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Gumnuts ELC, including during offsite excursions and events.

• BACKGROUND AND LEGISLATION

Background

Excursions and service events are planned to extend the educational program and further develop the current interests of children. The *Victorian Early Years Learning and Development Framework* (refer to *Sources*) states that "Participating in their communities strengthens children's sense of identity and wellbeing" (Outcome 2: Children are connected with and contribute to their world). The purpose and educational value of each excursion or service event should be clearly communicated to parents/guardians.

When planning excursions and service events, it is important to ensure that they are inclusive of all members of the service community. Consideration must be given to any extra costs involved and the ability of families to pay these costs. Consideration must also be given to ensuring that all children can attend regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*). Clear procedures must be developed and followed, and these should be communicated to parents/guardians.

A risk assessment must be carried out for each excursion to determine any risks to children's health, safety or wellbeing before permission is sought from parents/guardians (Regulations 100, 101). The risk assessment must identify each risk and specify how the risk will be managed and/or minimised (Regulation 101). Written authorisation for the child to attend the excursion must be obtained from a

parent/guardian or person named in the child's enrolment record before the child can be taken outside the service premises. For details regarding information to be included in the written authorisation, refer to Attachment 1.

Active travel excursions near the service have a range of benefits including:

- children and staff being physically active
- providing the opportunity to practice road safety
- engaging with the community.

Early childhood road safety education aims to reduce the risk of serious injury and death from road trauma. It also aims to lay the foundations for children to become safe and independent road and transport users in the future. Road safety education is an important part of a holistic approach to keeping children safe around traffic and in the road environment. Effective traffic skills are best learnt if they occur in a real environment i.e. using crossings and traffic lights.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, including Quality Area 1: Educational Program and Practice and Quality Area 2: Children's Health and Safety

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Attendance Record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Excursion: An outing organised by the education and care service. The written permission of parents/guardians or a person named on the child's enrolment record as having lawful authority must be obtained before educators/staff take children outside the service premises.

Under the National Regulations, the definition of 'excursion' does not include an outing organised by services operating from a school site, where the child/ren leave the service premises with an educator/staff member, but do not leave the school site'.

Risk assessment: (In the context of this policy) a risk assessment must identify and assess any hazard that poses a risk to a child's health, safety and/or wellbeing while on an excursion, and specify how these risks will be managed and/or minimised (Regulation 101). Risk assessments must consider:

- the proposed route and location of the excursion
- any water hazards (refer to *Water Safety Policy*)
- any risks associated with water-based activities (refer to *Water Safety Policy*)
- transport to and from the proposed location of the excursion (refer to *Occupational Health and Safety Policy*)
- the number of adults and children participating in the excursion
- the number of educators or other responsible adults who will be providing supervision given the level of risk, and whether or not specialised skills are required (e.g. lifesaving skills)
- the proposed activities, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- the proposed duration of the excursion, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- any items/information that should be taken on the excursion e.g. first aid kit, emergency contact details for children, medication for children with known medical conditions (such as asthma, anaphylaxis and diabetes) and a mobile phone.

A sample Excursion Risk Management Plan is provided on the ACECQA website at:
www.acecqa.gov.au (search *Sample forms and templates*)

Regular outing: (In relation to education and care services) means an excursion (refer to *Definitions*) such as a walk, drive or trip to/from a location that the service visits regularly as part of its educational program, and where the circumstances covered by the risk assessment are the same on each trip. If an excursion is a regular outing, an authorisation from parents/guardians is only required to be obtained once every 12 months. A new authorisation is required if there is any change to the circumstances of the regular outing.

Service event: A special activity, event, visitor or entertainment organised by the education and care service that may be conducted as part of a regular session at the service premises or as an excursion.

Supervision: refer to **adequate supervision** in *Definitions* above.

• SOURCES AND RELATED POLICIES

Sources

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:*
www.education.gov.au
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au
- Organisation for Economic Co-operation and Development 2004 *Keeping children safe in traffic*. Paris: OECD
- ELAA's Road Safety Education program www.childroadsafety.org.au
- Road Safety Education Reference Group
- *Victorian Early Years Learning and Development Framework:* www.education.vic.gov.au

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Code of Conduct Policy*
- *Curriculum Development Policy*
- *Dealing with Medical Conditions Policy*
- *Delivery and Collection of Children Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Enrolment and Orientation Policy*
- *Epilepsy Policy*
- *Fees Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*
- *Supervision of Children Policy*
- *Water Safety Policy*

PROCEDURES

The COM and Persons with Management and Control are responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Nominated Supervisor, staff and parents/guardians at the service
- ensuring that staff, volunteers, students and others at the service are provided with a copy of the *Excursions and Service Events Policy* and comply with its requirements
- ensuring that all parents/guardians have completed, signed and dated their child's enrolment form (refer to *Enrolment and Orientation Policy*) including details of persons able to authorise an educator to take their child outside the service premises (Regulation 160)
- ensuring that parents/guardians or persons named in the enrolment record have provided written authorisation within the past 12 months where the service is to take the child on regular outings (refer to *Definitions*), and that this authorisation is kept in the child's enrolment record (Regulation 161) (refer to Attachment 1 – Developing an excursion/service event authorisation form)
- ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment

record, and that the authorisation includes all details required under Regulation 102(4) (refer to Attachment 1 – Developing an excursion/service event authorisation form)

- ensuring that the number of children attending an excursion does not exceed the number for which service approval has been granted on that day
- ensuring that children are adequately supervised (refer to *Definitions*) at all times
- ensuring that educator-to-child ratios are maintained at all times, including during excursions and service events (Regulations 123, 355, 357)
- ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children (refer to *Participation of Volunteers and Students Policy*)
- ensuring that a risk assessment (refer to *Definitions*) is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100)
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101
- developing strategies to improve children's safety in high risk situations such as excursions near water or near a road (refer to *Supervision of Children Policy*, *Water Safety Policy* and *Road Safety and Safe Transport Policy*)
- ensuring that staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*
- ensuring that excursions and service events are based on the educational program and meet the needs and interests of children and families at the service (refer to *Curriculum Development Policy*)
- ensuring that there is a clear purpose and educational value to each excursion or service event, and that this is communicated to parents/guardians
- considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges (refer to *Fees Policy*)
- ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- ensuring strategies are in place to provide an accurate attendance record (refer to *Definitions*) for children attending an excursion, and for children remaining at the service while an excursion is happening
- ensuring strategies are in place to ensure that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities (refer to *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- providing and maintaining a portable first aid kit that can be taken on excursions and other offsite activities
- providing portable first aid kits that contain the required medication for dealing with medical conditions
- providing a mobile phone to enable contact with parents/guardians and emergency services in the event of an incident, injury, trauma or illness (Regulation 98)
- ensuring emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Approved Provider, staff and parents/guardians at the service
- ensuring educators, staff, parents/guardians, volunteers, students and others at the service are provided with a copy of the *Excursions and Service Events Policy* and comply with its requirements
- ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102(4) (refer to Attachment 1 – Developing an excursion/service event authorisation form)
- ensuring that children are adequately supervised (refer to *Definitions*) at all times
- ensuring that educator-to-child ratios are maintained at all times, including during excursions and service events (Regulations 123, 355, 357)
- ensuring only educators who are working directly with children are included in educator-to-child ratios
- ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children (refer to *Participation of Volunteers and Students Policy*)
- ensuring that a risk assessment (refer to *Definitions*) is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100)
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101
- developing strategies to improve children's safety in high risk situations such as excursions near water or near a road (refer to *Supervision of Children Policy*, *Water Safety Policy* and *Road Safety and Safe Transport Policy*)
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*
- providing road safety education as part of the curriculum
- where appropriate, taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness
- ensuring that excursions and service events are based on an approved learning framework, the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Curriculum Development Policy*)
- ensuring the purpose and educational value of each excursion or service event is communicated to parents/guardians
- considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges (refer to *Fees Policy*)
- ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- ensuring an accurate attendance record (refer to *Definitions*) is kept for children attending an excursion, and for children remaining at the service while an excursion is happening
- ensuring that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities (refer to *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)

- ensuring that a portable first aid kit (including required medication for dealing with medical conditions) is taken on excursions and other offsite activities
- ensuring a mobile phone, the emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness
- ensuring sunscreen (if required) is taken on excursions and is available as required for service events and that outdoor excursion venues provide adequate shade
- displaying a notice at the service indicating that children are on an excursion, and including the location of the excursion and expected time of return to the service.

Other educators are responsible for:

- contributing to the development of an *Excursions and Service Events Policy* reading and complying with the requirements of the *Excursions and Service Events Policy*
- providing parents/guardians or a person named in the child's enrolment record with an excursion/service event authorisation form
- checking that a parent/guardian or person named in the child's enrolment record has completed, signed and dated the excursion/service event authorisation form prior to the excursion
- allowing a child to participate in an excursion or service event only with the written authorisation of a parent/guardian or person named in the child's enrolment record
- maintaining the required educator-to-child ratios at all times, and adequately supervising (refer to *Definitions*) children during excursions and service events
- adequately supervising parents/guardians, volunteers, students and all adults participating in an excursion, and ensuring that they are not left with sole supervision of individual children or groups of children (refer to *Participation of Volunteers and Students Policy*)
- undertaking a risk assessment (refer to *Definitions*) for an excursion or service event prior to obtaining written authorisation from parents/guardians
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how they will be managed and/or minimised, and includes all details required by Regulation 101
- implementing strategies to improve children's safety in high risk situations such as excursions near water or near a road (refer to *Supervision of Children Policy*, *Water Safety Policy* and *Road Safety and Safe Transport Policy*)
- complying with the service's *Road Safety and Safe Transport Policy*
- developing excursions and service events based on an approved learning framework, the developmental needs, interests and experiences of each child, and the individual differences of each child (refer to *Curriculum Development Policy*)
- providing road safety education as part of the curriculum
- taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness
- communicating the purpose and educational value of each excursion or service event to parents/guardians
- supporting all children to participate in excursions and service events regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- taking each child's personal medication and current medical management plan on excursions and other offsite activities (refer to *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- taking a portable first aid kit (including required medication for dealing with medical conditions) on excursions and other offsite activities

- keeping an accurate attendance record (refer to *Definitions*) of children attending excursions, and for children remaining at the service while an excursion is happening
- keeping an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- taking a mobile phone, a copy of the attendance record, emergency contact details for each child and the contact details of the child's medical practitioner on excursions for notification in the event of an incident, injury, trauma or illness
- taking sunscreen (if required) on excursions/service events
- discussing the aims and objectives of the excursion or service event, and items of special interest, with children prior to undertaking the activity
- informing parents/guardians of items required by children for the excursion or service event e.g. snack/lunch, sunscreen, coat etc.

Parents/guardians are responsible for:

- reading and complying with the requirements of this *Excursions and Service Events Policy*
- completing and signing the authorised nominee section (refer to *Definitions*) of their child's enrolment form (refer to *Enrolment and Orientation Policy*) before their child commences at the service
- completing, signing and dating excursion/service event authorisation forms
- providing written authorisation for their child to leave the service premises on regular outings (see *Definitions*)
- reading the details of the excursion or service event provided by the service and asking for additional information if required
- providing items required by their child for the excursion or service event e.g. snack/lunch, sunscreen, coat etc.
- understanding that, if they participate in an excursion or service event as a volunteer, they will be under the immediate supervision of an educator or the Approved Provider at all times
- if participating in an excursion or service event, informing an educator immediately if a child appears to be missing from the group
- supervising and caring for siblings and other children in their care who are not enrolled in the program
- complying with all service policies while participating in an excursion or service event including the *Code of Conduct Policy*, *Road Safety and Safe Transport Policy*, *Sun Protection Policy* and *Hygiene Policy*.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Developing an excursion/service event authorisation form

AUTHORISATION

This policy was adopted by the Approved Provider of Gumnuts ELC on 27th September.

REVIEW DATE: 2019

ATTACHMENT 1

Developing an excursion/service event authorisation form

The *Education and Care Services National Regulations 2011* (Regulation 102) specify that written authorisations for excursions, given by a parent/guardian or person authorised on the child's enrolment record, must include the following details:

- the child's name
- the reason the child is to be taken outside the service premises
- the date the child is to be taken on the excursion (unless the authorisation is for a regular outing (refer to *Definitions*))
- a description of the proposed location of the excursion
- the method of transport to be used
- proposed activities to be undertaken as part of the excursion
- the period of time that the child will be away from the service premises
- the anticipated number of children attending the excursion
- the anticipated ratio of educators to children attending the excursion
- the anticipated number of staff members, and any other adults who will accompany and supervise children on the excursion
- confirmation that a risk assessment has been prepared and is available at the service.

The authorisation form should require parents/guardians to include contact details for two people and for the child's medical practitioner in the event that the child experiences an incident, injury, trauma or illness while on the excursion.

The form must be signed and dated by the parent/guardian or a person authorised on the child's enrolment form.

Services should also include information about:

- additional costs involved, if any, and
- whether parents/guardians/siblings are able to participate in the excursion and, if so, details of the supervision requirements for additional family members.

FEES POLICY

Mandatory – Quality Area 7

PURPOSE

This policy will provide clear guidelines for:

- the setting, payment and collection of fees
- ensuring the viability of GELC, by setting appropriate fees and charges
- the equitable and non-discriminatory application of fees across the programs provided by GELC.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing responsible financial management of the service, including establishing fees that will result in a financially viable service, while keeping user fees at the lowest possible level
- providing a fair and manageable system for dealing with non-payment and/or inability to pay fees/outstanding debts
- ensuring there are no limited barriers for families wishing to access an early childhood program for their child/children
- maintaining confidentiality in relation to the financial circumstances of parents/guardians
- advising users of the service about program funding, including government support and fees to be paid by parents/guardians
- providing equitable access for families eligible for the Kindergarten Fee Subsidy.

• SCOPE

This policy applies to the Approved Provider, Person with Management and Control, Nominated Supervisor, Person in Day-to-Day Charge, educators and parents/guardians with an enrolled child, or who wish to enrol a child at GELC.

• BACKGROUND AND LEGISLATION

Background

The Department of Education and Training (DET) provides funding for each child who is enrolled and attending a funded kindergarten program in the year before school. Income from other sources, primarily fees, is required to meet all the additional costs incurred by the service in the delivery of the children's program. In addition, the Kindergarten Fee Subsidy (refer to *Definitions*) enables eligible children to attend a funded kindergarten program free of charge in the year before school.

DET also funds Early Start Kindergarten for three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to access kindergarten programs as outlined in *The Kindergarten Funding Guide* (refer to *Sources*).

DET requires that funded services have a comprehensive written fees policy, and the content of this policy must be communicated to families. The policy must include a written statement about the fees to be charged, as required under Regulation 168(2)(n), and the payment process. All families must be

informed of applicable term and annual fees at the time of enrolment. Services must also advise eligible families of the Kindergarten Fee Subsidy arrangements. The fees charged must comply with the *Kindergarten Fee Subsidy – Fees Policy* (refer to *Definitions*), and be responsive to the local community and the viability of the service. *The Kindergarten Funding Guide* (refer to *Sources*) outlines the criteria to be covered in the policy.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities 2006* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 168(2)(n)*
- *Equal Opportunity Act 1995* (Vic)
- *National Quality Standard*, including Quality Area 7: Governance and Leadership

• **DEFINITIONS**

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Approved care: Approved child care services, such as long day care, family day care, before-and-after school care, vacation care, some occasional care and some in-home care childcare services, which have Australian Government approval to pass on Child Care Benefit (refer to *Definitions*) as a reduction in child care fees: www.humanservices.gov.au (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

Child Care Subsidy (CCS): A Commonwealth Government payment to help families who use either approved services or registered childcare (refer to *Definitions*). All eligible families can receive some Child Care Subsidy. Details are available at: www.humanservices.gov.au. (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

Early Start Kindergarten: A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection to attend a kindergarten program that is planned and delivered by an early childhood teacher for up to 15 hours per week. Details are available at: www.education.vic.gov.au

Enrolment application fee: A payment to cover administrative costs associated with the processing of a child's enrolment application for a place in a program at the service.

Excursion/service event charge: An additional charge required to meet the cost of special events or excursions that occur in response to emerging children's program needs. Events that are planned ahead and are included as an expenditure item in the service's budget do not incur this additional charge (refer to *Excursions and Service Events Policy*).

Fees: A charge for a place within a program at the service.

Health Care Card: A Commonwealth Government entitlement providing concessions for low-income earners and other eligible people. Details are available at: www.humanservices.gov.au

Kindergarten fee deposit: A charge to secure a place that has been offered in a program at the service. This is deducted from term fees.

Kindergarten Fee Subsidy (KFS): A state government subsidy paid in addition to per capita grants to subsidise the costs of parent fees and enable eligible children to attend a funded kindergarten for 15 hours free of charge (*The Kindergarten Funding Guide* (refer to *Sources*)).

Late collection charge: A charge that may be imposed by the Approved Provider when parents/guardians are late to collect their child/children from the program (refer to Attachment 1 – Fee information for families).

Registered carer: Registered child care is provided by individuals who are registered as carers with the Department of Human Services. A registered carer may include grandparents, relatives, friends, neighbours or nannies. In some cases, it can also include care provided by individuals in private preschools, kindergartens and some outside school hour services, including before and after school care, vacation care and holiday programs: www.humanservices.gov.au (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

Voluntary parent/guardian contribution: A voluntary payment for items not directly related to the provision of the children's program. Attendance at the service is not conditional on this payment.

• SOURCES AND RELATED POLICIES

Sources

- *The Kindergarten Funding Guide* (Department of Education and Training): www.education.vic.gov.au
- The constitution of GELC

Service policies

- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Inclusion and Equity Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The COM and Person with Management and Control are responsible for:

- reviewing the current budget to determine fee income requirements
- developing a fee policy that balances the parent's/guardian's capacity to pay, with providing a high-quality program and maintaining service viability
- implementing and reviewing this policy in consultation with parents/guardians, the Nominated Supervisor and staff, and in line with the requirements of DET's *The Kindergarten Funding Guide* (refer to *Sources*)
- considering any issues regarding fees that may be a barrier to families enrolling at GELC and assess removing those barriers wherever possible
- reviewing the effectiveness of the procedures for late payment and support offered
- considering options for payment when affordability is an issue for families
- clearly communicating this policy and payment options to families in a culturally-sensitive way, and in the family's first language where possible
- ensuring that the *Fees Policy* is readily accessible at the service (Regulation 171)
- providing all parents/guardians with fee information (refer to Attachment 1)

- providing all parents/guardians with a statement of fees and charges (refer to samples in Attachments 2 and 3) upon request of their child
- providing all parents/guardians with a fee payment agreement (refer to samples in Attachments 4 and 5)
- ensuring fees are collected and receipted
- collecting all relevant information and maintaining relevant documentation regarding those with entitlement to concessions, where applicable
- complying with the service's *Privacy and Confidentiality Policy* regarding financial and other information received, including in relation to the payment/non-payment of fees
- notifying parents/guardians a minimum of 14 days of any proposed changes to the fees charged or the way in which the fees are collected (Regulation 172(2)), and ideally providing one term's notice.

The Nominated Supervisor and Person in Day-to-Day Charge is responsible for:

- assisting the Approved Provider in developing this policy, and ensuring that this policy is based on the *Kindergarten Funding Guide* (refer to *Definitions*)
- implementing and reviewing this policy, in consultation with parents/guardians, the Approved Provider and staff, and in line with the requirements of DET's *The Kindergarten Funding Guide* (refer to *Sources*)
- considering any issues regarding fees that may be a barrier to families enrolling at GELC and removing those barriers wherever possible
- considering options for payment when affordability is an issue for families
- communicating this policy, the availability of the Kindergarten Fee Subsidy and payment options to families in a culturally-sensitive way and in the family's first language where possible
- providing all parents/guardians with fee information (refer to Attachment 1)
- providing all parents/guardians with a statement of fees and charges (refer to samples in Attachments 2 and 3) upon enrolment of their child, and ensuring that the *Fees Policy* is readily accessible at the service
- providing all parents/guardians with a fee payment agreement (refer to samples in Attachments 4 and 5)
- collecting all relevant information and maintaining relevant documents regarding those with entitlement to concessions, where applicable
- complying with the service's *Privacy and Confidentiality Policy* regarding financial and other information received, including in relation to the payment/non-payment of fees
- notifying parents/guardians within 14 days of any proposed changes to the fees charged or the way in which the fees are collected.

All other staff are responsible for:

- informing the Approved Provider of any complaints or concerns that have been raised regarding fees at the service
- referring parents'/guardians' questions in relation to this policy to the Approved Provider.

Parents/guardians are responsible for:

- reading the GELC Fee information for families (refer to Attachment 1), the Fee Payment Agreement (refer to Attachments 4 and 5) and the Statement of Fees and Charges (refer to Attachments 2 and 3)
- signing and complying with the Fee Payment Agreement (refer to Attachments 4 and 5)
- notifying the Approved Provider if experiencing difficulties with the payment of fees
- providing the required documentation to enable the service to claim the Kindergarten Fee Subsidy for eligible families (refer to Attachment 1 – Fee information for families).

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, particularly in relation to affordability, flexibility of payment options and procedures for the collection of fees
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor the number of families/children excluded from the service because of their inability to pay fees
- 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 (Regulation 172(2)) unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Fee information for families
- Attachment 2: Statement of Fees and Charges – Fee schedule – Four-year-old (funded) kindergarten program
- Attachment 3: Fee Payment Agreement – Four-year-old (funded) kindergarten program
- Attachment 4: Payment plan letter to families

AUTHORISATION

This policy was adopted by the COM of GELC on 21st March 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Fee information for families

GELC 2018

- **General information**

The Department of Education and Training (DET) provides funding for each child enrolled and attending kindergarten in the year before school as a contribution toward the costs of providing the program. Services meet the balance of costs through charging fees and fundraising activities.

DET provides a Kindergarten Fee Subsidy (see below) that enables children from eligible families to attend a kindergarten program free of charge in the year before school.

DET also provides funding to assist eligible three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to access kindergarten programs.

GELC provides a range of support options to parents/guardians experiencing difficulty with payment of fees (see below).

2. Any child that exceeds their 42 day allowable absences will be charged full fees for any additional absent days. **Please Note: Fees will be charged for all absent days and public holidays unless indicated.**

- **How fees are set**

As part of the budget development process, the Committee of Management sets fees each year for the programs of the service, taking into consideration:

- the financial viability of the service
- the level of government funding provided for the program, including the Kindergarten Fee Subsidy
- the availability of other income sources, such as grants
- the fees charged by similar services in the area
- the capacity of parents/guardians to pay fees
- reasonable expenditure in meeting agreed program quality and standards
- requirements of *The Kindergarten Funding Guide* (Department of Education and Training) available from the DET website: www.education.vic.gov.au

Once fees are set for the year, they will only be reviewed in extraordinary circumstances, for example, if enrolments drop and the service is at risk of not being able to meet its expenses.

- **Other charges**

Other charges levied by GELC are included on the Statement of Fees and Charges. These include:

- **Kindergarten fee deposit:** This payment secures a child's place at the service and is payable on acceptance of enrolment. The deposit is retained as part payment on term fees. Families eligible for the Kindergarten Fee Subsidy (see below) are not required to pay the deposit. Families experiencing hardship should discuss any difficulties with the service.
- **Excursion/service event charge:** At times throughout the year an additional excursion(s) or event(s) may be arranged where it is considered relevant to the service's program and the children's interests. At this time any additional costs to families are taken into consideration before a decision is made (refer to *Excursions and Service Events Policy*).

- **Late collection charge:** The Committee of Management reserves the right to implement a late collection charge when parents/guardians are frequently late in collecting a child from the service. This charge will be set at a level determined by the Committee of Management.
- **Collection Costs:** In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

- **Statement of fees and charges**

A statement of fees and charges for four-year-old kindergarten, long day care, OSHC programs will be provided to families on enrolment.

- **Fundraising**

Not all service costs are covered by DET per capita funding and the fees charged. Fundraising is undertaken to meet the balance and/or pay for additional items for the service. While participation in fundraising is voluntary, the support of every family is encouraged. Fundraising activities are also an opportunity for families and communities to come together.

- **Subsidies**

- **Kindergarten Fee Subsidy (four-year-old programs only)**

The Kindergarten Fee Subsidy is provided by DET and enables eligible children to attend 15 hours of kindergarten free of charge. Eligibility conditions may change from time-to-time and must be checked in the most recent edition of the *Kindergarten Funding Guide* (refer to *Sources*).

Families may be eligible for the Kindergarten Fee Subsidy in the year before school if their child:

- is Aboriginal and/or Torres Strait Islander; or
- holds, or has a parent/guardian who holds a Humanitarian or refugee Visa; or
- is a multiple birth child (triplets or more); or
- holds, or has a parent who holds a Commonwealth Health Care Card, Pensioner Concession Card or Veteran's Affairs Card.

Exclusions and exceptions: Not available for long day care services in receipt of Commonwealth Child Care Benefit.

Where a child is identified by a parent, carer or legal guardian as an Aboriginal and/or Torres Strait Islander, no verification is required.

In all other instances, supporting documentation should be sighted by the service on acceptance of a place or on commencement in the program, however where there are delays, such as in obtaining health care cards for children in out-of-home care, the delay should not provide a barrier to the child accessing the Kindergarten Fee Subsidy. Families are eligible for the Kindergarten Fee Subsidy for the full term in which their concession is valid. Contact the service for further information.

- **Early Start Kindergarten fee subsidy**

Three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection are eligible to attend a funded early childhood program that is planned and delivered by a qualified early childhood teacher free of charge. The service receives funding for children who meet the eligibility criteria. Contact the service for further information.

- **Child Care Subsidy (CCS)**

Child Care Subsidy (CCS) is an Australian Government payment that can assist eligible families with the costs of childcare at an approved or registered care provider. GELC is an approved care provider.

Approved care is childcare that meets certain standards and requirements, and is approved by the Australian Government. Approved care providers must hold a licence to operate, have qualified and trained staff, be open certain hours and meet health, safety and other quality standards. Most long day care, family day care, before-and-after school care, vacation care, some occasional care and some in-home care childcare services are approved providers.

The amount payable is set by the Australian Government. Further details are available at:
www.humanservices.gov.au

Payment of fees

The Committee of Management will regularly review payment options and procedures to ensure that they are inclusive and sensitive to families' cultural and financial situations.

Fees will be invoiced to parents/guardians directly and must be paid by the date indicated on the invoice. Fees are to be paid by direct debit with parents responsible for the incurred charges for the direct debit.

Each invoice will be accompanied by payment instructions. The first term's kindergarten fees must be received in full prior to the child commencing at the service. For children enrolled after the commencement of a term, a pro rata invoice will be issued and must be paid in full within 14 days of the child's commencement at the service. Receipts will be provided for all fee payments.

Parents/guardians experiencing difficulty in paying fees are requested to contact the Director to arrange a suitable alternative payment plan. The *Privacy and Confidentiality Policy* of the service will be complied with at all times in relation to a family's financial/personal circumstances.

• Unpaid fees

If fees are not paid by the due date, the following steps will be taken.

- An initial reminder letter will be sent to parents/guardians with a specified payment date, and will include information on a range of support options available for the family.
- Where payment is still not received, families will be invited to attend a meeting to discuss the range of support options available and establish a payment plan.
- Failure to attend the meeting and continued non-payment may result in a second and final letter notifying parents/guardians that the child's place at the service may be withdrawn unless payment is made or a payment plan is entered into within a specified period of time. This letter will also include information on a range of support options available for the family.
- The Committee of Management will continue to offer support and will reserve the right to employ the services of a debt collector.
- If a decision is made to withdraw the child's place at the service, the parents/guardians will be provided with 14 days' notice in writing.
- No further enrolments of children from the parents/guardians will be accepted until all outstanding fees have been paid.

• Refund of fees

If a family becomes eligible for the Kindergarten Fee Subsidy during a term, a full refund of the applicable term fees (and fee deposit, where appropriate) will be provided. Fees may still apply for programs offering more than the required minimum hours per week.

In any other case, fees are non-refundable (exceptional circumstances may apply – these are at the discretion of the Committee of Management. There will be no refund of fees in the following circumstances:

- a child's short-term illness
- public holidays
- family holiday during operational times
- closure of the service for one or more days when a qualified educator is absent and a qualified reliever is not available
- closure of the service for staff training days
- closure of the service due to extreme and unavoidable circumstances.

In addition, there will be no refund where a family chooses not to send their child to the program for the maximum number of hours for which they are enrolled.

- **Support services**

Families experiencing financial hardship often require access to family support services. Information on these services may be available from the kindergarten service provider or alternatively families may contact the local council.

- **Notification of fee changes during the year**

Fees set for the year would only be reviewed in extraordinary circumstances, for example, if attendance rates fall below the budget 'break even' point. Parents/guardians will be notified one term in advance of any required fee increase and will be offered the option to request a payment plan.

ATTACHMENT 2

Statement of Fees and Charges

GELC

Fee schedule 2018

Full Day Care 6.30am to 6.00pm

Daily: \$88.00

Weekly: \$420.00

Kindergarten Term Fee \$350.00

\$1400.00 per year

Before Kinder Care \$17.50

After Kinder Care \$28

Kinder Holiday Care Daily \$88

Before School Care Daily Fee \$20

After School Care Daily Fee \$25

Vacation Care Daily Fee \$70

Payment of fees

Invoices will be issued weekly and must be paid by the due date.

Kindergarten fee deposit \$100

Parents/guardians are required to pay the fee deposit on offer of a place. This payment is retained and deducted from term fees. Payment will secure the child's place in the four-year-old (funded) kindergarten program.

Kindergarten Fee Subsidy

Families who are eligible for the Kindergarten Fee Subsidy (refer to Fee information for families) will not be required to make fee payments.

Child Care Subsidy (CCS)

For information on the Child Care Subsidy, refer to Fee information for families. More information about the Child Care Subsidy can be found at: www.education.gov.au

Late collection charge \$5 per minute per child

The Committee of Management reserves the right to implement a late collection charge when parents/guardians are late (after 6pm) in collecting a child (refer to Fee information for families).

ATTACHMENT 3 Fee Payment Agreement

2018

Four-year-old (funded) kindergarten program

Please complete this form and return to GELC by [Date]

Fee payment contract

Child's full name: _____

Parent's/guardian's full name: _____

- I/we acknowledge that the four-year-old kindergarten program is partly funded by the state government, with the balance of funds coming from fees paid by parents/guardians.
- I/we understand that I/we am/are entitled to obtain the Kindergarten Fee Subsidy if I/we meet one of the criteria. If my/our eligibility lapses, then I/we understand that full payment of fees is required from the beginning of the following term.
- I/we agree to pay fees by the due date on the invoice.
- I/we understand that term fees are non-refundable.
- I/we acknowledge that if fees are not paid by the due date, the Committee of Management will implement the late payment of fees procedures, as outlined in the *Fee Information for Families*, which could result in the withdrawal of my/our child's place at the service and no further enrolments until the outstanding fees are paid.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify the Director to discuss alternative payment options.
- I/we acknowledge that I/we have received and read the service's Fee information for families, which outlines the procedure for payment of fees.

Kindergarten Fee Subsidy

Please advise if the child is Aboriginal or Torres Strait Islander Please tick: ☐ Yes ☐ No

Please indicate below which concession you are eligible for – the criteria is outlined on Attachment 1 Section 6.

Concession: _____

Except in the case of an Aboriginal or Torres Strait Islander child, supporting documentation will need to be sighted on commencement at GELC by the Director.

Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found in *The Kindergarten Funding Guide* (Department of Education and Training):

www.education.vic.gov.au

Signature (parent/guardian)

Date

Note: Invoices, receipts and collection of fees will be in accordance with the GELC *Fees Policy*.

ATTACHMENT 4

Fee Payment Plan

2018

[DATE]

[PARENTS NAMES]

[ADDRESS]

[SUBURB] [STATE] [POSTCODE]

Dear [PARENTS NAMES],

Introduction of payment plan for [TERM] [YEAR]

As per our recent discussion regarding late fee payment, please accept this letter as confirmation of the introduction of a payment plan for [TERM] [YEAR]'s fees.

Acting on behalf of the GELC Committee of Management, I can confirm that the payment plan will commence on [DATE] and will continue for [NUMBER OF WEEKS] as outlined below.

Instalment	Amount Due	Due Date
1	\$xx	[DATE]
2	\$xx	[DATE]
3	\$xx	[DATE]
4	\$xx	[DATE]
5	\$xx	[DATE]
6	\$xx	[DATE]
7	\$xx	[DATE]

We thank you in advance for your commitment to this payment plan. As a Committee we appreciate the sensitivity of your situation. Please be assured that the Privacy and Confidentiality Policy of the service will be complied with at all times in relation to your family's financial/personal circumstances.

— Yours sincerely,

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—

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— Director

— On behalf of GELC Committee of Management

—

Acknowledged by [PARENT NAME/S]

– Signature of parent:		Date	
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FOOD SAFETY POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide guidelines for:

- effective food safety practices at GELC that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

This policy should be read in conjunction with *Nutrition and Active Play Policy*.

POLICY STATEMENT

• VALUES

GELC is committed to:

- ensuring the safety of all children and adults attending the service
- taking all reasonable precautions to reduce potential hazards and harm to children attending the service
- ensuring adequate health and hygiene procedures are implemented at the service, including safe practices for handling, preparing, storing and serving food
- promoting safe practices in relation to the handling of hot drinks at the service
- educating all service users in the prevention of scalds and burns that can result from handling hot drinks
- complying with all relevant legislation and standards, including the *Food Act 1984* and the *Australia New Zealand Food Standards Code*.

• SCOPE

This policy applies to all individuals involved in handling, preparing, storing and serving food for consumption at GELC, and to the Approved Provider, Nominated Supervisor, , educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of the service.

• BACKGROUND AND LEGISLATION

Background

Food safety is very important in early childhood service environments. Young children are often more susceptible to the effects of foodborne illness than other members of the community. Foodborne illness (including gastrointestinal illness) can be caused by bacteria, parasites, viruses, chemicals or foreign objects that are present in food. Food provided by a children's service:

- must be fit for human consumption

- must not be adulterated or contaminated
- must not have deteriorated or perished.

Safe food practices can also assist in reducing the risk of a severe allergic reaction (e.g. anaphylaxis) by preventing cross-contamination of any food given to children with diagnosed food allergies (refer to *Anaphylaxis Policy* and *Asthma Policy*).

Organisations that provide food to children have a duty of care (refer to *Definitions*) to protect children from all hazards and harm. Employers are also required, under the *Occupational Health and Safety Act 2004*, to provide a healthy and safe working environment for employees and contractors, and to ensure that other individuals, including children, parents/guardians, visitors and the general public, are not endangered when attending the workplace. In addition, employees, visitors and contractors are responsible for complying with appropriate workplace standards and procedures that have been implemented to protect their own health and safety, and that of others.

The *Food Act 1984* aims to reduce the incidence of foodborne illness by ensuring that food manufactured, transported, sold, prepared and stored is safe, unadulterated, fit for human consumption and will not cause food poisoning. Under the Act, local councils in Victoria are required to classify every food premises in their municipality according to its food safety risk.

Early childhood services should confirm their food safety risk classification and related requirements with the local council in the area in which they operate.

Class 1 food premises describes those that predominantly handle potentially hazardous food that is served to vulnerable people. Early childhood services that provide long day care are included in the Class 1 category. Class 4 food premises describes those whose food handling activities pose low risk to public health. Sessional kindergartens are included in the Class 4 category.

Standard 3.3.1, in Chapter 3 of the *Australia New Zealand Food Standards Code* (the Code), is one of the national food safety standards that outlines the responsibilities of food businesses to ensure that the food they produce is safe. This particular standard applies to Australian food businesses that provide meals for vulnerable persons (those who are at greater risk of being affected by foodborne illness), such as the very young, the elderly and individuals who are immunocompromised due to disease or treatment for other illnesses. Standard 3.3.1 requires such businesses to have a documented food safety program (refer to *Definitions*).

Child care services that provide hot/cold meals and snacks are classified as Class 1 (high risk). Class 1 services must:

- ensure food that is sold or prepared for sale is safe to eat (this includes food provided to children as part of the program and included in the fees paid to the service by the family)
- register annually with the council
- be inspected by the council when first registered or when registration is transferred to a new proprietor
- have a food safety program that is tailored specifically to their activities as a food premises
- keep a copy of the food safety program on site
- appoint a food safety supervisor with the necessary skills and accredited training
- undergo two mandatory compliance checks each year:
 - a council assessment of the premises and compliance with the documented food safety program
 - an audit of the food safety program by a Department of Health-approved auditor to determine adequacy and compliance.

From 1 July 2010, Class 1 services can choose to have audits of their tailored food safety program conducted by an auditor approved by the Department of Health. This audit can be conducted by an

independent private auditor or by a council auditor (if the relevant council offers audit services). The auditor is responsible for providing the statutory audit certificate to council and services must retain full audit reports for four years after they have been prepared. For more information about Class 1 food premises, services should contact their local council and refer to:

<http://www.health.vic.gov.au/foodsafety/downloads/class1.pdf>

Sessional kindergartens supplying low risk snacks such as cut fruit, milk, bread and cereals are classified as Class 4 (low risk). Class 4 services are **not** required to have:

- a food safety program
- a food safety supervisor
- an annual council inspection.

However, Class 4 services must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles. Council may also, at its discretion, inspect a premises under the *Food Act 1984* (e.g. to investigate complaints or conduct a spot check). Individual councils may also require services to complete a food safety audit or plan, especially when the service is operating a special event such as a sausage sizzle. For more information about Class 4 food premises, services should contact their local council and refer to: www.health.vic.gov.au/foodsafety/downloads/class4.pdf

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005*
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulation 77
- *Food Act 1984* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.1: Each child's health is promoted
 - i) Element 2.1.1: Each child's health needs are supported
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Department of Health: The State Government department responsible for the health and wellbeing of Victorians, and with oversight of the administration of the *Food Act 1984*.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Food allergies: Some foods and food ingredients, or their components, can cause severe allergic reactions including anaphylaxis (refer to *Anaphylaxis Policy*). Less common symptoms of food allergy include infantile colic, reflux of stomach contents, eczema, chronic diarrhoea and failure to thrive in

infants. Food allergies are often caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat. For more information on food allergies, visit: www.allergyfacts.org.au

Food safety: (In relation to this policy) ensuring food provided by the service is fit for human consumption.

Food safety program: A written plan that details what an individual business does to ensure that the food it sells or handles is safe for human consumption. A food safety program is an important tool for businesses that handle, process or sell potentially hazardous foods, as it helps to maintain safe food handling practices and protect public health. It should identify potential hazards in all aspects of food handling, describe how such hazards can be controlled/monitored, and define appropriate corrective action to be taken when a hazard is found to be under-managed. A food safety program must also include the requirements for appropriate record keeping. Class 4 services are not required to have a food safety program (refer to *Background*).

Food safety supervisor: A person who:

- can recognise, prevent and alleviate food handling hazards at a premises
- has a Statement of Attainment from a Registered Training Organisation (RTO) that confirms competency in the required food safety standards
- has the ability and authority to supervise other individuals who handle food at the premises to ensure safe food handling at all times.

Class 4 food premises do not need a food safety supervisor (refer to *Background*). However, they must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles.

Food Standards Australia New Zealand (FSANZ): A bi-national Government agency with the responsibility to develop and administer the *Australia New Zealand Food Standards Code* (the Code), which details standards and requirements in areas such as food additives, food safety, labelling and genetically modified (GM) foods. Enforcement and interpretation of the Code is the responsibility of State/Territory departments and food agencies within Australia and New Zealand.

Hazardous food: Food containing dangerous biological, chemical or physical agents, or food in a condition that has the potential to cause adverse health effects in humans.

High-risk foods: Bacteria that has the potential to cause food-poisoning can grow and multiply on some foods more easily than others. High-risk foods include meat, seafood, poultry, eggs, dairy products, small goods, cooked rice/pasta and prepared salads (such as coleslaw, pasta salads, rice salads and fruit salads). Food that is contained in packages, cans or jars can become high-risk once opened, and should be handled and stored appropriately.

Hot drink: Any container holding a liquid that has been heated or boiled, and that remains above room temperature (25°C) for any period of time.

Scalds: Burns by hot fluids, steam and other hot vapours.

• SOURCES AND RELATED POLICIES

Sources

- *Australia New Zealand Food Standards Code:*
<http://www.foodstandards.gov.au/code/Pages/default.aspx>
- Burns and scalds – children. Available from the Better Health Channel:
www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Burns_and_scalds_children
- Department of Health – Food Safety. Contact the Department of Health if your inquiry relates to general food compliance issues (and you don't know where to start) or you are looking for publications on food safety or information on legislation.

Telephone: 1300 364 352 (free call within Australia)

Email: foodsafety@health.vic.gov.au

Website: www.health.vic.gov.au/foodsafety

- a) Keeping food safe: www.health.vic.gov.au/foodsafety/bus/keeping.htm
- b) Food safety at home and in the community: www.health.vic.gov.au/foodsafety/home/index.htm
- dofoodsafely – a free online food safety program: <http://dofoodsafely.health.vic.gov.au/>
- Kids Health Info at The Royal Children's Hospital Melbourne provides kids health and safety resources for purchase. To purchase a resource, phone (03) 9345 6429 or visit: www.rch.org.au/chas/. Kids Health Info is part of the Family Services Department of The Royal Children's Hospital Melbourne, which also includes the Safety Centre, the Family Resource Centre and the Volunteer Service. Royal Children's Hospital Safety Centre, 50 Flemington Road, Parkville. Telephone advisory line: (03) 9345 5085 or email: safety.centre@rch.org.au
- Kidsafe: telephone (03) 9251 7725 or email: info@kidsafevic.com.au. For a fact sheet on scalds and burns, visit their website: www.kidsafevic.com.au/images/stories/pdfs/Burns_Scalds.pdf
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <http://www.nhmrc.gov.au/guidelines/publications/ch55>

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Excursions and Service Events Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- ensuring that the Nominated Supervisor, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77(1))
- ensuring that the Nominated Supervisor and all staff are provided with a copy of this policy and are kept up-to-date with current legislation, standards, policies, information and resources relating to food safety
- ensuring that staff undergo training in safe food handling, as required
- monitoring staff compliance with food safety practices (refer to *Sources: Department of Health – Food Safety: Keeping food safe*)
- ensuring that good hygiene practices are maintained at the service (refer to *Sources: Department of Health – Food Safety: Keeping food safe and Hygiene Policy*)

- displaying hygiene guidelines/posters and food safety guidelines/posters in the food areas of the service for the reference of staff and families involved in the preparation and distribution of food to children (refer to *Sources: Department of Health – Food Safety: Keeping food safe and Hygiene Policy*)
- ensuring that this policy is referred to when undertaking risk assessments for excursions and other service events
- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies (refer to *Anaphylaxis Policy* and *Asthma Policy*)
- identifying potential hazards that may reasonably be expected to occur at each stage of the food-handling and preparation cycle, and developing procedures to minimise these hazards. Stages of the cycle include ordering, delivery, storage, thawing, preparation, cooking, cooling, handling post-cooking, reheating and serving
- ensuring that all facilities and equipment for food preparation and storage are clean, and in good repair and working order
- providing a calibrated thermometer in good working order, suitable for monitoring the temperature of the fridge/freezer in food preparation areas. Glass thermometers containing mercury are not recommended in or near food preparation areas
- contacting local council to determine requirements prior to selling food at a fête, food stall or other service event. Such requirements may include completing a Food Act notification form and/or a statement of trade form
- removing pests and vermin from the premises
- informing DET, DHHS and parents/guardians if an outbreak of gastroenteritis or possible food poisoning occurs at the service
- informing families of the availability of cold storage facilities at the service to ensure parents/guardians make suitable food choices when supplying food for their own child, or for children to share
- ensuring staff, parents/guardians and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks (refer to Attachment 1 – Responsible consumption of hot drinks at the service).

The Nominated Supervisor is responsible for:

- ensuring that staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77(2))
- contacting the local council in the service's area of operation to determine the service's food safety risk classification and requirements under the *Food Act 1984*
- complying with all requirements of the service's food safety risk classification under the *Food Act 1984*, as outlined by local council, including implementing a food safety program and employing a food safety supervisor if required (refer to *Background* and *Sources: Department of Health – Food Safety*)
- providing parents/guardians with a copy of this policy, and with up-to-date information on the safe provision of food for their children (refer to *Sources: Department of Health – Food Safety: Food safety at home and in the community*)
- ensuring parents/guardians provide details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service and whenever these requirements change
- keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety
- ensuring staff undergo training in safe food handling and good hygiene practices, as required

- encouraging volunteers to complete training in safe food handling techniques (refer to *Sources*: do food safely)
- ensuring this policy is referred to when undertaking risk assessments for excursions and other service events
- ensuring students, volunteers, and casual and relief staff at the service are informed of this policy.

Educators and other staff are responsible for:

- keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety
- being aware of safe food practices and good hygiene practices (refer to *Sources*: Department of Health – Food Safety: Keeping food safe and *Hygiene Policy*), and undergoing training if required
- referring to this policy when undertaking risk assessments for excursions and other service events
- informing students, volunteers, and casual and relief staff at the service about this policy
- ensuring that children's lunchboxes are kept indoors, away from heat sources (including direct sunlight) and refrigerated if necessary
- discussing food safety with children to increase awareness and assist in developing safe practices
- discouraging children from sharing drink bottles or cups at the service
- ensuring that children do not share lunches to minimise risks in relation to children with food allergies
- providing adequate supervision of children while they are eating (refer to *Supervision of Children Policy*)
- teaching children to wash and dry their hands (refer to *Hygiene Policy*):
 - a) before touching or eating food
 - b) after touching chicken or raw meat
 - c) after using the toilet
 - d) after blowing their nose, coughing or sneezing
 - e) after playing with an animal/pet
- encouraging parents/guardians to discuss a child's nutritional requirements, food allergies or food sensitivities, and informing the Nominated Supervisor where necessary
- seeking input from parents/guardians on cultural values or religious expectations regarding food handling, provision and consumption
- informing the Nominated Supervisor or Approved Provider of any outbreaks of gastroenteritis or possible food poisoning at the service
- removing hazardous food (refer to *Definitions*), including food that has fallen on the floor, and providing alternative food items
- documenting and implementing a food safety program (refer to *Definitions*), if required
- maintaining good personal and kitchen hygiene (refer to *Sources*: Department of Health – Food Safety: Keeping food safe and *Hygiene Policy*)
- covering all wounds/cuts on hands or arms with wound strips or bandages
- wearing disposable gloves when handling food
- complying with the guidelines in relation to the consumption of hot drinks at the service (refer to Attachment 1 – Responsible consumption of hot drinks at the service)
- informing parents/guardians and visitors to the service about the guidelines in relation to the consumption of hot drinks at the service (refer to Attachment 1 – Responsible consumption of hot drinks at the service).

Parents/guardians are responsible for:

- washing hands prior to participating in food preparation and cooking activities
- ensuring that food preparation surfaces, utensils, lunchboxes and reusable drink bottles are clean
- washing all fruits and vegetables thoroughly
- wearing disposable gloves when handling food
- packing a cold item, such as a frozen water bottle, with perishable foods in a child's lunchbox, or using an insulated lunchbox or cooler
- complying with the requirements of this policy
- providing details of specific nutritional requirements (including allergies) on their child's enrolment form, and discussing these with the Nominated Supervisor prior to the child commencing at the service and whenever these requirements change.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- monitor and investigate any issues related to food safety, such as reports of gastroenteritis or food poisoning
- 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.

ATTACHMENTS

- Attachment 1: Responsible consumption of hot drinks at the service

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 30 May 2018.

REVIEW DATE: 2019

Bottle safety and preparation

ATTACHMENT 1

Responsible consumption of hot drinks at the service

Services should adapt this attachment and its procedures to suit their specific circumstances.

Scalds and burns from hot liquids are a common cause of hospital admission in 0 to 4 year olds. A child's skin is thinner and more sensitive than an adult's and will therefore experience a more severe burn (refer to *Sources*: Kidsafe fact sheet). Children's natural curiosity, impulsiveness, mode of reaction and lack of experience in assessing danger are contributing factors to the vulnerability of children at this age.

Common scenarios that can lead to a child being scalded include when a child pulls a cup of tea, coffee or hot water from a table or bench, or when a child runs into a person holding a hot drink resulting in the hot drink spilling over the child's body.

The consumption of lukewarm drinks or the use of lidded cups/mugs in areas accessed by children should be considered with caution, as this is not necessarily a safe practice and might give the impression that it is acceptable to consume hot drinks around children.

GENERAL GUIDELINES

The COM, Nominated Supervisor and all staff are responsible for:

- ensuring that hot drinks are only prepared and consumed in areas inaccessible to children, such as the kitchen, staffroom and office
- ensuring that hot drinks are not consumed in, or taken into or through, children's rooms, outdoor areas or any other area where children are in attendance or participating in the program
- informing parents/guardians on duty, visitors to the service, students, volunteers and any other person participating in the program of the service's hot drink procedures and the reasons for such procedures
- ensuring that children enrolled and participating in the program do not have access to areas of the building that are likely to be hazardous, including the kitchen, staffroom and office
- ensuring that parents/guardians attending the service actively supervise children in their care who are not enrolled in the program, including siblings
- ensuring that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service
- educating service users about the prevention of burns and scalds by providing relevant information (refer to *Sources*: Burns and scalds – children and Kidsafe fact sheet), including appropriate first aid for scalds
- implementing safety procedures in relation to hot drinks at service events occurring outside operational hours, including:
 - a) offering alternative drinks for adults e.g. juice, water or iced coffee
 - b) safely locating urns, kettles and power cords out of reach of children
 - c) preparing and consuming hot drinks in an area inaccessible to children
 - d) ensuring a person with current approved first aid qualifications is in attendance for social events held outside operational hours.

GOVERNANCE AND MANAGEMENT OF THE SERVICE POLICY

Mandatory – Quality Area 7

PURPOSE

This policy outlines the duties, roles and responsibilities of the Committee of Management of GELC

POLICY STATEMENT

• VALUES

GELC is committed to ensuring that there are appropriate systems and processes in place to enable:

- good governance and management of the organisation
- accountability to its stakeholders
- implementation and review of all service policies
- compliance with all regulatory and legislative requirements placed on the organisation
- the organisation to remain solvent and comply with all its financial obligations.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision and accountability of a service. Members of the Committee of Management are responsible for setting the directions for the service and ensuring that its goals and objectives are met in line with its constitution, and all legal and regulatory requirements governing the operation of the business are met.

Under the National Law and National Regulations, early childhood services are required to have policies and procedures in place relating to the governance and management of the service, including confidentiality of records (refer to *Privacy and Confidentiality Policy*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Associations Incorporation Reform Act 2012 (Vic)*, as applicable to the service
- *Corporations Act 2001*, as applicable to the service
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulation 168(2)(l)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

- **DEFINITIONS**

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this handbook.

Actual conflict of interest: One where there is a real conflict between a Committee of Management member's responsibilities and their private interests.

Conflict of interest: An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of a member (or members) of the Committee of Management or subcommittee, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the member of the Committee of Management or subcommittee, but also their relatives, friends or business associates.

Ethical practice: A standard of behaviour that the service deems acceptable in providing their services.

Governance: The process by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, directions and control exercised in the organisation (Australian National Audit Office, 1999).

Interest: Anything that can have an impact on an individual or a group.

Perceived conflict of interest: Arises where a third party could form the view that a Committee of Management/Board member's private interests could improperly influence the performance of their duties on the Committee of Management/Board, now or in the future.

Potential conflict of interest: Arises where a Committee of Management member has private interests that could conflict with their responsibilities.

Private interests: Includes not only a Committee of Management member's own personal, professional or business interests, but also those of their relatives, friends or business associates.

- **SOURCES AND RELATED POLICIES**

Sources

- ELAA *Early Childhood Management Manual*, Version 2 2013
- Our Community: www.ourcommunity.com.au
- Justice Connect: <http://www.justiceconnect.org.au/>

Service policies

- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Privacy and Confidentiality Policy*
- *Charter of Governance*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that the service has appropriate systems and policies in place for the effective governance and management of the service.

CORE ELEMENTS OF THE GOVERNANCE MODEL

The following are the core elements of the governance systems at GELC for which the Committee of Management is responsible:

Stewardship/custodianship

Ensure:

- the service pursues its stated purpose and remains viable
- budget and financial accountability to enable ongoing viability and making best use of the service's resources
- the service manages risks appropriately.

Leadership, forward planning and guidance

Provide leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and directions.

Authority, accountability, and control

- Monitor and oversee management including ensuring that good management practices and appropriate checks and balances are in place.
- Be accountable to members of the service.
- Maintain focus, integrity and quality of service.
- Oversee legal functions and responsibilities.
- Declare any actual, potential or perceived conflicts of interest (refer to *Definitions* and Attachment 1 –*Conflict of interest disclosure statement*).

LEGAL LIABILITIES OF MEMBERS OF THE COMMITTEE OF MANAGEMENT

The Committee of Management at GELC is responsible under the constitution to take all reasonable steps to ensure that the laws and regulations relating to the operation of the service are observed.

Members of the Committee of Management are responsible for ensuring that:

- adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service
- appropriate systems are in place to monitor compliance
- reasonable care and skill is exercised in fulfilling their roles as part of the governing body of the service
- they act honestly, and with due care and diligence
- they do not use information they have access to, by virtue of being on the Committee of Management improperly
- they do not use their position on the Committee of Management for personal gain or put individual interests ahead of responsibilities.

RESPONSIBILITIES OF THE COMMITTEE OF MANAGEMENT

The Committee of Management of GELC is responsible for:

- developing coherent aims and goals that reflect the interests, values and beliefs of the members and staff, and the stated aims of the service, and have a clear and agreed philosophy which guides business decisions and the work of the Committee of Management and staff
- ensuring there is a sound framework of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the service to be geared towards the achievement of the service's vision and mission
- establishing clearly defined roles and responsibilities for the members of the Committee of Management, individually and as a collective, management and staff, and clearly articulate the relationship between the Committee of Management, staff and members of the service
- developing ethical standards and a code of conduct (refer to *Code of Conduct Policy*) which guide actions and decisions in a way that is transparent and consistent with the goals, values and beliefs of the service
- undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service
- ensuring that the actions of and decisions made by the Committee of Management are transparent and will help build confidence among members and stakeholders
- reviewing the service's budget and monitoring financial performance and management to ensure the service is solvent at all times, and has good financial strength
- approving annual financial statements and providing required reports to government
- setting and maintaining appropriate delegations and internal controls
- appointing senior staff (e.g. Director and 2IC) and monitoring their performance
- evaluating and improving the performance of the Committee of Management
- focusing on the strategic directions of the organisation and avoiding involvement in day-to-day operational decisions, particularly where the authority is delegated to senior management staff within the service.

CONFIDENTIALITY

All members of the Committee of Management and subcommittees who gain access to confidential, commercially-sensitive and other information of a similar nature, whether in the course of their work or otherwise, shall not disclose that information to anyone unless the disclosure of such information is required by law (refer to *Privacy and Confidentiality Policy*).

Members of the Committee of Management and subcommittees shall respect the confidentiality of those documents and deliberations at Committee of Management or subcommittee meetings, and shall not:

- disclose to anyone the confidential information acquired by virtue of their position on the Committee of Management or subcommittee
- use any information so acquired for their personal or financial benefit, or for the benefit of any other person
- permit any unauthorised person to inspect, or have access to, any confidential documents or other information.

This obligation, placed on a member of the Committee of Management or subcommittee, shall continue even after the individual has completed their term and is no longer on the Committee of Management or subcommittee.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Committee of Management or subcommittee as an observer or in any other capacity.

ETHICAL PRACTICE

The following principles will provide the ethical framework to guide the delivery of services at GELC:

- treating colleagues, parents/guardians, children, suppliers, public and other stakeholders respectfully and professionally at all times
- dealing courteously with those who hold differing opinions
- respecting cultural differences and diversity within the service, and making every effort to encourage and include all children and families in the community
- having an open and transparent relationship with government, supporters and other funders
- operating with honesty and integrity in all work
- being open and transparent in making decisions and undertaking activities, and if that is not possible, explaining why
- working to the standards set under the *National Quality Framework* and all applicable legislation as a minimum, and striving to continually improve the quality of the services delivered to the community
- disclosing conflicts of interest as soon as they arise and effectively managing them (refer to Attachment 1 – *Conflict of interest disclosure statement*)
- recognising the support and operational contributions of others in an appropriate manner
- assessing and minimising the adverse impacts of decisions and activities on the natural environment.

MANAGING CONFLICTS OF INTEREST

Conflicts of interest, whether actual, potential or perceived (refer to *Definitions*), must be declared by all members of the Committee of Management or subcommittee, and managed effectively to ensure integrity and transparency (refer to Attachment 1 – *Conflict of interest disclosure statement*).

Every member of the Committee of Management or subcommittee has a continuing responsibility to scrutinise their transactions, external business interests and relationships for potential conflicts and to make such disclosures in a timely manner as they arise.

The following process will be followed to manage any conflicts of interest:

- whenever there is a conflict of interest, as defined in this policy, the member concerned must notify the President of such conflict, as soon as possible after identifying the conflict
- the member who is conflicted must not be present during the meeting of the Committee of Management or subcommittee where the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the Board or committee with any and all relevant information they possess on the particular matter
- the minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

A *Conflict of interest disclosure statement* (refer to Attachment 1) must be completed by each member of the Committee of Management and subcommittee upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the President, and revise the disclosure statement accordingly.

All violations of the requirement to disclose and manage conflicts shall be dealt with in accordance with the constitution of GELC.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Committee of Management 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
- 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.

ATTACHMENTS

- Attachment 1: *Conflict of interest disclosure statement*

AUTHORISATION

This policy was adopted by the Committee of Management of GELC on 27th September 2017.

REVIEW DATE: SEPTEMBER 2018

ATTACHMENT 1

Conflict of interest disclosure statement

Name (in full):	
Postal address:	
Position on Committee of Management or subcommittee	

Declaration:

I hereby declare the following conflict of interest: (Note: tick all applicable boxes)

☐ ACTUAL

☐ POTENTIAL

☐ PERCEIVED

Please provide a brief outline of the nature of the conflict (details may be included in a separate confidential envelope, if appropriate).

Please detail the arrangements proposed to resolve/manage the conflict (details may be included in a separate confidential envelope, if appropriate).

I, (insert name in full) _____ hereby agree to:

- update this disclosure throughout the period of my tenure on the Committee of Management/Board or subcommittee of GELC.
- co-operate in the formulation of a *Conflict of interest management plan*, as required.
- comply with any conditions or restrictions imposed by the Committee of Management or subcommittee to manage, mitigate or eliminate any actual, potential or perceived conflict of interest.

Signed

Date

HYGIENE POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide guidelines for procedures to be implemented at GELC to ensure:

- effective and up-to-date control of the spread of infection
- the provision of an environment that is safe, clean and hygienic.

POLICY STATEMENT

• VALUES

GELC is committed to protecting all persons from disease and illness by minimising the potential for infection through:

- implementing and following effective hygiene practices
- implementing infection control procedures to minimise the likelihood of cross-infection and the spread of infectious diseases and illnesses to children, staff and any other persons in attendance at the service
- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved with the service are protected from harm
- informing educators, staff, volunteers, children and families about the importance of adhering to the *Hygiene Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during excursions and offsite activities.

• BACKGROUND AND LEGISLATION

Background

Infections are common in children and often lead to illness. A person with an infection may or may not show signs of illness and, in many instances, the infectious phase of the illness may be in the period before symptoms become apparent, or during the recovery phase. While it is not possible to prevent all infections in education and care environments, services can prevent or control the spread of many infectious diseases by adopting simple hygiene practices.

An infection can be spread when an infected person attends the service premises and contamination occurs. A service can contribute to the spread of an infection through poor hygiene practices that allow infectious organisms to survive or thrive in the service environment.

The implementation of appropriate hygiene and infection control procedures aims to break the cycle and prevent the spread of infections at every stage. The National Health and Medical Research Council (NHMRC) suggest that to reduce illness in education and care services, the three most effective methods of infection control are:

- effective hand washing
- exclusion of sick children, staff and visitors
- immunisation.

Other strategies to prevent infection include:

- cough etiquette
- appropriate use of gloves
- effective cleaning of the service environment.

The NHMRC suggests that if these strategies are not implemented, all other procedures described in the service's *Hygiene Policy* will have reduced effectiveness in preventing the spread of infection and illness.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 77, 106, 109, 112, 168
- Food Act 1990
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.1: Each child's health is promoted
 - i) Element 2.1.3: Effective hygiene practices are promoted and implemented
 - ii) Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Cleaning: A process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. During this process, micro-organisms will be removed but not destroyed.

Communicable disease: A disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.

Cough etiquette: The correct way to prevent the spread of infectious organisms that are carried in droplets of saliva is to cough or sneeze into the inner elbow or to use a tissue to cover the mouth and nose. Place all tissues in the rubbish bin immediately and clean hands with either soap and water or a disinfectant hand rub.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described)

as a disease that would require the infected person to be excluded from an education and care service (refer to *Dealing with Infectious Diseases Policy*).

Neutral detergent: A cleaning agent available commercially and labelled as 'neutral' or 'neutral pH'.

Sanitising: A process that destroys micro-organisms. Sanitising a surface can reduce the number of micro-organisms present. The process of sanitisation usually involves ensuring a surface is thoroughly cleaned with both heat and water, followed by the use of chemicals.

• SOURCES AND RELATED POLICIES

Sources

- Department of Health, Victoria, Food Safety: <http://www.health.vic.gov.au/foodsafety/>
- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <http://www.nhmrc.gov.au/guidelines/publications/ch55>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The COM is responsible for:

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- ensuring the Nominated Supervisor, educators, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food (Regulation 77(1))
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- arranging for the service to be cleaned and sanitised regularly, including floors and other surfaces, as per the cleaning contract and schedule
- reviewing the cleaner's contract and schedule on an annual basis
- contacting the local council's Environmental Health Officer for information about obtaining a needle/syringe/sharps disposal unit and instructions for its use
- ensuring the service has laundry facilities or access to laundry facilities, or other arrangements for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering (Regulation 106(1))
- ensuring that the laundry and hygiene facilities are located and maintained in a way that does not pose a risk to children (Regulation 106(2))

- ensuring that there are adequate and appropriate hygiene facilities provided for nappy changing which are designed, located and maintained in such a way that prevents unsupervised access by children (Regulations 112(2)&(4))
- ensuring that adequate, developmental and age-appropriate toilet, washing and drying facilities are provided for use by children, and that these are safe and accessible (Regulation 109)
- reviewing staff training needs in relation to understanding and implementing effective hygiene practices in early childhood settings
- providing a copy of the NHMRC guidelines for the prevention of infectious diseases in child care for the service
- providing hand washing guidelines for display at each hand washing location
- ensuring there is an adequate supply of non-toxic cleaning and hygiene products, including gloves, at all times.
- Ensuring that the local government immunisation schedule is displayed and that staff and children are encouraged to seek flu immunisation.

The Nominated Supervisor is responsible for:

- implementing and ensuring that all staff members and volunteers at the service follow adequate health and hygiene practices, and safe practices for preparing, handling and storing food to minimise risks to children (Regulation 77(2))
- developing effective hygienic systems for cleaning, such as using colour-coded sponges/cloths in each area
- developing an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning and sanitising requirements and responsibilities
- ensuring sponges are cleaned, rinsed and stored separately, and replaced regularly
- ensuring that an inspection of the outdoor areas, in particular the sand and soft-fall areas, are conducted daily to ensure they are maintained in a safe and hygienic manner
- informing the COM of any issues that impact on the implementation of this policy
- actively encouraging parents/guardians to keep children who are unwell at home to prevent the spread of infection to other children and educators
- storing or presenting items, such as beds, bedding and sunhats, in such a way as to prevent cross-contamination
- ensuring that there is a regular and thorough cleaning and disinfecting schedule for all equipment and toys
- ensuring any chemicals and cleaning agents are non-toxic and stored out of reach of children
- ensuring that all educators/staff wear disposable gloves when changing nappies or dealing with open wounds or other body fluids, and dispose of those gloves and soiled materials in a sealed container or plastic bag
- maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables before and after eating, and cleaning up spills
- actively encouraging educators and staff who have, or are suspected of having an infectious disease to not attend the service in order to prevent the spread of infection to others attending the service.

Certified Supervisors and other educators are responsible for:

- implementing and promoting correct hand washing and hygiene practices, as outlined in this policy
- maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables before and after eating, and cleaning up spills
- conducting a daily inspection of the outdoor areas, in particular the sand and soft-fall areas, to ensure they are maintained in a safe and hygienic manner

- informing the Approved Provider of any issues that impact on the implementation of this policy
- actively encouraging parents/guardians to keep children who are unwell at home to prevent the spread of infection to other children and educators
- being conscious of their responsibility to not attend the service when they have or suspect they have an infectious disease.

In relation to changing nappies for children:

- attending to the individual personal hygiene needs of each child as soon as is practicable
- changing nappies and attending to individual personal hygiene and toileting needs of each child according to recommended procedures (refer to Attachment 1 – Sample nappy-changing and toileting guidelines)
- disposing of soiled nappies in a safe and hygienic manner in line with this policy.

In relation to the toileting of children:

- ensuring soap and drying facilities are available at all times when children are in attendance at the service, including ensuring paper towels are available if hand-dryers are not working
- ensuring children do not share the use of items related to personal care, such as hand towels for drying hands, toothbrushes and hairbrushes
- encouraging children to flush the toilet after use
- encouraging and assisting (where required) children to wash their hands according to hand washing guidelines (refer to Attachment 2) after toileting
- encouraging children to tell a staff member if they have had a toileting accident
- monitoring and maintaining toileting facilities in a safe, clean and hygienic manner while children are in attendance; this requires periodic checking of the bathroom area
- respecting diverse styles of toileting children due to cultural or religious practices
- respecting the possible need to maintain privacy of toileting and dressing.

In relation to cleaning toys, clothing and the service in general:

- removing toys that a child has sneezed or coughed on (place in a 'toys-to-be-cleaned' box)
- wearing gloves when cleaning (general purpose gloves are sufficient; wash and hang outside to dry when finished)
- washing mouthed toys daily using warm water and detergent and, if possible, drying in the sun
- wiping over books with a moist cloth treated with detergent
- ensuring washable toys and equipment are cleaned term by term or annually, as required
- washing and disinfecting mattress covers and linen, where applicable.

In relation to children's contact with one another:

- educating and encouraging children in good personal hygiene practices, such as:
 - i) washing their hands after blowing and wiping their nose
 - ii) not touching one another when they are cut or bleeding
 - iii) disposing of used tissues promptly and appropriately, and not lending them to other children
 - iv) using their own equipment for personal care, such as toothbrushes, hats, brushes and combs
 - v) only touching the food they are going to eat
 - vi) using their own drink bottles or cups.

In relation to indoor and outdoor environments:

- keeping the indoor and outdoor environments as clean and hygienic as possible at all times, including the safe disposal of discarded needles/syringes/sharps

- promptly removing blood, urine and faeces (including animal) either indoors or outdoors, using the appropriate cleaning procedures
- covering the sandpit when not in use to prevent contamination
- emptying water containers, such as water trays, each day (refer to *Water Safety Policy*)
- disposing of any dead animals/insects found on the premises in an appropriate manner.

In relation to the safe handling of body fluids or materials in contact with body fluids:

- avoid direct contact with blood or other fluids
- not be at eye level when cleaning/treating a child's face that has blood on it, as a child's blood can enter the mouth/nose of a staff member when a child cries or coughs
- wear gloves wherever possible
- cover any cuts/abrasions on their own hands with a waterproof dressing.

In relation to effective environmental cleaning:

- clean with detergent and warm water followed by rinsing and drying to remove the bulk of infectious organisms from a surface. Particular attention should be paid to the following:
 - a) toilets/sinks must be cleaned daily and separate cleaning cloths/sponges must be used for each task
 - b) mouthed toys must be washed immediately or placed in a separate container for washing at a later time
 - c) all bench tops and floors must be washed regularly
 - d) children's cups/drink bottles used for water must be washed daily
 - e) when washing at the child care premises, staff are to consider washing items separately to minimise cross-contamination, for example, tea towels washed separately from sheets, face washers washed separately to play mats/rugs
 - f) nappy change areas/mats must be washed with detergent and warm water after each use.

Parents/guardians are responsible for:

- keeping their child/ren home if they are unwell or have an infectious disease that requires their exclusion from the education and care service
- informing the service if their child has an infectious disease
- supporting this policy by complying with the hygiene practices when attending the service or when assisting with a service program or activity
- encouraging their child/ren to develop and follow effective hygiene practices at all times, including handwashing on arrival at the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the COM 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 and ensure satisfactory resolutions have been achieved
- 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.

ATTACHMENTS

- Attachment 1: Nappy change procedure
- Attachment 2: Handwashing guidelines

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 25th July 2019.

REVIEW DATE: 2019

ATTACHMENT 1

Nappy change procedure

Download and attach the poster: *Changing a nappy without spreading germs* from the website of the National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases* in early childhood education and care services (5th edition):

<http://www.nhmrc.gov.au/guidelines/publications/ch55>

ATTACHMENT 2

Handwashing guidelines

Download and attach the poster: *How to wash hands* from the website of the National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases* in early childhood education and care services (5th edition):

<http://www.nhmrc.gov.au/guidelines/publications/ch55>

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will define the:

- procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the Committee of Management (COM) when a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.

POLICY STATEMENT

• VALUES

Gumnuts Early Learning Centre (GELC) is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised person at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of GELC.

• SCOPE

This policy applies to the COM, Nominated Supervisor, Person in day to day Charge, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of GELC. Including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma and Illness Record* include the following:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- *Education and Care Services National Law Act 2010*: Section 174(2)
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Occupational Health and Safety Act 2004* (Vic)
- *Occupational Health and Safety Regulations 2007*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.1: Each child's health is promoted
 - i) Element 2.1.1: Each child's health needs are supported
 - ii) Element 2.1.3: Effective hygiene practices are promoted and implemented
 - iii) Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- *National Quality Standard*, Quality Area 3: Physical Environment

- a) Standard 3.1: The design and location of the premises is appropriate for the operation of a service
 - i) Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - a) Standard 7.3: Administrative systems enable the effective management of a quality service
 - i) Element 7.3.1: Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements
 - ii) Element 7.3.2: Administrative systems are established and maintained to ensure effective operation of the service
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. COM, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from: <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website:

www.cecqa.gov.au/qualifications/approved-first-aid-qualifications

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: The COM must ensure an *Incident, Injury, Trauma and Illness Record* is kept in accordance with Regulation 87 of the *Education and Care Services National Regulations 2011*. A sample is available on the ACECQA website at: <http://www.cecqa.gov.au/sample-forms-and-templates-now-available>

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

• SOURCES AND RELATED POLICIES

Sources

- ACECQA sample forms and templates: <http://www.acecqa.gov.au/sample-forms-and-templates-now-available>
- AV How to Call Card (Ambulance Victoria): <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>
- Building Code of Australia: <http://www.abcb.gov.au/about-the-national-construction-code/the-building-code-of-australia>
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/ch55>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: *Guide to Incident Notification*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*

- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*

PROCEDURES

The COM is responsible for:

- ensuring that the premises are kept clean and in good repair
- ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to *Sources*) and WorkSafe Victoria incident report forms (refer to *Sources*)
- ensuring that the service has an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy*)
- ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring that an incident report (SI01) is completed and a copy forwarded to the regional DET office as soon as is practicable but not later than 24 hours after the occurrence.

The Nominated Supervisor, Person in day to day charge, early childhood teachers and all other educators are responsible for:

- ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183)
- ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86)
- ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183)
- ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*)
- ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy*)
- ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency
- ensuring that the *AV How to Call Card* (refer to *Sources*) is displayed near all telephones
- ensuring that volunteers and parents on duty are aware of children's medical management plans (refer to *Definitions*) and their responsibilities in the event of an incident, injury or medical emergency
- responding immediately to any incident, injury or medical emergency
- implementing individual children's medical management plans, where relevant
- notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable

- requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called
- notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable
- recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) as soon as is practicable but not later than 24 hours after the occurrence
- ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency
- maintaining all enrolment and other medical records in a confidential manner (refer to *Privacy and Confidentiality Policy*)
- regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified
- assisting the COM with regular hazard inspections (refer to Attachment 1 – Sample hazard identification checklist)
- reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's *Hygiene Policy*
- notifying DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital
- ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - a) 000 (also keep an *AV How to Call Card* close to each telephone – refer to *Sources*)
 - b) DET regional office
 - c) Approved Provider
 - d) Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - e) Victorian Poisons Information Centre: 13 11 26
 - f) local council or shire.

When there is a medical emergency, educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the COM of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DET, the COM and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, educators will:

- ensure that the Team Leader, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (refer to definition of *medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the COM is notified of the incident
- ensure that the *Incident, Injury, Trauma and Illness Record* is completed as soon as is practicable and within 24 hours of the occurrence.

Parents/guardians are responsible for:

- providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161(1))
- payment of all costs incurred when an ambulance service is called to attend to their child at the service
- notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)
- ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d))
- collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service
- being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident
- notifying the service by telephone when their child will be absent from their regular program
- notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the COM of GELC 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
- review and analyse information gathered from the *Incident, Injury, Trauma and Illness Record* and staff first aid records regarding incidents at the service

- 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.

ATTACHMENTS

- Attachment 1: Sample hazard identification checklist

AUTHORISATION

This policy was adopted by the COM of GELC on 27th October 2017.

REVIEW DATE: OCTOBER 2018

ATTACHMENT 1

Sample hazard identification checklist

Service: _____

Date: _____

Inspected by: _____

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair			
Surface is free from tripping and slipping hazards (e.g. oil, water, sand)			
Surface is safe (e.g. not likely to become excessively slippery when wet)			
2. Kitchen and work benches			
Work bench space is adequate and at comfortable working height			
Kitchen and work bench space is clean and free of clutter			
Equipment not in use is properly stored			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen			
Ventilation fan is in good working order			
Kitchen appliances are clean and in good working order			
3. Emergency evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures			
Fire drill instructions are displayed prominently in the service			
Regular fire drills are conducted			
Extinguishers are in place, recently serviced and clearly marked for type of fire			
Exit signs are posted and clear of obstructions			
Exit doors are easily opened from inside			

4. Security and lighting			
Security lighting is installed in the building and car park			
There is good natural lighting			
There is no direct or reflected glare			
Light fittings are clean and in good repair			
Emergency lighting is readily available and operable (e.g. torch)			
5. Windows			
Windows are clean, admitting plenty of daylight			
Windows have no broken panes			
6. Steps and landings			
All surfaces are safe			
There is adequate protective railing which is in good condition			
7. Ladders and steps			
Ladders and steps are stored in a proper place			
Ladders and steps are free of defects (e.g. broken or missing rungs etc.)			
They conform to Australian Standards			
They are used appropriately to access equipment stored above shoulder height			
8. Chemicals and hazardous substances			
All chemicals are clearly labelled			
All chemicals are stored in locked cupboard			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances			
9. Storage (internal and external)			
Storage is designed to minimise lifting problems			
Materials are stored securely			
Shelves are free of dust and rubbish			
Floors are clear of rubbish or obstacles			
Dangerous material or equipment is stored out of reach of children			
10. Manual handling and ergonomics			
Trolleys or other devices are used to move heavy objects			
Heavy equipment (such as planks and			

trestles) is stored in a way that enables it to be lifted safely			
Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)			
Workstations are set up with the chair at the correct height			
Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly			
Work practices avoid the need to sit or stand for long periods at a time			
11. Electrical			
There are guards around heaters			
Equipment not in use is properly stored			
Electrical equipment has been checked and tagged			
Use of extension leads, double adaptors and power boards are kept to a minimum			
Plugs, sockets or switches are in good repair			
Leads are free of defects and fraying			
Floors are free from temporary leads			
There are power outlet covers in place			
12. Internal environment			
Hand-washing facilities and toilets are clean and in good repair			
There is adequate ventilation around photocopiers and printers			
13. First aid and infection control			
Staff have current approved first aid qualifications and training			
First aid cabinet is clearly marked and accessible only to staff			
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i>)			
Disposable gloves are provided			
Infection control procedures are in place			
Current emergency telephone numbers are displayed			

14. External areas

Fencing is secure, unscaleable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)			
Child-proof locks are fitted to gates			
Paving and paths have an even surface and are in good repair			
Paving and path surfaces are free of slipping hazards, such as sand			
Soft-fall and grass areas are free of hazards			
Equipment and materials used are in good repair and free of hazards			

15. Equipment

Furniture and play equipment are in good repair (no protruding bolts, nails, splinters)			
Impact-absorbing material is placed under all equipment where fall height could exceed 0.5 metres			
Guardrails are provided for play equipment over 1 metre			

16. Sun protection

There is an adequate supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff			
Sunhats are provided for all staff required to work in the sun			
There is a <i>Sun Protection Policy</i> in place, which requires staff and children, and others who work in the sun to use sunscreen and an appropriate sunhat			

If any box is marked with a "No", it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.

INCLUSION AND EQUITY POLICY

Best Practice – Quality Areas 1-7

PURPOSE

This policy will provide guidelines to:

- ensure all adults and children at Gumnuts ELC are treated equitably and with respect, regardless of their background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, level of ability, additional needs, family structure or lifestyle
- promote inclusive practices and ensure the successful participation of all children at Gumnuts ELC.

POLICY STATEMENT

• VALUES

Gumnuts ELC is committed to:

- acknowledging and respecting the rights of all children to be provided with and participate in a quality early childhood education and care program
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- creating a sense of belonging for all children, families and staff, where diverse identities, backgrounds, experiences, skills and interests are respected, valued and given opportunities to be expressed/developed
- ensuring that programs are reflective of, and responsive to, the values and cultural beliefs of families using the service, and of those within the local community and broader society

- working to ensure children are not discriminated against on the basis of background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, health status, level of ability or additional needs, family structure or lifestyle.

- **SCOPE**

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Person in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Gumnuts ELC.

- **BACKGROUND AND LEGISLATION**

Background

The National Quality Framework (NQF) recognises all children's capacity and right to succeed regardless of diverse circumstances, cultural background and abilities. Education and care services must hold high expectations for the learning and development of all children, and at the same time recognise that every child follows an individual learning path and will progress in different and equally meaningful ways. Inclusion involves taking into account children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. Early childhood education and care services must implement responsive, equitable, individualised opportunities and additional support whenever barriers are identified.

The NQF is underpinned by a commitment to 'Closing the Gap' and acknowledges Australia is a nation of great diversity, and an ancient land that has been cared for by Indigenous Australians for many thousands of years. Education and care services have a shared responsibility to support children, families, colleagues and the local community to understand, respect and value diversity.

State and Commonwealth laws prohibit discrimination based on personal characteristics, including race, age, gender, religious belief, disability or illness and parental status.

Under the Child Safe Standards, services are expected to provide environments and activities that encourage all children to participate in and celebrate their identity. The standards are underpinned by three overarching principles which require services to take into consideration the increased vulnerability of Aboriginal children, children from culturally and linguistically diverse backgrounds and children with disabilities.

The Victorian Government requires funded organisations to ensure that their policies and procedures promote equality of opportunity for all children to enable their full participation in kindergarten. A service's philosophy should reflect the values of inclusion and equity which are supported by developing and implementing an inclusion and equity policy. Developing professional knowledge and skills, and using family-centred practice (refer to *Definitions*) to work in partnership with children, families, communities, and other services and agencies, will assist services to identify, include and support children with additional needs and their families.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Age Discrimination Act 2004*
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Charter for Children in Out-of-home Care* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Child Safe Standards* (Vic)

- Dardee Boorai: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People (Vic)
- *Disability Act 2006* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *National Quality Standards Quality Areas 1-7*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988* (Cth)
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Additional needs: A broad term relating to challenges experienced across a number of areas including physical health, mental health, disability, developmental concern, or emotional need (resulting from trauma, abuse or grief), family displacement (due to war or refugee status), domestic violence, mental illness, family separation or divorce, which affects a person's ability to participate or learn.

Culture: The values and traditions of groups of people that are passed from one generation to another.

Culturally and linguistically diverse (CALD): Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds.

Developmental delay: A delay in the development of a child under the age of 6 years that:
is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and
is manifested before the child attains the age of 6 years, and
results in substantial functional limitations in one or more of the following areas of major life activity:
self-care
receptive and expressive language
cognitive development
motor development, and
reflects the child's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and co-ordinated (*Disability Act 2006* (Vic)).

Disability: In relation to a person, refers to:

- a sensory, physical or neurological impairment or acquired brain injury, or any combination thereof, that:
is, or is likely to be, permanent, and
causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication, and
requires significant ongoing or long-term episodic support, and
is not related to ageing, or
- an intellectual disability, or
- a developmental delay (*Disability Act 2006* (Vic)).

Diversity: Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.

Early Start Kindergarten: A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to attend a free kindergarten program that is planned and delivered by an early childhood teacher for a specific number of hours.

Equity: (In the context of human rights) is the behaviour of acting in a fair and just manner towards others.

Family-centred practice: Practice which:

- uses families' understanding of their children to support shared decision-making about each child's learning and development
- creates a welcoming and culturally-inclusive environment, where all families are encouraged to participate in and contribute to children's learning and development
- actively engages families and children in planning children's learning and development
- provides feedback to families on each child's learning, and provide information about how families can further advance children's learning and development at home and in the community.

Inclusion: The engagement and involvement of children and families to ensure that all individuals have an equal opportunity to participate and achieve their maximum potential.

Kindergarten Fee Subsidy (KFS): A state government subsidy paid directly to the funded service to enable eligible families to attend a funded kindergarten program or funded three-year-old place at no cost (or minimal cost) to promote participation. Details are available in *The Kindergarten Guide* (refer to *Sources*).

Kindergarten Inclusion Support Packages: A package of support for children with a disability and high support needs and/or with complex medical needs..

Mental health in early childhood can be understood as a young child's ability to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development (from *KidsMatter* – refer to *Sources*).

Out-of-Home Care: Is the term used in Victoria when a child or young person is placed in care away from their parents. It includes placement in kinship care, home-based care such as foster care and residential care. For these children, the State of Victoria is their legal their parent, and with this comes the responsibilities of a parent to care for and protect them, and to ensure that they have access to all the services they need for their immediate and longer term benefit (*Early Childhood Agreement on Out-of-Home Care* – refer to *Sources*).

• SOURCES AND RELATED POLICIES

Sources

- *Early Childhood Agreement for Children in Out-of-Home Care* (March 2014). Signed by the Department of Education and Early Childhood Development, the Department of Human Services, Municipal Association of Victoria and Early Learning Association Australia.
www.education.vic.gov.au
- Early Childhood Australia (ECA) and Early Childhood Intervention Australia's (ECIA) *Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care* – available at: Search 'statement on inclusion of children with disability' at www.earlychildhoodaustralia.org.au
- fka Children's Services www.fka.com.au
- *Guide to the National Quality Framework*: www.acecqa.gov.au
- *Guide to the National Quality Standard*: www.acecqa.gov.au
- KidsMatter: www.kidsmatter.edu.au
- *The Kindergarten Funding Guide* (DET): www.education.vic.gov.au
- *Victorian Early Years Learning and Development Framework Principle Practice Guide 1: Family-centred and Practice Guide Four: Equity and Diversity*: www.education.vic.gov.au

Service policies

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Fees Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

PROCEDURES

The COM and Persons with Management or Control are responsible for:

- ensuring that service programs are available and accessible to families from a variety of backgrounds (refer to *Curriculum Development Policy*)
- encouraging collaborative, family-centred practice (refer to *Definitions*) at the service which facilitates the inclusion and active participation of both the child and the family at the service
- providing families with information about the support options available for children attending Gumnuts ELC

- ensuring that educational programs are delivered in accordance with an approved learning framework, are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (*Victorian Early Years Learning and Development Framework Practice Guide Four: Equity and Diversity* – refer to *Sources*)
- ensuring that the enrolment process is fair and equitable, and facilitates access for all children (refer to *Enrolment and Orientation Policy*)
- tailoring the orientation process to meet the individual needs of children and families (refer to *Enrolment and Orientation Policy*)
- identifying the barriers to participation in service programs and activities, and developing strategies to overcome these barriers
- ensuring that facilities are designed or adapted to support access by every child, family, educator and staff member, including adaptive equipment to support the inclusion of all children
- ensuring that staff have access to appropriate and accredited professional development activities that promote a positive understanding of diversity, inclusion and equity, and provide skills to assist in implementing this policy (refer to *Staffing Policy*)
- ensuring that the Nominated Supervisor and all staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour when working with children and families (refer to *Code of Conduct Policy* and *Interactions with Children Policy*)
- considering any issues regarding fees that may be a barrier to families enrolling at Gumnuts ELC, and removing these barriers wherever possible (refer to *Fees Policy*)
- ensuring that all eligible families are supported to access the Kindergarten Fee Subsidy (refer to *Definitions* and *Fees Policy*), including families with concession cards, Aboriginal and Torres Strait Islander families, and refugee and asylum seeker families
- providing service information in various community languages wherever possible
- using language services (refer to *Sources*) to assist with communication where required and considering the employment of a multilingual worker/s to meet the needs of culturally and linguistically diverse (CALD) families
- working with the Nominated Supervisor and educators to ensure appropriate program planning and resourcing for children with additional needs (refer to *Definitions*)
- where practicable, accessing resources, support and professional development to facilitate inclusion of children with additional needs who are ineligible for specific support packages
- ensuring collaborative relationships with specialised services and professionals to provide support and services for families and children with a disability, complex medical needs and/or developmental delay
- ensuring that all eligible three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection are supported to access the Early Start Kindergarten program (refer to *Definitions*)
- implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required (refer to *Child Safe Environment Policy*)
- ensuring that service programs are inclusive of all children with medical conditions
- ensuring that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against
- ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner (refer to *Complaints and Grievances Policy*)
- ensuring that all policies of Gumnuts ELC, including the *Privacy and Confidentiality Policy*, are adhered to at all times.

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- ensuring that the service provides a safe, inclusive and empowering environment which celebrates diversity through positive, respectful and appropriate behaviour when working with children and families (refer to *Code of Conduct Policy* and *Interactions with Children Policy*)
 - ensuring the diversity and interests of the children, families and staff are reflected in the physical environment
 - ensuring that cultural values and expectations about health and wellbeing are respected
 - providing an educational program that is reflective of the service's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion (*Victorian Early Years Learning and Development Framework Practice Guide Four: Equity and Diversity – refer to Sources*)
 - identifying children with additional needs
 - being aware of support and resources available to ensure that children are included in service programs
 - ensuring that service programs are inclusive of all children with medical conditions
 - using family-centred practice (refer to *Definitions*) and working collaboratively with staff, parents/guardians, specialist services and other professionals to implement the program at the service and provide individualised support for children
 - providing information to families about the support available to assist children
 - providing opportunities for families to contribute to the program as key partners
 - ensuring that parents/guardians are consulted, kept informed and provide written consent, where individualised programs, action, support or intervention are planned and provided for their child
 - responding to the needs and concerns of parents/guardians, and providing support and guidance, where appropriate
 - working with educators to ensure appropriate program planning and resourcing for children with additional needs (refer to *Definitions*)
 - providing support and guidance to educators/staff
 - organising appropriate resources and accredited professional development for staff to enable all children to be included at the service
 - developing links with other services and/or professionals to support children with additional needs and where required have referral pathways in place
 - ensuring that the program provides opportunities for all children to participate and interact with one another
3. using language services (refer to *Sources*) to assist with communication, where required
 4. ensuring that individualised programs incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child's education and care
 5. providing information to families about local parenting and family services, and other resources that are available to support the health and wellbeing of children and families
 6. developing partnerships with other education and care settings and schools to enable children to move successfully from one setting to another
- notifying the Approved Provider of any behaviour or circumstances that may constitute discrimination, bullying, harassment or prejudice
 - ensuring that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against
 - ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner (refer to *Complaints and Grievances Policy*)

- ensuring that all policies of Gumnuts ELC, including the *Privacy and Confidentiality Policy*, are adhered to at all times.

All other staff are responsible for:

- supporting the participation and inclusion of all children in the program at the service
- being aware of the service's expectations regarding positive, respectful and appropriate behaviour when working with children and families (refer to *Code of Conduct Policy* and *Interactions with Children Policy*)
- using family-centred practice (refer to *Definitions*) and working collaboratively with other staff, parents/guardians, specialist services and professionals to implement the program at the service and provide individualised support for children, where required
- delivering an educational program that is reflective of the service's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion (*Victorian Early Years Learning and Development Framework Practice Guide Four: Equity and Diversity – refer to Sources*)
- embedding social and emotional learning in the service program and practice
- 7. providing a range of opportunities in the outdoor and indoor spaces and the natural environment, for all children to engage in physical, explorative and creative experiences
- 8. encouraging and supporting educators, staff and families as role models to demonstrate positive and respectful relationships
- undertaking appropriate, accredited professional development to support the inclusion of all children at the service
- using language services to assist with communication, where required
- understanding and respecting different cultural child-rearing and social practices
- working with the Approved Provider and Nominated Supervisor to ensure appropriate program planning and resourcing for children with additional needs (refer to *Definitions*)
- meeting any specialised medical and nutritional needs of children on a day-to-day basis (refer to *Dealing with Medical Conditions Policy* and *Nutrition and Active Play Policy*)
- providing information to families about the support available to assist children
- discussing any concerns regarding individual children with the Nominated Supervisor or Approved Provider, and parents/guardians
- responding to the needs and concerns of parents/guardians, and providing support and guidance, where appropriate
- reviewing and evaluating individualised support programs in consultation with all people involved in the child's education and care
- critically reflecting on practice to ensure that interactions and programs embrace an approach in which children and families feel valued and respected, and that their contributions are welcomed
- notifying the Nominated Supervisor or Approved Provider of any behaviour or circumstances that may constitute discrimination or prejudice
- adhering to the policies of Gumnuts ELC, including the *Privacy and Confidentiality Policy*, at all times.

Parents/guardians are responsible for:

- adhering to the policies of Gumnuts ELC, including the *Inclusion and Equity Policy* and the *Privacy and Confidentiality Policy*, at all times
- communicating with the service to ensure awareness of their child's specific needs
- raising any issues or concerns regarding their child's participation in the program

- responding to requests from educators for written permission to arrange for an assessment or collect reports on their child from service providers
- being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Gumnuts ELC on 25th October 2017.

REVIEW DATE: OCTOBER 2019

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) POLICY

Best Practice – Quality Area 7

PURPOSE

This policy will provide guidelines to ensure that all users of information and communication technology (ICT) at GELC or on behalf of GELC:

- understand and follow procedures to ensure the safe and appropriate use of ICT at the service, including maintaining secure storage of information
- take responsibility to protect and maintain privacy in accordance with the service's *Privacy and Confidentiality Policy*
- are aware that only those persons authorised by the Approved Provider are permitted to access ICT at the service
- understand what constitutes illegal and inappropriate use of ICT facilities and avoid such activities.

POLICY STATEMENT

• VALUES

GELC is committed to:

- professional, ethical and responsible use of ICT at the service
- providing a safe workplace for management, educators, staff and others using the service's ICT facilities
- safeguarding the privacy and confidentiality of information received, transmitted or stored electronically
- ensuring that the use of the service's ICT facilities complies with all service policies and relevant government legislation
- providing management, educators and staff with online information, resources and communication tools to support the effective operation of the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement and volunteers at GELC. This policy does **not** apply to children. Where services are using ICT within their educational programs, they should develop a separate policy concerning the use of ICT by children.

This policy applies to all aspects of the use of ICT including:

- internet usage
 - electronic mail (email)
 - electronic bulletins/notice boards
 - electronic discussion/news groups
 - weblogs (blogs)
 - social networking
 - file transfer
 - file storage (including the use of end point data storage devices – refer to *Definitions*)
 - file sharing
 - video conferencing
 - streaming media
 - instant messaging
-
- online discussion groups and chat facilities
 - subscriptions to list servers, mailing lists or other like services
-

- copying, saving or distributing files
- viewing material electronically
- printing material
- portable communication devices including mobile and cordless phones.

• **BACKGROUND AND LEGISLATION**

Background

The Victorian Government has funded the provision of ICT infrastructure and support to kindergartens since 2003. This support has included:

- purchase and installation of ICT equipment
- installation and maintenance of internet connection
- provision of email addresses
- training in the use of software and the internet
- help desk support.

The purpose of this support is to:

- establish ICT infrastructure to assist teachers in the development and exchange of learning materials, and in recording children's learning
- contribute to the professional development of kindergarten teachers and assistants, and enhance their access to research in relation to child development
- establish ICT infrastructure that enhances the management of kindergartens and reduces the workload on management committees
- contribute to the sustainability of kindergartens by providing for the better management of records, including budget and finance records (refer to Kindergarten IT Program: <http://www.kindergarten.vic.gov.au/>).

The ICT environment is continually changing. Early childhood services now have access to a wide variety of technologies via fixed, wireless and mobile devices. While ICT is a cost-effective, timely and efficient tool for research, communication and management of a service, there are also legal responsibilities in relation to information privacy, security and the protection of employees, families and children.

State and federal laws, including those governing information privacy, copyright, occupational health and safety, anti-discrimination and sexual harassment, apply to the use of ICT (refer to *Legislation and standards*). Illegal and inappropriate use of ICT resources includes pornography, fraud, defamation, breach of copyright, unlawful discrimination or vilification, harassment (including sexual harassment, stalking and privacy violations) and illegal activity, including illegal peer-to-peer file sharing.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Broadcasting Services Act 1992 (Cth)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Classification (Publications, Films and Computer Games) Act 1995*
- *Commonwealth Classification (Publication, Films and Computer Games) Act 1995*
- *Competition and Consumer Act 2010 (Cth)*
- *Copyright Act 1968 (Cth)*
- *Copyright Amendment Act 2006 (Cth)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*

- *Equal Opportunity Act 2010* (Vic)
- *Freedom of Information Act 1982*
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - a) Standard 7.3: Administrative systems enable the effective management of a quality service
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Records Act 1973* (Vic)
- *Sex Discrimination Act 1984* (Cth)
- *Spam Act 2003* (Cth)
- *Trade Marks Act 1995* (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Anti-spyware: Software designed to remove spyware: a type of malware (refer to *Definitions*), that collects information about users without their knowledge.

Chain email: An email instructing recipients to send out multiple copies of the same email so that circulation increases exponentially.

Computer virus: Malicious software programs, a form of malware (refer to *Definitions*), that can spread from one computer to another through the sharing of infected files, and that may harm a computer system's data or performance.

Defamation: To injure or harm another person's reputation without good reason or justification. Defamation is often in the form of slander or libel.

Disclaimer: Statement(s) that seeks to exclude or limit liability and is usually related to issues such as copyright, accuracy and privacy.

Electronic communications: Email, instant messaging, communication through social media and any other material or communication sent electronically.

Encryption: The process of systematically encoding data before transmission so that an unauthorised party cannot decipher it. There are different levels of encryption available.

Endpoint data storage devices: Devices capable of storing information/data. New devices are continually being developed, and current devices include:

- laptops
- USB sticks, external or removable hard drives, thumb drives, pen drives and flash drives
- iPods or other similar devices
- cameras with USB drive connection
- iPhones/smartphones

- PCI/PC Card/PCMCIA storage cards
- PDAs (Personal Digital Assistants)
- other data-storage devices (CD-ROM and DVD).

Firewall: The primary method of keeping a computer/network secure. A firewall controls (by permitting or restricting) traffic into and out of a computer/network and, as a result, can protect these from damage by unauthorised users.

Flash drive: A small data-storage device that uses flash memory, and has a built-in USB connection. Flash drives have many names, including jump drives, thumb drives, pen drives and USB keychain drives.

Integrity: (In relation to this policy) refers to the accuracy of data. Loss of data integrity may be either gross and evident (e.g. a computer disk failing) or subtle (e.g. the alteration of information in an electronic file).

Malware: Short for 'malicious software'. Malware is intended to damage or disable computers or computer systems.

PDAs (Personal Digital Assistants): A handheld computer for managing contacts, appointments and tasks. PDAs typically include a name and address database, calendar, to-do list and note taker. Wireless PDAs may also offer email and web browsing, and data can be synchronised between a PDA and a desktop computer via a USB or wireless connection.

Portable storage device (PSD) or removable storage device (RSD): Small, lightweight, portable easy-to-use device that is capable of storing and transferring large volumes of data. These devices are either exclusively used for data storage (for example, USB keys) or are capable of multiple other functions (such as iPods and PDAs).

Spam: Unsolicited and unwanted emails or other electronic communication.

Security: (In relation to this policy) refers to the protection of data against unauthorised access, ensuring confidentiality of information, integrity of data and the appropriate use of computer systems and other resources.

USB interface: Universal Serial Bus (USB) is a widely used interface for attaching devices to a host computer. PCs and laptops have multiple USB ports that enable many devices to be connected without rebooting the computer or turning off the USB device.

USB key: Also known as sticks, drives, memory keys and flash drives, a USB key is a device that plugs into the computer's USB port and is small enough to hook onto a key ring. A USB key allows data to be easily downloaded and transported/transferred.

Vicnet: An organisation that provides a range of internet services to libraries and community groups (including kindergartens, as part of a government-funded project), including broadband and dial-up internet and email access, website and domain hosting, and website design and development. Vicnet delivers information and communication technologies, and support services to strengthen Victorian communities. For more information, visit: www.kindergarten.vic.gov.au

Virus: A program or programming code that multiplies by being copied to another program, computer or document. Viruses can be sent in attachments to an email or file, or be present on a disk or CD. While some viruses are benign or playful in intent, others can be quite harmful: erasing data or requiring the reformatting of hard drives.

• SOURCES AND RELATED POLICIES

Sources

- *Acceptance Use Policy*, DEECD Information, Communications and Technology (ICT) Resources: www.education.vic.gov.au/about/deptpolicies/acceptableuse.htm
- IT for Kindergartens: www.kindergarten.vic.gov.au
- Organisation for Economic Co-operation and Development (OECD) (2002) *Guidelines for the Security of Information Systems and Networks: Towards a Culture of Security*: www.oecd.org

Service policies

- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Enrolment and Orientation Policy*
- *Governance and Management of the Service Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*
- *Social Media Policy including Flexibuzz*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that the use of the service's ICT complies with all relevant state and federal legislation (refer to *Legislation and standards*), and all service policies (including *Privacy and Confidentiality Policy* and *Code of Conduct Policy*)
- providing suitable ICT facilities to enable educators and staff to effectively manage and operate the service
- authorising the access of educators, staff, volunteers and students to the service's ICT facilities, as appropriate
- providing clear procedures and protocols that outline the parameters for use of the service's ICT facilities (refer to Attachment 1 – Procedures for use of ICT at the service)
- embedding a culture of awareness and understanding of security issues at the service (refer to Attachment 2 – Guiding principles for security of information systems)
- ensuring that effective financial procedures and security measures are implemented where transactions are made using the service's ICT facilities, e.g. handling fee and invoice payments, and using online banking
- ensuring that the service's computer software and hardware are purchased from an appropriate and reputable supplier
- identifying the training needs of educators and staff in relation to ICT, and providing recommendations for the inclusion of training in ICT in professional development activities
- ensuring that procedures are in place for the regular backup of critical data and information at the service
- ensuring secure storage of all information at the service, including backup files (refer to *Privacy and Confidentiality Policy*)
- adhering to the requirements of the *Privacy and Confidentiality Policy* in relation to accessing information on the service's computer/s, including emails
- considering encryption (refer to *Definitions*) of data for extra security
- ensuring that reputable anti-virus and firewall software (refer to *Definitions*) are installed on service computers, and that software is kept up to date

- developing procedures to minimise unauthorised access, use and disclosure of information and data, which may include limiting access and passwords, and encryption (refer to *Definitions*)
- ensuring that the service's liability in the event of security breaches, or unauthorised access, use and disclosure of information and data is limited by developing and publishing appropriate disclaimers (refer to *Definitions*)
- developing procedures to ensure data and information (e.g. passwords) are kept secure, and only disclosed to individuals where necessary e.g. to new educators, staff or committee of management
- developing procedures to ensure that all educators, staff, volunteers and students are aware of the requirements of this policy
- ensuring the appropriate use of endpoint data storage devices (refer to *Definitions*) by all ICT users at the service
- ensuring that all material stored on endpoint data storage devices is also stored on a backup drive, and that both device and drive are kept in a secure location
- ensuring compliance with this policy by all users of the service's ICT facilities
- ensuring that written permission is provided by parents/guardians for authorised access to the service's computer systems and internet by persons under 18 years of age (e.g. a student on placement at the service) (refer to Attachment 3 – Parent/guardian authorisation for under-age access to the GELC ICT facilities).

The Nominated Supervisor, Certified Supervisors, educators, staff and other authorised users of the service's ICT facilities are responsible for:

- complying with all relevant legislation and service policies, protocols and procedures, including those outlined in Attachments 1 and 2
- completing the authorised user agreement form (see Attachment 4)
- keeping allocated passwords secure, including not sharing passwords and logging off after using a computer
- maintaining the security of ICT facilities belonging to GELC
- accessing accounts, data or files on the service's computers only where authorisation has been provided
- co-operating with other users of the service's ICT to ensure fair and equitable access to resources
- obtaining approval from the Approved Provider before purchasing licensed computer software and hardware
- ensuring confidential information is transmitted with password protection or encryption, as required
- ensuring no illegal material is transmitted at any time via any ICT medium
- using the service's email, messaging and social media facilities for service-related and lawful activities only
- using endpoint data storage devices (refer to *Definitions*) supplied by the service for service-related business only, and ensuring that this information is protected from unauthorised access and use
- ensuring that all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location
- notifying the Approved Provider of any damage, faults or loss of endpoint data storage devices
- signing an acknowledgement form upon receipt of a USB or portable storage device (including a laptop) (refer to Attachment 4 – Authorised user agreement)
- restricting the use of personal mobile phones to rostered breaks
- responding only to emergency phone calls when responsible for supervising children to ensure adequate supervision of children at all times (refer to *Supervision of Children Policy*)
- ensuring electronic files containing information about children and families are kept secure at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- reading and understanding this *Information and Communication Technology (ICT) Policy*
- complying with all state and federal laws, the requirements of the *Education and Care Services National Regulations 2011*, and all service policies and procedures
- maintaining the privacy of any personal or health information provided to them about other individuals e.g. contact details.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- 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.

ATTACHMENTS

- Attachment 1: Procedures for use of ICT at the service
- Attachment 2: Guiding principles for security of information systems
- Attachment 3: Parent/guardian authorisation for under-age access to the GELC ICT facilities
- Attachment 4: Authorised user agreement

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 1st November 2018.

REVIEW DATE: NOVEMBER 2019

ATTACHMENT 1

Procedures for use of ICT at the service

EMAIL USAGE

- Content of emails and email addresses must always be checked before sending.
- When sending emails to multiple recipients, care should be taken to avoid the inappropriate disclosure of email addresses to a whole group of recipients; blind copying (BCC) should be used where appropriate.
- Always include a subject description in the subject line.
- Always include a disclaimer (refer to *Definitions*) which is common to all users, on emails to limit liability.
- Be cautious about opening files or launching programs that have been received as an attachment via email from the email itself. Instead, save an attachment to disk and scan with anti-virus software before opening, and keep an eye out for unusual filenames.
- Never open emails if unsure of the sender.
- Check email accounts on a regular basis and forward relevant emails to the Approved Provider or appropriate committee members/staff.
- Remove correspondence that is no longer required from the computer quarterly.
- Respond to emails as soon as is practicable.

UNACCEPTABLE/INAPPROPRIATE USE OF ICT FACILITIES

Users of the ICT facilities (and in particular, the internet, email and social media) provided by GELC must not:

- create or exchange messages that are offensive, harassing, obscene or threatening
- create, copy, transmit or retransmit chain emails (refer to *Definitions*), spam (refer to *Definitions*) or other unauthorised mass communication
- use the ICT facilities as a platform to gain unauthorised access to other systems
- carry out activities that are illegal, inappropriate or offensive to fellow employees or the public. Such activities include, but are not limited to, hate speech or material that ridicules/discriminates against others on the basis of race, nationality, creed, religion, ability/disability, gender or sexual orientation
- use the ICT facilities to access, download, create, store or distribute illegal, offensive, obscene or objectionable material (including pornography and sexually explicit material). It will not be a defence to claim that the recipient was a consenting adult
- use the ICT facilities to make any personal communication that could suggest that such communication was made in that person's official capacity as an employee or volunteer of GELC
- conduct any outside business or engage in activities related to employment with another organisation
- play games
- assist any election campaign or lobby any government organisation
- exchange any confidential or sensitive information held by GELC unless authorised as part of their duties
- publish the service's email address on a 'private' business card
- harass, slander, intimidate, embarrass, defame, vilify, seek to offend or make threats against another person or group of people

- breach copyright laws through making copies of, or transmitting, material or commercial software.

INFORMATION STORED ON COMPUTERS

- Computer records containing personal, sensitive and/or health information, or photographs of children must be stored securely so that privacy and confidentiality is maintained. This information must not be removed from the service without authorisation, as security of the information could be at risk (refer to *Privacy and Confidentiality Policy*).
- Computer records containing personal, sensitive and/or health information, or photographs of children may need to be removed from the service from time-to-time for various reasons, including for:
 - a) excursions and service events (refer to *Excursions and Service Events Policy*)
 - b) offsite storage, where there is not enough space at the service premises to store the records.In such circumstances, services must ensure that the information is transported, handled and stored securely so that privacy and confidentiality is maintained at all times.
- Computer users are not to view or interfere with other users' files or directories, knowingly obtain unauthorised access to information or damage, delete, insert or otherwise alter data without permission.
- Ensure all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location.

BREACHES OF THIS POLICY

- Individuals who use ICT at the service for unlawful purposes may be liable to criminal or civil legal action. This could result in serious consequences, such as a fine, damages and/or costs being awarded against the individual, or imprisonment. The Approved Provider will not defend or support any individual using the service's ICT facilities for an unlawful purpose.
- The service may block access to internet sites where inappropriate use is identified.
- Employees who fail to adhere to this policy may be liable to counselling, disciplinary action or dismissal.
- Management, educators, staff, volunteers and students who fail to adhere to this policy may have their access to the service's ICT facilities restricted/denied.

ATTACHMENT 2

Guiding principles for security of information systems

The Organisation for Economic Co-operation and Development's (OECD) guidelines encourage an awareness and understanding of security issues and the need for a culture of security.

The OECD describes nine guiding principles that encourage awareness, education, information sharing and training as effective strategies in maintaining security of information systems. The guiding principles are explained in the table below.

Awareness	Users should be aware of the need for security of information systems and networks and what they can do to enhance security.
Responsibility	All users are responsible for the security of information systems and networks.
Response	Users should act in a timely and cooperative manner to prevent, detect and respond to security issues.
Ethics	Users should respect the legitimate interest of others.
Democracy	The security of information systems and networks should be compatible with the essential values of a democratic society.
Risk assessment	Users should conduct risk assessments.
Security design and implementation	Users should incorporate security as an essential element of information systems and networks.
Security management	Users should adopt a comprehensive approach to security management.
Reassessment	Users should review and reassess the security of information systems and networks, and make appropriate modifications to security policies, measures and procedures.

Sourced from Organisation for Economic Co-operation and Development's (OECD) (2002) *Guidelines for the Security of Information Systems and Networks: Towards a Culture of Security*.

ATTACHMENT 3

Parent/guardian authorisation for under-age access to the GELC ICT facilities

Student's name: _____

Date of placement: _____

I, _____, am a parent/guardian of

I have read the GELC *Information and Communication Technology (ICT) Policy* and agree to the conditions of use of the service's ICT facilities for the above-named student.

I also understand that GELC provides no censorship of access to ICT facilities.

Signature (student)

Date

Signature (parent/guardian)

Date

INTERACTIONS WITH CHILDREN POLICY

Mandatory – Quality Area 5

PURPOSE

This policy will provide guidelines to ensure:

- the development of positive and respectful relationships with each child at GELC
- each child at GELC is supported to learn and develop in a secure and empowering environment.

POLICY STATEMENT

• VALUES

GELC is committed to:

- maintaining the dignity and rights of each child at the service
- encouraging children to express themselves and their opinions, and to undertake experiences that develop self-reliance and self-esteem
- considering the health, safety and wellbeing of each child, and providing a safe, secure and welcoming environment in which they can develop and learn
- maintaining a duty of care (refer to *Definitions*) towards all children at the service
- considering the diversity of individual children at the service, including family and cultural values, age, and the physical and intellectual development and abilities of each child
- building collaborative relationships with families to improve learning and development outcomes for children
- encouraging positive, respectful and warm relationships between children and educators/staff at the service.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

The United Nations Convention on the Rights of the Child is founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, wealth, birth status or ability. Developing responsive, warm, trusting and respectful relationships with children promotes their wellbeing, self-esteem and sense of security. Positive interactions between educators/adults and children can empower children to feel valued, competent and capable.

Actively engaging in children's learning and decision-making during play, daily routines and ongoing activities can stimulate children's thinking, enrich their learning and encourage them to explore and manage their feelings and behaviour.

"Having supportive relationships with the nominated supervisor, educators, co-ordinators and staff members enables children to develop confidence in their ability to express themselves, work through differences, learn new things and take calculated risks" (*Guide to the National Quality Standard* – refer to *Sources*).

Regulation 155 of the National Regulations requires an Approved Provider of children's services to take reasonable steps to ensure that the service provides education and care to children in a way that encourages them to express themselves, and develop self-reliance and self-esteem, maintains their dignity and rights, provides positive guidance and encouragement towards acceptable behaviour, and respects their cultural and family values.

Regulation 156 requires the Approved Provider to ensure that the service provides children with opportunities to interact and develop positive relationships with each other, and with the staff and volunteers at the service. To meet these requirements, the Approved Provider is expected to consider the size and composition of the groups in which the children are educated and cared for.

In developing an *Interactions with Children Policy*, early childhood education and care services must review and reflect on the philosophy, beliefs and values of the service, particularly with regard to the relationships with children. The development of this policy should also be informed by the service's *Code of Conduct Policy* (particularly Attachment 1 – Professional standards for staff).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*: Sections 166, 167
- *Education and Care Services National Regulations 2011*: Regulations 73, 74, 155, 156, 157, 168(2)(j)
- *Equal Opportunity Act 2010* (Vic)
- *National Quality Standard*, Quality Area 5: Relationships with Children
 - a) Standard 5.1: Respectful and equitable relationships are developed and maintained with each child
 - b) Standard 5.2: Each child is supported to build and maintain sensitive and responsive relationships with other children and adults

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children

- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Behaviour guidance: A means of assisting children to self-manage their behaviour. It differs from traditional 'behaviour management' or 'discipline' which generally implies that an adult is 'managing' children's behaviour or using punishment to control children. Behaviour guidance applies to all forms of behaviour, not just behaviours labelled as 'negative'.

Behaviour guidance plan: A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties to self-manage his/her behaviour. The plan is developed in consultation with the Nominated Supervisor, educators, parents/guardians and families, and other professional support agencies as applicable.

Challenging behaviour: Behaviour that:

- disrupts others or causes disputes between children, but which is part of normal social development
- infringes on the rights of others
- causes harm or risk to the child, other children, adults or living things
- is destructive to the environment and/or equipment
- inhibits the child's learning and relationship with others
- is inappropriate relative to the child's developmental age and background.

Inclusion and Professional Support Program: Funded by the Commonwealth Government to promote and maintain high quality, inclusive education and care, for all children, including those with ongoing high support needs, in eligible early childhood education and care settings. This is achieved by increasing the knowledge and skills of educators, and the capacity of education and care services, through providing professional development, advice and access to additional resources as well as inclusion support. Details are available at: <http://education.gov.au/inclusion-and-professional-support-program>

Notifiable complaint: A complaint that alleges a breach of the 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)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation. 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 using the appropriate forms, which can be found on the ACECQA website: <http://www.acecqa.gov.au>

Preschool Field Officer (PSFO) Program: Early intervention outreach services that are universally available within state-funded preschools for any child with developmental concerns. The primary role

of the PSFO Program is to support the access and participation of children with additional needs in preschool. Details available at:

<http://www.education.vic.gov.au/childhood/providers/needs/pages/kinderinclusionsupport.aspx>

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the Regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Supervision: see **adequate supervision** in *Definitions* above.

• SOURCES AND RELATED POLICIES

Sources

- *Behaviour guidance practice note series* (DET):
<http://www.education.vic.gov.au/childhood/providers/regulation/Pages/vcspracnotes.aspx>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia*:
<http://education.gov.au/early-years-learning-framework>
- Early Childhood Australia (ECA) *Code of Ethics* (2006):
http://www.earlychildhoodaustralia.org.au/code_of_ethics.html
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au
- Inclusion and Professional Support Program (IPSP), Department of Education, Australian Government: <http://education.gov.au/inclusion-and-professional-support-program>
- *The Kindergarten Guide* (DET):
<http://www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx>
- United Nations Convention on the Rights of the Child: www.unicef.org/crc
- Victorian Early Years Learning and Development Framework:
www.education.vic.gov.au/earlylearning/eyldf/default.htm

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- developing and implementing the *Interactions with Children Policy* in consultation with the Nominated Supervisor, Certified Supervisor, educators, staff and parents/guardians, and ensuring that it reflects the philosophy, beliefs and values of the service
- ensuring parents/guardians, the Nominated Supervisor and all staff are provided with a copy of the *Interactions with Children Policy* (upon request) and comply with its requirements
- ensuring the Nominated Supervisor, educators and all staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and interactions when working with children and families (refer to *Code of Conduct Policy*)
- ensuring children are adequately supervised (refer to *Definitions*) and that educator-to-child ratios are maintained at all times (refer to *Supervision of Children Policy*)
- ensuring the size and composition of groups is considered to ensure all children are provided with the best opportunities for quality interactions and relationships with each other and with adults at the service (Regulation 156(2)). Smaller group sizes are considered optimal
- ensuring that the service provides education and care to children in a way that:
 - a) encourages children to express themselves and their opinions
 - b) allows children to undertake experiences that develop self-reliance and self-esteem
 - c) maintains the dignity and the rights of each child at all times
 - d) has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for (Regulation 155)
- ensuring clear documentation of the assessment and evaluation of each child's:
 - a) developmental needs, interests, experiences and program participation
- supporting educators/staff to gain appropriate training, knowledge and skills for the implementation of this policy
- ensuring the environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*, *Occupational Health and Safety Policy* and *Supervision of Children Policy*)
- ensuring that the Nominated Supervisor, educators and all staff members at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166)
- promoting collaborative relationships between children/families and educators, staff and other professionals, to improve the quality of children's education and care experiences
- referring notifiable complaints (refer to *Definitions*), grievances (refer to *Definitions*) or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator (refer to *Complaints and Grievances Policy*)
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- ensuring educators and staff use positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others
- ensuring that individual behaviour guidance plans (refer to Attachment 1 – Procedures recommended for the development of a behaviour guidance plan) are developed for children with diagnosed behavioural difficulties, in consultation with the Nominated Supervisor, educators, parents/guardians and families, and other professionals and support agencies (refer to *Sources*)
- developing links with other services and/or professionals to support children and their families, where required
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

The Nominated Supervisor is responsible for:

- implementing the *Interactions with Children Policy* at the service
- ensuring educators, staff and parents/guardians have access to the *Interactions with Children Policy* and comply with its requirements
- ensuring educational programs are delivered in accordance with an approved learning framework, are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Inclusion and Equity Policy*)
- ensuring all staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and reactions when working with children and families (refer to *Code of Conduct Policy*)
- ensuring children are adequately supervised (refer to *Definitions*), that educator-to-child ratios are maintained at all times (refer to *Supervision of Children Policy*) and the environment is safe, secure and free from hazards (refer to *Child Safe Environment Policy*, *Supervision of Children Policy* and *Occupational Health and Safety Policy*)
- considering the size and composition of groups when planning program timetables to ensure all children are provided with the best opportunities for quality interactions and relationships with each other and with adults at the service. Smaller group sizes are considered optimal
- developing and implementing educational programs, in accordance with an approved learning framework, that are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Inclusion and Equity Policy*)
- ensuring the educational program contributes to the development of children who have a strong sense of wellbeing and identity, and are connected, confident, involved and effective learners and communicators (refer to *Curriculum Development Policy*)
- ensuring that educators provide education and care to children in a way that:
 - a) encourages children to express themselves and their opinions
 - b) allows children to undertake experiences that develop self-reliance and self-esteem
 - c) maintains the dignity and the rights of each child at all times
 - d) offers positive guidance and encouragement towards acceptable behaviour
 - e) has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for
- ensuring clear and straightforward documentation of the assessment and evaluation of each child's:
 - a) developmental needs, interests, experiences and program participation
 - b) progress against the outcomes of the educational program (Regulation 74) (refer to *Curriculum Development Policy*)
- organising appropriate training for educators/staff to assist with the implementation of this policy
- ensuring educators and all staff members at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166)
- ensuring that procedures are in place for effective daily communication with parents/guardians to share information about children's learning, development, interactions, behaviour and relationships
- informing the Approved Provider of any notifiable complaints (refer to *Definitions*) or serious incidents (refer to *Definitions*) at the service
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- ensuring educators and staff use positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others

- ensuring that individual behaviour guidance plans (refer to Attachment 1 – Procedures recommended for the development of a behaviour guidance plan) are developed for children with diagnosed behavioural difficulties, in consultation with educators, parents/guardians and families, and other professionals and support agencies (refer to *Sources*)
- informing DET, in writing, within 24 hours of receiving a notifiable complaint (refer to *Definitions*) (Section 174(4), Regulation 176(2)(b))
- notifying DET, in writing, within 24 hours of a serious incident (refer to *Definitions*) occurring at the service (Section 174(4), Regulation 176)
- co-operating with other services and/or professionals to support children and their families, where required
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Person in day to day charge, Early Childhood Teachers and other educators/staff are responsible for:

- assisting with the development and implementation of the *Interactions with Children Policy*, in consultation with the Approved Provider, Nominated Supervisor, parents/guardians and families
- providing access to the *Interactions with Children Policy* for parents/guardians and families
- complying with the requirements of the *Interactions with Children Policy*
- being aware of service expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and reactions when working with children and families (refer to *Code of Conduct Policy*)
- providing adequate supervision of children at all times (refer to *Definitions* and *Supervision of Children Policy*)
- communicating and working collaboratively with parents/guardians and families in relation to their child's learning, development, interactions, behaviour and relationships
- delivering educational programs, in accordance with an approved learning framework, that are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Inclusion and Equity Policy*)
- delivering programs that develop a sense of wellbeing and identity, connection to community, and provide skills for lifelong learning in all children (refer to *Curriculum Development Policy*)
- providing education and care to children in a way that:
 - a) encourages children to express themselves and their opinions
 - b) allows children to undertake experiences that develop self-reliance and self-esteem
 - c) maintains the dignity and the rights of each child at all times
 - d) offers positive guidance and encouragement towards acceptable behaviour
 - e) has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for
- developing warm, responsive and trusting relationships with children that promote a sense of security, confidence and inclusion
- supporting each child to develop responsive relationships, and to work and learn in collaboration with others
- using positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others
- developing individual behaviour guidance plans (refer to Attachment 1 – Procedures recommended for the development of a behaviour guidance plan) for children with diagnosed behavioural difficulties, in consultation with parents/guardians and families, and other professionals and support agencies (refer to *Sources*)

- documenting assessments and evaluations for each child to inform the educational program (Regulation 74)
- being aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- reading and complying with the *Interactions with Children Policy*
- engaging in open communication with educators about their child
- informing educators/staff of events or incidents that may impact on their child's behaviour at the service (e.g. moving house, relationship issues, a new sibling)
- informing educators/staff of any concerns regarding their child's behaviour or the impact of other children's behaviour
- working collaboratively with educators/staff and other professionals/support agencies to develop or review an individual behaviour guidance plan for their child, where appropriate.

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
- 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.

ATTACHMENTS

- Attachment 1: Procedures recommended for the development of a behaviour guidance plan

AUTHORISATION

This policy was adopted by the COM of GELC on 21st March 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Procedures recommended for the development of a behaviour guidance plan

These procedures recommend steps that services can follow to develop a behaviour guidance plan for a child exhibiting challenging behaviour. These procedures should be adapted to suit individual services. For further information see DET's Behaviour guidance practice note series (refer to *Sources*).

A caring relationship with an adult, who can provide the learning and emotional support required, is pivotal to dealing with a child's challenging behaviour (refer to *Definitions*). Challenging behaviour is best managed through a collaborative strategy developed between service staff and parents/guardians.

Excluding a child from the service should only be a last resort. This decision should be made as part of the collaborative management of a child's behaviour, and based on a joint decision by the parents/guardians and family, and the Approved Provider, Nominated Supervisor, educators and other professionals involved in the education and care of the child (refer to *Inclusion and Equity Policy*).

Procedures

Step 1 – Observe

- Observe children exhibiting challenging behaviour, including in the broader context of their environment, the culture of the service, and the interactions of the whole group and other educators working with the child.
- Identify, based on observations, whether there is a need to develop an individual behaviour guidance plan for the child.

Step 2 – Discuss

Invite parents/guardians to a meeting to discuss:

- the ongoing behaviour displayed by the child, including highlighting improvements and celebrating successes
- their aspirations, as well as the service's aspirations, for the child
- the child's individual characteristics, including interests, temperament, age and cultural background
- recommended strategies to support the child's development, and how these strategies will be reviewed and evaluated
- resources or changes to the environment/program that may be required for a behaviour guidance plan to be implemented e.g. changes to routines and transitions
- the support already accessed by the family to assist with managing the child's behaviour
- other support available, such as a Preschool Field Officer (refer to *Definitions*), referral for specialist assessment and additional adult support (written consent is required from parents/guardians before any intervention/assessment is undertaken)
- any other matter that will assist with the development of a behaviour guidance plan.

Step 3 – Consult

- If appropriate, and with the permission of parents/guardians, consult with other support agencies or service providers who are already working with the child, to assist with the development of a behaviour guidance plan.

Step 4 – Develop

Develop an individual behaviour guidance plan, based on consultation with the child's parents/guardians and other support agencies, that is:

- appropriate to the needs of the child and accepted/agreed to by parents/guardians and other professionals involved in the education and care of that child
- clear and easy to follow for all educators, staff, parents/guardians and/or volunteers/students working with the child.

Step 5 – Monitor and review

- Continually review, reflect, evaluate and revise the strategies that have been implemented.
- Communicate with the parents/guardians regarding the child's progress and involve them in evaluating and revising the strategies.

Roles and responsibilities

The following are the roles and responsibilities of the various individuals working with the child at the service.

The Approved Provider is responsible for:

- ensuring that there is a behaviour guidance plan developed for a child if educators are concerned that the child's behaviour may put the child themselves, other children, educators/staff and/or others at risk
- ensuring that parents/guardians and other professionals (as appropriate) are consulted if an individual behaviour guidance plan has not resolved the challenging behaviour
- consulting with, and seeking advice from, DET if a suitable and mutually agreeable behaviour guidance plan cannot be developed
- ensuring that they are notified if a complaint is received about a child's interactions or behaviour e.g. when the safety of other children is in question
- ensuring that, if a complaint is received, every attempt is made to resolve the issue by consultation and investigation as soon as possible
- ensuring that additional resources are sourced, if required, to implement a behaviour guidance plan
- ensuring that educators/staff at the service are provided with appropriate training to guide the actions and responses of a child/children with challenging behaviour.

The Nominated Supervisor is responsible for:

- developing the behaviour guidance plan in consultation with the Certified Supervisor, educators and the parents/guardian of the child, and other professionals and services as appropriate
- consulting the *Complaints and Grievances Policy* to ensure compliance with service procedures, and regulatory and legislative requirements
- consulting educators for their professional evaluation of the situation, and drawing on their expertise in relation to developing strategies and identifying resources required
- meeting with the parents/guardians of the child concerned to develop and implement a behaviour guidance plan
- supporting educators by assessing skills and identifying additional training needs in the area of behaviour guidance
- investigating the availability of extra assistance, financial support or training, by contacting the regional Preschool Field Officer (refer to *Definitions*), specialist children's services officers from DET or other agencies working with the child
- setting clear timelines for review and evaluation of the behaviour guidance plan.

Certified Supervisors and other educators/staff are responsible for:

- observing children's challenging behaviour and identifying the need to develop a behaviour guidance plan to support a child in self-managing their own behaviour
- assisting the Nominated Supervisor to develop a behaviour guidance plan in consultation with parents/guardians and other professionals as appropriate
- implementing a behaviour guidance plan and incorporating identified strategies and resources into the service program
- undertaking relevant training that will enable them to guide children who exhibit challenging behaviour
- maintaining ongoing communication and consultation with parents/guardians
- providing regular progress reports to the Approved Provider and Nominated Supervisor on the implementation and effectiveness of the agreed strategies contained in an individual behaviour guidance plan
- maintaining the confidentiality of information provided by parents/guardians unless written consent is provided to disclose information to relevant parties
- providing their observations, professional evaluation and expertise in reviewing individual behaviour guidance plans
- providing other information, as relevant, to the Approved Provider and Nominated Supervisor to assist with the resolution of any issues.

NUTRITION, ORAL HEALTH AND ACTIVE PLAY POLICY

Mandatory – Quality Area 2

PURPOSE

GELC acknowledges the importance of healthy eating, oral health and physical activity and its contribution to good health and overall wellbeing.

This policy will provide guidelines to:

- promote a healthy lifestyle to children, educators and families at the service, including eating nutritious food, the importance of oral health and participating in physical activity
- provide opportunities for active play
- encourage children to make healthy lifestyle choices consistent with national and state guidelines and recommendations
- ensure that the dietary and cultural needs of children and families are taken into consideration when planning menus for service events and activities.
- As a health promoting service it is recognised that every member of the service impacts on children's health and can promote active play, healthy eating and oral health of children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships. All members of the service including educators, staff, children, families and volunteers will be given a chance to review the policy, and will be supported in its implementation.

POLICY STATEMENT

• VALUES

GELC is committed to:

- promoting nutritious food and eating habits that will contribute to healthy growth and development in children and good oral health
- providing a safe, supportive and social environment in which children can enjoy eating and being active
- consulting and working collaboratively with families in regard to their child's nutrition and dietary requirements, including responding appropriately to food allergies and recognising cultural and religious practices and lifestyle choices
- ensuring that food and drink items provided by the service are consistent with national and state guidelines and recommendations
- providing children and families with opportunities to learn about food, nutrition, oral health and healthy lifestyles
- promoting breastfeeding and ensuring mothers have a quiet comfortable place to breastfeed if required.
- ensuring adequate health and hygiene procedures, including safe practices for handling, preparing, storing and serving food
- encouraging physical activity by providing a range of active play experiences for all children at the service.
- ensuring educators, staff, children and families are key partners in developing and supporting healthy eating, oral health and active play initiatives in the service.

- ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.
- ensuring educators are supported to access a range of resources to increase their capacity to promote healthy eating, oral health and active play initiatives for children.

• SCOPE

This policy applies to the COM, Person with Management or Control, Nominated Supervisor, Person in day to day Charge, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of GELC.

• BACKGROUND AND LEGISLATION

Background

There are many benefits to promoting a healthy lifestyle in early childhood education and care settings, including the positive impact this has on each child's learning and development. Being made aware of positive eating behaviour, oral hygiene practices and the importance of physical activity from an early age can instil good habits that will remain throughout a person's life. Educators/staff are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

Nutrition

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods, and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age.

Oral health

Tooth decay is Australia's most prevalent health problem despite being largely preventable¹. It is important to note that oral health promotion is complementary to promoting healthy eating. Education and care settings provide many opportunities for children to experience a range of healthy food, and to learn about food choices from educators and other children (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to Sources).

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. Poor oral health can limit a child's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The main oral health condition experienced by children is tooth decay affecting over half of all Australian children, making it five times more prevalent than asthma .

Active play

Active play (play that involves using the large muscles in the body) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect from disease. Active play is about moving, being and doing.

A strong sense of health and wellbeing, supported by good nutrition, oral health and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate and learn (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to Sources). Learning about healthy lifestyles, including nutrition, oral health and active play, links directly to Outcome 3 in both the *Early Years Learning Framework* and the *Victorian Early Years Learning and Development Framework* (refer to Sources).

The Australian Government has produced guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings, including the National Health and Medical Research Council's *Australian Dietary Guidelines* and *Infant Feeding Guidelines* (refer to *Sources*) and the *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood* resources (refer to *Sources*) and the National Physical Activity Recommendations for Children 0-5 Years (refer to *Sources*). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Healthy Eating Advisory refer to *Sources*), run by Nutrition Australia. Early childhood education and care services can also register and implement *Achievement Program* (refer to *Sources*). This program is designed to create safe, healthy and friendly environments for learning, by promoting physical, mental and social health and wellbeing.

Progressive meal times

In recognising children as active participants in their own learning, children should be encouraged to make meaningful decisions about elements of their own education and care. Incorporating progressive meal times into the educational program allows children to choose to eat when they are hungry, rather than according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. This also encourages quieter, more social and meaningful interactions at meal times and allows for a smoother flow throughout the day. Children can make decisions based on their own needs, and can be supported to access food and water throughout the day by educators/staff, who actively participate in meal times.

A decision with respect to incorporating progressive meal times into the educational program must take into account the needs of all children at the service, particularly children with specific medical conditions such as diabetes. The National Regulations require services to ensure that children with medical conditions are able to participate fully in the educational program, and are not discriminated against in any way.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005*
- *Disability Discrimination Act 1992 (Cth)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulations 77–78, 79–80 (if the service provides food), 168*
- *Equal Opportunity Act 2010 (Vic)*
- *Food Act 1984 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - a) Standard 2.2: Healthy eating and physical activity are embedded in the program for children
 - i) Element 2.2.1: Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child
 - ii) Element 2.2.2: Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – Comlaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Active play: Large muscle-based activities that are essential for a child's social, emotional, cognitive and physical growth and development.

- Child-initiated active play is developed by the child through exploration of the outdoor environment, equipment and games.
- Adult-guided active play encourages children's physical development through promoting movement skills in a non-competitive environment.
- Physical activity includes sport, incidental exercise and many forms of recreation.

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Healthy eating: Describes eating patterns that provide all the recommended nutrients for growth and development, and good health and wellbeing, now and in the future. It also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity.

Nutrition: The process of providing or receiving nourishing substances.

Oral health: The absence of active disease in the mouth. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

'Sometimes' foods and drinks: Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre.

'Everyday' foods and drinks: Is suitable for everyday consumption, such as grains, vegetables, fruits and yoghurt.

• SOURCES AND RELATED POLICIES

Sources

- *Australian Dietary Guidelines* (2013) National Health and Medical Research Council:
<http://www.nhmrc.gov.au/guidelines/publications/n55>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia*:
<http://education.gov.au/early-years-learning-framework>
- Better Health Channel: www.betterhealth.vic.gov.au
- Cancer Council Victoria – for information on sun safety: www.cancervic.org.au/sunsmart
- Cavallini, I and Tedeschi, M (eds) (2008), *The Languages of Food: recipes, experiences, thoughts*. Reggio Children Publications
- Dental Health Services Victoria – includes resources on oral health: www.dhsv.org.au
- Early Learning Association Australia – Road Safety Education:
http://elaa.org.au/services_resources/our_services
- Food Safety Victoria, Department of Health – Food Safety and Regulation: 1300 364 352
- Food Standards Australia New Zealand – for information on food safety and food handling:
www.foodstandards.gov.au
- *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood*:
www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources
- Achievement Program is a health and wellbeing initiative for early childhood services, schools and workplaces. Contact: www.achievementprogram.healthytogether.vic.gov.au ; phone: 1300 721 682 or email: admin@achievementprogram.org.au
- *Healthy Eating Advisory Service* (HEAS) provides advice for Victorian early childhood education and care services, primary and secondary schools, hospitals and workplaces on healthy eating, including:
 - a) over-the-phone advice from nutrition experts on providing healthy food and drink to children
 - b) menu assessments
 - c) direct contact through an easy-to-access email address (Nutrition Australia).
 Contact HEAS: <http://heas.healthytogether.vic.gov.au/>
phone 1300 225 288 or email: heas@nutritionaustralia.org
- *Infant Feeding Guidelines* (2013) National Health and Medical Research Council:
<http://www.nhmrc.gov.au/guidelines/publications/n56>
- Kids and Traffic – Early Childhood Road Safety Education Program: www.kidsandtraffic.mq.edu.au
- Kidsafe: the Child Accident Prevention Foundation of Australia – for information on preventing childhood accidents in children under the age of 15 years: www.kidsafe.org.au
- Murdoch Childrens Research Institute, Royal Children's Hospital Melbourne, *Limit 'Sometimes' Foods Background Paper*:
[http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Limit_sometimes_foods_background_paper.pdf/\\$File/Limit_sometimes_foods_background_paper.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Limit_sometimes_foods_background_paper.pdf/$File/Limit_sometimes_foods_background_paper.pdf)
- National Physical Activity Recommendations for Children 0-5 Years
- <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#npa05>
- Nitzke, S, Riley, D, Ramming, A and Jacobs, G (2010), *Rethinking Nutrition: Connecting Science and Practice in Early Childhood Settings*. Redleaf Press, St Paul, USA
- Oberklaid, F (2004), *Health in Early Childhood Settings: From Emergencies to the Common Cold*. Pademelon Press, NSW
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council:
<http://www.nhmrc.gov.au/guidelines/publications/ch55>

- SNAC – a website that provides activities, recipes, fact sheets and discussion boards to support early childhood educators. Developed by Edith Cowan University: <http://snacwa.com.au/>
- Victorian Early Years Learning and Development Framework: <http://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf>
- Victorian Prevention and Health Promotion Achievement Program: <http://www.health.vic.gov.au/prevention/achievementprogram.htm>

Service policies

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Curriculum Development Policy*
- *Dealing with Infectious Diseases Policy*
- *Diabetes Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*

PROCEDURES

The COM is responsible for:

- ensuring that the service environment and educational program supports children and families to make healthy choices for eating, oral health and active play
- ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to *Hygiene Policy* and *Food Safety Policy*)
- ensuring that all educators/staff comply with the *Food Safety Act*
- ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis
- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy*, *Diabetes Policy* and *Food Safety Policy*)
- ensuring that all educators/staff are aware of, and plan for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- providing healthy suggestions for morning/afternoon tea and/or lunchboxes for children including fruit and vegetables and other healthy foods in line with the Australian Dietary Guidelines, rather than 'sometimes' foods and drinks,
- ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)) Only tap water and plain milk are encouraged.
- ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))

- ensuring that celebrations, any sponsorship fundraising activities and other service events are consistent with the purposes and values of this policy and service procedures. Celebrating with a focus on healthy alternatives is encouraged.

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- ensuring that the service environment and the educational program supports children and families to learn about and make healthy choices for eating, oral health and active play
- opportunities to learn about healthy eating and oral health and the importance of activity are embedded in the educational program, throughout the year
- ensuring oral hygiene practices are undertaken at the service where appropriate
- ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to *Hygiene Policy* and *Food Safety Policy*)
- ensuring that all educators/staff comply with the *Food Safety Act*
- ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis
- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy*, *Diabetes Policy* and *Food Safety Policy*)
- providing ongoing information, resources and support to families, to assist in the promotion of optimum health, including oral health, for young children (refer to *Sources*) recognising families, educators and staff as role models and are encouraged to bring foods and drinks that are in line with the service's Nutrition, Oral Health and Active Play Policy.
- ensuring that all educators/staff are aware of, and plan for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- ensuring that fresh drinking water (preferably tap water) is readily available at all times indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)). Only tap water and plain milk are encouraged. ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))
- ensuring that food and drink are not used as an incentive, bribe or reward at any time.
- registering and engaging the service with the *Achievement Program* (refer to *Sources*)
- encouraging healthy body image and an enjoyment of eating at the service
- ensuring that age appropriate adult guided and child initiated active play is planned on a daily basis across all age groups
- ensuring that cultural and religious practices/requirements of families are accommodated to support children's learning and development
- developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, staff, parents/guardians and families to focus on healthy alternatives.
- providing families with information and strategies to promote healthy eating, oral health and active play and how to access relevant services (including local dental clinics).
- developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play.
- ensuring educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to develop adult guided and child initiated active play experiences and promote healthy eating and oral health.
- Certified Supervisors and other educators/staff are responsible for: complying with the service's *Nutrition, Oral Health and Active Play Policy* and with the *Food Safety Act*

- implementing adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children (refer to *Hygiene Policy* and *Food Safety Policy*)
- being aware of a child's food allergies and/or other medical conditions on enrolment at the service or on initial diagnosis
- implementing measures to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy*, *Diabetes Policy* and *Food Safety Policy*)
- being aware of, and planning for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- ensuring that the service environment and the educational program supports children and families to make healthy choices for eating, oral health and active play
- discussing healthy eating choices with children introducing the concept of 'sometimes' foods and everyday foods and drinks.
- providing cooking opportunities at kindergarten that include healthy food options such as fruit and vegetables. These will also promote a range of flavours, colours and textures.
- role-modelling positive eating, drinking and physical activity behaviours
- exploring and discussing diverse cultural, religious, social and family lifestyles
- considering this policy when organising excursions and service events
- supporting students and volunteers to comply with this policy while at the service
- keeping parents/guardians informed of current information relating to healthy eating, oral health and active play
- ensuring that fresh drinking water (preferably tap water) is readily available at all times indoors and outdoors, and reminding children to drink regularly throughout the day, including at snack/meal times
- ensuring that children can readily access their own clearly labelled drink containers (where this is a service practice)
- providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/meal times without feeling rushed
- providing a positive eating environment with relaxed, social and enjoyable experiences by educators and staff sitting with the children at meal and snack times to role model healthy eating and for socialisation and learning
- engaging children as active learners in healthy food, oral health and active play experiences
- providing opportunities for children to learn about, and develop skills for oral health through the educational program, including age-appropriate tooth brushing
- providing adequate supervision (refer to *Definitions*) for all children during meal/snack times
- encouraging children to be independent at snack/meal times e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way
- planning and providing outdoor, active play that is stimulating, promotes skill development, considers safety issues and provides adequate supervision (refer to *Definitions*)
- considering opportunities for children to be physically active indoors, particularly in adverse weather conditions
- providing daily opportunities for all children to participate in age-appropriate active play
- acting as positive role models by engaging in physical activity
- minimising and closely supervising screen-based activities, in line with recommended guidelines
- providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service

- promoting active travel where appropriate and providing space at the centre for families to leave active travel equipment
- promoting safe behaviour through daily practice as part of the program.

Parents/guardians are responsible for:

- complying with the requirements of this policy
- providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the Nominated Supervisor prior to the child's commencement at the service, and if requirements change over time (refer to *Anaphylaxis Policy*, *Asthma Policy* and *Diabetes Policy*)
- communicating regularly with educators/staff regarding children's specific nutritional requirements and dietary needs, including food preferences
- encouraging their child/ren to drink an adequate amount of water (preferably tap water)), and discouraging 'sometimes' drinks
- providing healthy, nutritious food for snacks/meals, including fruits and vegetables where applicable in line with the service's Nutrition, Oral Health and Active Play policy,
- providing healthy, nutritious food, including fruits or vegetables for sharing at morning or afternoon tea, where applicable
- providing nutritious food and drinks for celebrations, fundraising activities and service events, consistent with service policy
- encouraging children to exercise by engaging in active play, and walking or riding a bike to the service where appropriate
- discussing appropriate road traffic safety and car safety practices, and role-modelling this behaviour.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy
- monitor the implementation, compliance, complaints and incidents in relation to 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 with members of the service
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on. 27th September 2018

REVIEW DATE: 2019

OCCUPATIONAL HEALTH AND SAFETY POLICY

Mandatory – Quality Area 3

PURPOSE

This policy will provide guidelines and procedures to ensure that:

- all people who attend the premises of GELC, including employees, children, parents/guardians, students, volunteers, contractors and visitors, are provided with a safe and healthy environment
- all reasonable steps are taken by the Approved Provider, as the employer of staff, to ensure the health, safety and wellbeing of employees at the service.

POLICY STATEMENT

• VALUES

GELC has a moral and legal responsibility to provide a safe and healthy environment for employees, children, parents/guardians, students, volunteers, contractors and visitors. This policy reflects the importance GELC places on the wellbeing of employees, children, parents/guardians, students, volunteers, contractors and visitors, by endeavouring to protect their health, safety and welfare, and integrating this commitment into all of its activities.

GELC is committed to ensuring that:

- the management group, staff and volunteers are aware of their health and safety responsibilities as employers, employees and volunteers
- systematic identification, assessment and control of hazards is undertaken at the service
- effective communication and consultation form a fundamental part of the management process to encourage innovative ways of reducing risk in the service environment
- training is provided to assist staff to identify health and safety hazards which, when addressed, will lead to safer work practices at the service
- it fulfils its obligations under current and future laws (in particular, the *Occupational Health and Safety Act 2004*), and that all relevant codes of practice are adopted and accepted as a minimum standard.

- **SCOPE**

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, children, parents/guardians, students on placement, volunteers, contractors and visitors attending the programs and activities of GELC.

- **BACKGROUND AND LEGISLATION**

Background

Everyone involved in an early childhood education and care service has a role to play in ensuring the service's operations are safe and without risk to the health and safety of all parties. In Victoria, health and safety in the workplace is governed by a system of laws, regulations and compliance codes that set out the responsibilities of employers and employees to ensure safety is maintained at work.

The *Occupational Health and Safety Act 2004* (OHS Act) sets out the key principles, duties and rights in relation to workplace health and safety. The *Occupational Health and Safety Regulations 2007* specifies the ways duties imposed by the OHS Act must be undertaken and prescribes procedural/administrative matters to support the OHS Act, such as requiring licenses for specific activities, or the need to keep records or notify authorities on certain matters.

The legal duties of an **employer** under the OHS Act are:

- to provide and maintain a workplace that is safe and without risk to the health of employees. This responsibility extends to contractors for routine tasks over which the employer has management. For contractors completing non-routine tasks, the employer must ensure that the service's daily operations and layout do not pose unreasonable risks
- to ensure other individuals, such as families and visitors, are not exposed to health and safety risks arising from the organisation's activities
- to consult with employees about OHS matters that will, or will likely, affect employees directly, including identifying hazards and assessing risks, and making decisions about risk control measures.

The OHS Act places the responsibility on **employees** for:

- taking care of their own safety and the safety of others who may be affected by their actions
- co-operating with reasonable OHS actions taken by the employer, including following guidelines, attending OHS-related training, reporting incidents, co-operating with OHS investigations, encouraging good OHS practice with fellow employees and others at the service, and assisting the employer with conducting OHS inspections during operating hours
- not interfering with safety equipment provided at the service, such as fire extinguishers.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Accident Compensation Act 1985 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - a) Standard 2.3: Each child is protected
 - i) Element 2.3.1: Children are adequately supervised at all times
 - ii) Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard, Quality Area 3: Physical Environment*
 - a) Standard 3.1: The design and location of the premises is appropriate for the operation of a service
 - i) Element 3.1.1: Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose
 - ii) Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained
- *National Quality Standard, Quality Area 7: Leadership and Service Management*
 - a) Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children, staff, students, volunteers, contractors and anyone visiting the service with an adequate level of care and protection against reasonable foreseeable harm and injury.

Hazard: An element with the potential to cause death, injury, illness or disease.

Hazard identification: A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

Hazard management: A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for employees, contractors and visitors while on the premises of GELC or while engaged in activities endorsed by GELC.

Harm: Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

Material safety data sheet: Provides employees and emergency personnel with safety procedures for working with toxic or dangerous materials. The data sheet includes all relevant information about the material such as physical properties (e.g. melting/boiling point, toxicity and reactivity), health effects, first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal and management of spills).

OHS committee: A committee that facilitates co-operation between an employer and employees in instigating, developing and carrying out measures designed to ensure the health and safety of employees in the workplace.

Risk: The chance (likelihood) that a hazard will cause harm to individuals.

Risk assessment: A process for developing knowledge/understanding about hazards and risks so that sound decisions can be made about the control of hazards. Risk assessments assist in determining:

- what levels of harm can occur
- how harm can occur
- the likelihood that harm will occur.

Risk control: A measure, work process or system that eliminates an OHS hazard or risk, or if this is not possible, reduces the risk so far as is reasonably practicable.

• SOURCES AND RELATED POLICIES

Sources

- *Early Childhood Management Manual*, ELAA
- *Getting into the Act*, WorkSafe Victoria
- *Getting help to improve health and safety*, WorkSafe Victoria
- *Guide to the OHS Act 2004*, WorkSafe Victoria
- *Managing safety in your workplace*, WorkSafe Victoria
- OHS in Early Childhood Services (ELAA): www.ohsinecservices.org.au
- WorkSafe Victoria: www.worksafe.vic.gov.au

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Emergency and Evacuation Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*
- *Staffing Policy*

PROCEDURES

The Approved Provider is responsible for:

- providing and maintaining a work environment that is safe and without risks to health (OHS Act: Section 21). This includes ensuring that:
 - a) there are safe systems of work

- b) all plant and equipment provided for use by staff, including machinery, appliances and tools etc., are safe and meet relevant safety standards
 - c) substances, and plant and equipment, are used, handled, and stored safely
 - d) material safety data sheets are supplied for all chemicals kept and/or used at the service (refer to: www.ohsinecservices.org.au)
 - e) there are adequate welfare facilities e.g. first aid and dining facilities etc.
 - f) there is appropriate information, instruction, training and supervision for employees
- (Note: *This duty of care is owed to all employees, children, parents/guardians, volunteers, students, contractors and any members of the public who are at the workplace at any time*)
- ensuring there is a systematic risk management approach (refer to: www.ohsinecservices.org.au) to the management of workplace hazards. This includes ensuring that:
 - a) hazards and risks to health and safety are identified, assessed and eliminated or, if it is not possible to remove the hazard/risk completely, effectively controlled
 - b) measures employed to eliminate/control hazards and risks to health and safety are monitored and evaluated regularly
 - ensuring regular safety audits of the following:
 - a) indoor and outdoor environments
 - b) all equipment, including emergency equipment
 - c) playgrounds and fixed equipment in outdoor environments
 - d) cleaning services
 - e) horticultural maintenance
 - f) pest control
 - monitoring the conditions of the workplace and the health of employees (OHS Act: Section 22)
 - protecting other individuals from risks arising from the service's activities, including holding a fete or a working bee etc., or any activity that is ancillary to the operation of the service e.g. contractors cleaning the premises after hours (OHS Act: Section 23)
 - providing adequate instruction to staff in safe working procedures, and informing them of known hazards to their health and wellbeing that are associated with the work that they perform at the service
 - ensuring that all plant, equipment and furniture are maintained in a safe condition
 - developing procedures to guide the safe use of harmful substances, such as chemicals, in the workplace
 - ensuring that OHS accountability is included in all position descriptions
 - allocating adequate resources to implement this policy
 - displaying this policy in a prominent location at the service premises
 - ensuring the physical environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*)
 - implementing/practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
 - implementing and reviewing this policy in consultation with the Nominated Supervisor, educators, staff, contractors and parents/guardians
 - identifying and providing appropriate resources, induction and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
 - ensuring the Nominated Supervisor, educators, staff, contractors, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy
 - consulting appropriately with employees on OHS matters including:

- a) identification of hazards
- b) making decisions on how to manage and control health and safety risks
- c) making decisions on health and safety procedures
- d) the need for establishing an OHS committee and determining membership of the committee
- e) proposed changes at the service that may impact on health and safety
- f) establishing health and safety committees
- notifying WorkSafe Victoria about serious workplace incidents, and preserving the site of an incident (OHS Act: Sections 38–39)
- holding appropriate licenses, registrations and permits, where required by the OHS Act
- attempting to resolve OHS issues with employees or their representatives within a reasonable timeframe
- not discriminating against employees who are involved in health and safety negotiations
- allowing access to an authorised representative of a staff member who is acting within his/her powers under the OHS Act
- producing OHS documentation as required by inspectors and answering any questions that an inspector asks
- not obstructing, misleading or intimidating an inspector who is performing his/her duties.

The above list of procedures is not exhaustive. Services must develop specific procedures to be followed in managing hazards and issues identified. Such specific issues include chemical management, purchasing of equipment, hazard identification and risk assessment etc. For more information and guidance, refer to: www.ohsinecservices.org.au

The Nominated Supervisor is responsible for:

- ensuring that all educators/staff are aware of this policy, and are supported to implement it at the service
- organising/facilitating regular safety audits of the following:
 - a) indoor and outdoor environments
 - b) all equipment, including emergency equipment
 - c) playgrounds and fixed equipment in outdoor environments
 - d) cleaning services
 - e) horticultural maintenance
 - f) pest control
- ensuring that all cupboards/rooms are labelled accordingly, including those that contain chemicals and first aid kits, and that child-proof locks are installed on doors and cupboards where contents may be harmful
- ensuring the physical environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*)
- ensuring that all equipment and materials used at the service meet relevant safety standards
- ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children (refer to *Road Safety and Safe Transport Policy*)
- implementing and practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
- implementing and reviewing this policy in consultation with the Approved Provider, educators, staff, contractors and parents/guardians

- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy.

Certified Supervisors and other educators/staff are responsible for:

- taking care of their own safety and the safety of others who may be affected by their actions
- co-operating with reasonable OHS actions taken by the Approved Provider, including:
 - a) following OHS rules and guidelines
 - b) helping to ensure housekeeping is of the standard set out in service policies
 - c) attending OHS training as required
 - d) reporting OHS incidents
 - e) co-operating with OHS investigations
 - f) encouraging good OHS practices with fellow employees and others attending the service
 - g) assisting the Approved Provider with tasks relating to OHS, such as conducting OHS inspections during working hours
- not interfering with safety equipment provided by the Approved Provider
- practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
- ensuring the physical environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*)
- maintaining a clean environment daily, and removing tripping/slipping hazards as soon as these become apparent
- keeping up to date with current legislation on child restraints in vehicles if transporting children (refer to *Road Safety and Safe Transport Policy*)
- implementing and reviewing this policy in consultation with the Approved Provider, Nominated Supervisor, educators, staff, contractors and parents/guardians.

Students on placements, volunteers, contractors and parents/guardians at the service are responsible for:

- being familiar with this policy
- co-operating with reasonable OHS rules implemented by the service
- not acting recklessly and/or placing the health and safety of other adults or children at the service at risk.

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, particularly in relation to identifying and responding to occupational health and safety issues
- monitor the implementation, compliance, complaints and incidents in relation to 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 (Regulation 172(2)).

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 30th August 2018.

REVIEW DATE: 2019

PARTICIPATION OF VOLUNTEERS AND STUDENTS POLICY

Mandatory – Quality Area 4

PURPOSE

This policy will provide guidelines for the engagement and participation of volunteers and students at GELC, while ensuring that children's health, safety and wellbeing is protected at all times.

POLICY STATEMENT

• VALUES

GELC is committed to:

- supporting connections with educational institutions to provide opportunities for students to undertake practicum placements as part of their studies
- building relationships with community members and providing suitable opportunities to engage volunteers to contribute to the programs and activities of the service
- ensuring the health, safety and wellbeing of each child at the service through consistent compliance with this policy and procedures when engaging volunteers and students.

• SCOPE

This policy applies to the Committee of Management, Nominated Supervisor, Person with Management or Control, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC.

• BACKGROUND AND LEGISLATION

Background

Volunteers and students may participate in programs and activities at the service from time to time in order to observe and experience the provision of centre-based education and care. This will be encouraged and facilitated by GELC wherever appropriate and possible.

GELC values the participation of parents/guardians and other family members, and the voluntary contribution they make to the education and care of their own and other children. "In genuine partnerships families and educators value each other's knowledge and roles, communicate freely and respectfully and engage in shared decision making" (*Early Years Learning Framework*). GELC aims to provide a range of opportunities for family members, volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the service (refer to *Code of Conduct Policy*).

Volunteers and students can expect:

- a safe and well-managed workplace
- meaningful work experience with appropriate direction, supervision and training
- recognition for their contribution.

The role that volunteers play in children's services varies and can include working with groups of children, preparing materials or food, assisting with administrative tasks or working one-on-one with individual children. The children's service is responsible for ensuring that volunteers are suitable to work with children, and that children's health, safety and wellbeing is protected at all times.

Prior to participation at the service, a volunteer (aged 18 years or over) must be in possession of a Working with Children (WWC) Check card, unless they are under the direct supervision of an educator

who is over 18 years of age and holds, or is actively working towards, an approved diploma-level education and care qualification (Regulation 358) (refer to *Staffing Policy*).

Parents/guardians and family members closely related to children attending the service are exempt from needing a WWC Check. However a service may decide, as a demonstration of duty of care, that all parents/guardians who volunteer at the service are required to undergo a WWC Check.

Volunteers should only be engaged to complement, not replace, the work of paid staff. Accordingly, services should not engage volunteers to fill the place of an employee who is ill or on leave, or to fill a vacant budgeted position.

Volunteers must not be asked to perform tasks:

- that they are untrained, unqualified or too inexperienced to undertake
- that put the children or themselves in a vulnerable or potentially unsafe situation
- where there is a conflict of interest.

Prior to commencing work at the service, all volunteers should be interviewed to ascertain their suitability for, and interest in, the tasks they will be undertaking, and to assess whether the volunteer's goals can be achieved. The interview process also provides an opportunity for volunteers to have their questions answered. Reference checks must be undertaken by a nominee of the Approved Provider, to confirm work abilities or character attributes. Good practice in volunteer management includes acknowledgement and recognition of volunteer contributions, and this can involve a mixture of formal and informal recognition strategies.

It is a requirement under the *Education and Care Services National Regulations 2011* that the Approved Provider uses the staff record to document the details of all students and volunteers. The staff record must include the full name, address and date of birth of each student or volunteer who participates at the service. The Approved Provider of a centre-based service must also keep a record for each day on which the student or volunteer participates at the service, including the date and the hours of participation. In addition to this, it is recommended that students and volunteers undertake an induction to the service and complete an induction checklist (refer to Attachment 1), which should also be stored with the staff record.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 169
- *Education and Care Services National Regulations 2011*: Regulations 123, 145, 149, 157, 355, 358, 360
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
 - a) Standard 4.1: Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing
- *Occupational Health and Safety Act 2004* (Vic)
- *Working with Children Act 2005* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Conflict of interest: (In relation to this policy) refers to an interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of the volunteer, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the volunteer, but also their relatives, friends or business associates.

Student: A person undertaking a practicum placement as part of a recognised early childhood qualification. This student will be supported by an educational institution in the completion of their placement.

Volunteer: A person who willingly undertakes defined activities to support the education and care programs at a children's service in an unpaid or honorary capacity. These activities may include direct contact with children, administrative tasks, or preparing materials or food.

Working directly with children: For the purposes of the National Regulations, working directly with children is defined as being physically present with children and directly engaged in providing them with education and/or care.

Working with Children (WWC) Check: The check is a legal requirement for those undertaking paid or voluntary child-related work in Victoria and is a measure to help protect children from harm arising as a result of physical or sexual abuse. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history. A WWC Check card, notice or document (valid for five years), is granted to a person under working with children legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

• SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- National *Early Years Learning Framework*: <http://education.gov.au/early-years-learning-framework>
- Working with Children Check Unit, Department of Justice, Victoria: www.justice.vic.gov.au/workingwithchildren/

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Determining Responsible Person Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- developing guidelines in consultation with the Nominated Supervisor and educators for accepting applications from volunteers/students to work at the service
- accepting or rejecting a potential volunteer/student based on the circumstances of the service at the time, in consultation with the Nominated Supervisor
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to *Supervision of Children Policy*)
- ensuring that the staff record contains information for all volunteers/students attending the service with details of name, address, date of birth, days and hours of participation and details of the Working with Children (WWC) Check (Regulations 145, 147, 149)
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- developing a range of strategies to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the *Education and Care Services National Regulations 2011*
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the *Code of Conduct Policy*, while attending the service
- endorsing induction checklist for volunteers/students attending the service (refer to Attachment 1 – Sample induction checklist for volunteers/students) in consultation with the Nominated Supervisor and educators.

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- assisting the Approved Provider to develop guidelines for applications from volunteers/students to work at the service
- assisting the Approved Provider with decisions in relation to accepting/rejecting a potential volunteer/student based on the circumstances of the service at the time
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to *Supervision of Children Policy*)
- ensuring that, where required, the Working with Children (WWC) Check has been read/sighted prior to the volunteer's commencement at the service, and that details are included on the staff record
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children

- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- ensuring strategies are in place to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the *Education and Care Services National Regulations 2011*
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the *Code of Conduct Policy*, while attending the service
- assisting the Approved Provider to develop an induction checklist for volunteers/students at the service (refer to Attachment 1 – Sample induction checklist for volunteers/students)
- ensuring that volunteers/students have completed the induction checklist (refer to Attachment 1) and have been provided with a copy of the staff handbook, if applicable.

Other educators are responsible for:

- assisting the Approved Provider and Nominated Supervisor to develop guidelines for applications from volunteers/students to work at the service
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (refer to *Supervision of Children Policy*)
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the *Education and Care Services National Regulations 2011*
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the *Code of Conduct Policy*, while attending the service
- complying with the requirement that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- complying with the requirement that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- enabling parents/guardians of children attending the service to access the service premises at any time the child is being educated and cared for except where this poses a risk to the safety of children and/or staff
- encouraging the participation and involvement of parents/guardians at the service
- assisting the Approved Provider and Nominated Supervisor to develop an induction checklist for volunteers/students at the service (refer to Attachment 1 – Sample induction checklist for volunteers/students)
- assisting volunteers/students to understand the requirements of this policy and the expectations of the service.

Volunteers and students, while at the service, are responsible for:

- ensuring they have provided all details required to complete the staff record
- undertaking a Working with Children (WWC) Check and presenting a current WWC Check card or other notification, as applicable
- understanding and acknowledging the requirement for confidentiality of all information relating to educators and families within the service (refer to *Privacy and Confidentiality Policy*)

- complying with the requirements of the *Education and Care Services National Regulations 2011* and with all service policies and procedures, including the *Code of Conduct Policy*, while at the service
- undertaking the induction process and completing the induction checklist (refer to Attachment 1) prior to commencement at the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

Parents/guardians are responsible for:

- complying with the requirements of the *Education and Care Services National Regulations 2011* and with all service policies and procedures, including the *Code of Conduct Policy*, while attending the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

EVALUATION

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

- check staff records on a regular basis to ensure details of students and volunteers are maintained in line with all legislative requirements as outlined in the policy
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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.

ATTACHMENTS

- Attachment 1: Sample induction checklist for volunteers/students

AUTHORISATION

This policy was adopted by the COM of GELC on 30 May 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Induction checklist for students/volunteers

Name: _____ Date: _____

To be completed by all students/volunteers participating at GELC and returned to the Nominated Supervisor prior after completion of all day induction.

	Please tick
I have been given access to all the policies and procedures of GELC, as listed in ELAA's <i>PolicyWorks Manual</i>	
I understand the content of service policies and procedures, including those relating to:	
• conduct while at the service (<i>Code of Conduct Policy</i>)	
• emergency, evacuation, fire and safety, including locations of fire extinguishers and emergency exits (<i>Emergency and Evacuation Policy</i>)	
• accidents at the service (<i>Incident, Injury, Trauma and Illness Policy</i>)	
• dealing with medical conditions (<i>Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy, Epilepsy Policy and Administration of Medication Policy</i>)	
• good hygiene practices (<i>Hygiene Policy</i>)	
• dealing with infectious diseases (<i>Dealing with Infectious Diseases Policy</i>)	
• first aid arrangements for children and adults, including the location of the nearest first aid kit (<i>Administration of First Aid Policy</i>)	
• the importance of OHS and following safe work practices (<i>Occupational Health and Safety Policy</i>)	
• interacting appropriately with children (<i>Interactions with Children Policy</i>)	
• reporting of serious incidents and notifiable incidents at the service (<i>Incident, Injury, Trauma and Illness Policy, Complaints and Grievances Policy and Occupational Health and Safety Policy</i>)	
• reporting hazards in the workplace (<i>Occupational Health and Safety Policy</i>)	
• handling complaints and grievances (<i>Complaints and Grievances Policy</i>)	
• child protection (<i>Child Safe Environment Policy</i>)	
• privacy and confidentiality of information (<i>Privacy and Confidentiality Policy</i>)	

	Please tick
I am aware of the non-smoking policy of the service	
The expectations of my placement/engagement, my role and responsibilities (including attending to the requirements of children with additional needs) have been clearly explained to me by my supervisor	
I am aware that I am expected to participate in general tasks, including maintaining the environment in a clean, safe and tidy condition	

Employee name: _____

Signature: _____ Date: _____

Nominated Supervisor's name: _____

Signature: _____ Date: _____

POLICY AND PROCEDURE REVIEW PROCESS

BEST PRACTICE QA-4 AND QA-7

PURPOSE

As part of Gumnuts early learning centre (GELC) commitment to the National quality Standard (NQS), our service will annually review our policies and procedures to ensure high standards and compliance are maintained. Our review processes also provides an important opportunity for families and staff to offer their valuable input into the practices at the service and how best to meet the needs of each child being educated and cared for.

POLICY STATEMENT

• VALUES

Strong service leadership and management should have well-documented policies, procedures and records to enable the service to operate as a learning community. An ongoing cycle of planning and review through the policy development and review process, creates a climate for continuous quality improvement. GELC shall ensure that all stakeholders at the service follow the policies and procedures of the centre, and that all policies and procedures will be readily accessible to these groups and the parents of children enrolled in the service.

The centre will ensure that the service has in place policies and procedures in relation to the matters set out in Regulation 168 (2) of the Education & Care Services National Regulations.

• SCOPE –

This policy applies to the Committee of management, Nominated Supervisor, Educators, parents/guardians, children and others attending the programs and activities at GELC, including our OSHC service.

Background

Philosophy - The centre has effective policies and procedures that support a positive learning and working environment for children, staff and parents. The wellbeing of the children will be at the forefront of every policy. The policy review process gives an opportunity to reflect on what we do and how we do it, and ways in which we can improve our processes.

Children's needs - Children shall be cared for in a safe and nurturing learning environment that is supported by policies and procedures which are compliant under the relevant regulations and standards.

Parent's needs - Parents are ensured of a safe and professional care environment which is supported by appropriate policies and procedures. Parents are able to provide feedback and contribute to the policy development and review process.

Educator needs - are able to work with a unified and consistent approach, working with confidence in a safe, professional environment. Educators will be encouraged to contribute to the policy development and review process.

Management needs – Committee of management shall develop and review policies and procedures in conjunction with input from identified stakeholders, to ensure the safe, professional and compliant operation of the Centre.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Regulations 2011*: Regulations 31,55,56,168,170,171,172

- National Quality Standard, Quality area 4 Staffing Arrangements

A) Standard 4.2 Educators, co-ordinators and educators are respectful and ethical.

b) Element 4.2.1 Professional standards guide practice, interactions and relationships.

4.2.2 Educators, co-ordinators and educators work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.

4.2.3 Interactions convey mutual respect, equity and recognition of each other's strengths and skills.

- Quality Area 7 Leadership and Service Management

- a) 7.2.3 An effective self-assessment and quality improvement process is in place.
- b) 7.3.2 Administrative systems are established and maintained to ensure the effective operation of the service.
- c) 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

SOURCES AND RELATED POLICIES

Sources

Education and Care Services National Regulations 2011
National Quality Standard

Related Service policies

This policy relates to all service policies and procedures.

PROCEDURES

All policies and procedures will be made available to families during the enrolment and orientation period for their child.

Educators will notify families of how to access policies and procedures and where they are located in the service. In addition, policies and procedures are located on the GELC website.

Our educators and other staff will ensure that all policies and procedures are reviewed as per the Policy Review table (attachment 1) and policy manual calendar (attachment 2) or more often if required (ie: regulations, legislation or centre practices change). This gives both families and educators opportunities to suggest elements that may need to be improved. Each document has the assigned review period defined within the "Review" section of the document.

For educators and management this will occur:

- At educators meetings.
- At the policy review points.

For families this will occur:

- Via newsletters.
- At the policy review point.

Educators, other staff and family members are invited to enquire and have input into the policies and procedures.

All policies will be discussed and minuted at educator (staff) and committee meetings, signed, sourced and dated at each review and educators and other will continuously seek out relevant information to provide the best possible environment.

All stakeholders at the service must be informed of any changes to policies. This will occur in writing or displayed to families, educators, the committee and any other relevant individuals.

The service will ensure that parents of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on;

- The service's provision of education and care to any child enrolled at the service; or
- The family's ability to utilise the service

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance and complaints in relation to 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.

ATTACHMENTS

Policy Review Table

AUTHORISATION

The policy was adopted by the Approved Provider of GELC on 23rd August 2017.

REVIEW DATE: AUGUST 2018

ATTACHEMENT 1

POLICY REVIEW TABLE

Quality Area	Policy	Mandatory (M) or Best Practice (BP)	Review frequency	Date last reviewed	Date of next review
1	Curriculum Development	BP	Annually		Jan. '18
1	Inclusion and Equity	BP	Annually		Jan. '18
2	Acceptance and Refusal of Authorisations	M	Annually		Jan. '18
2	Administration of First Aid	M	Annually		Feb. '18
2	Administration of Medication	BP	Annually		Feb. '18
2	Anaphylaxis	M	Annually		Mar. '18
2	Asthma	M	Annually		Mar. '18
2	Child Safe Environment	M	Annually		Feb. '18
2	Dealing with Infectious Diseases	M	Annually		Apr. '18
2	Dealing with Medical Conditions	M	Annually		Apr. '18
2	Delivery and Collection of Children	M	Annually		Apr. '18
2	Diabetes	M	Annually		Mar. '18
2	Emergency and Evacuation	M	Annually		May '18
2	Epilepsy	BP	Annually		Mar. '18
2	Excursions and Service Events	M	Annually		May '18
2	Food Safety Policy	BP	Annually		May '18
2	Hygiene	BP	Annually		June '18
2	Incident, Injury, Trauma and Illness	M	Annually		July '18



Quality Area	Policy	Mandatory (M) or Best Practice (BP)	Review frequency	Date last reviewed	Date of next review
2	Nutrition and Active Play (inc Food, Beverages and Dietary Requirements)	M	Annually		July '18
2	Relaxation and Sleep	BP	Annually		July '18
2	Sun Protection	M	Annually		Aug' 18
2	Supervision of Children	BP	Annually		Aug '18
2	Child Safe (formally child protection)	M	Annually		Feb. '18
2	Water Safety	M	Annually		Aug '18
2	Road Safety and Safe Transport policy	BP	Annually		June '18
3	Occupational Health and Safety	M	Annually		Sept. '18
3	Environmental Sustainability	BP	Annually		Sept. '18
4	Code of Conduct	M	Annually		Sept. '18
4	Determining Responsible Person	M	Annually		Oct. '18
4	Participation of Volunteers and Students	M	Annually		Oct. '18
4	Staffing (including Quals, Supervision and WWCC /Criminal History Checks)	M	Annually		Oct. '18
5	Interactions with Children	M	Annually		Nov. '18
6	Enrolment and Orientation	M	Annually		Nov. '18
6	Social Media	BP	Annually		Jan. '18
7	Fees	M	Annually		Nov. '18
7	Governance and Management of the Service	M	Annually		Dec. '18
7	Complaints and Grievances	M	Annually		Dec. '18
7	Information Technology	BP	Annually		May '18
7	Privacy and Confidentiality (including Confidentiality of Records)	M	Annually		Dec. '18

Quality Area	Policy	Mandatory (M) or Best Practice (BP)	Review frequency	Date last reviewed	Date of next review
7	Risk Register	BP	Annually		Mar '18
7	Financial Policy	BP	Annually		Mar. '18
7	Asset register (Auditors to complete annually)	BP	Annually		Mar. '18

PRIVACY AND CONFIDENTIALITY POLICY

Mandatory – Quality Area 7

PURPOSE

This policy will provide guidelines:

- for the collection, storage, use, disclosure and disposal of personal information, including photos, videos and health information at GELC
- to ensure compliance with privacy legislation.

POLICY STATEMENT

• VALUES

GELC is committed to:

- responsible and secure collection and handling of personal information
- protecting the privacy of each individual's personal information
- ensuring individuals are fully informed regarding the collection, storage, use, disclosure and disposal of their personal information, and *their* access to that information.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

Early childhood services are obligated by law, service agreements and licensing requirements to comply with the privacy and health records legislation when collecting personal and health information about individuals.

The *Health Records Act 2001* (Part 1, 7.1) and the *Privacy and Data Protection Act 2014* (Vic) (Part 1, 6 (1)) include a clause that overrides the requirements of these Acts if they conflict with other Acts or Regulations already in place. For example, if there is a requirement under the *Education and Care Services National Law Act 2010* or the *Education and Care Services National Regulations 2011* that is inconsistent with the requirements of the privacy legislation, services are required to abide by the

Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Associations Incorporation Reform Act 2012* (Vic)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 181, 183
- *Freedom of Information Act 1982* (Vic)
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - a) Standard 7.3: Administrative systems enable the effective management of a quality service
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth)
- *Privacy Regulations 2013* (Cth)
- *Public Records Act 1973* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Freedom of Information Act 1982: Legislation regarding access and correction of information requests.

Health information: Any information or an opinion about the physical, mental or psychological health or ability (at any time) of an individual.

Health Records Act 2001: State legislation that regulates the management and privacy of health information handled by public and private sector bodies in Victoria.

Identifier/Unique identifier: A symbol or code (usually a number) assigned by an organisation to an individual to distinctively identify that individual while reducing privacy concerns by avoiding use of the person's name.

Personal information: Recorded information (including images) or opinion, whether true or not, about a living individual whose identity can reasonably be ascertained.

Privacy and Data Protection Act 2014: State legislation that provides for responsible collection and handling of personal information in the Victorian public sector, including some organisations, such as early childhood services contracted to provide services for government. It provides remedies for interferences with the information privacy of an individual and establishes the Commissioner for Privacy and Data Protection.

Privacy Act 1988: Commonwealth legislation that operates alongside state or territory Acts and makes provision for the collection, holding, use, correction, disclosure or transfer of personal information. The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) introduced from

12 March 2014 has made extensive amendments to the Privacy Act 1988. Organisations with a turnover of \$3 million per annum or more must comply with these regulations.

Privacy breach: An act or practice that interferes with the privacy of an individual by being contrary to, or inconsistent with, one or more of the information Privacy Principles (refer to Attachment 2: *Privacy principles in action*) or the new Australian Privacy Principles (Attachment 7) or any relevant code of practice.

Public Records Act 1973 (Vic): Legislation regarding the management of public sector documents.

Sensitive information: Information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preference or practices, or criminal record. This is also considered to be personal information.

• SOURCES AND RELATED POLICIES

Sources

- *Child Care Service Handbook 2012-2013*: Section 4.9
<http://docs.education.gov.au/documents/child-care-service-handbook>
- Guidelines to the Information Privacy Principles:
<http://www.oaic.gov.au/privacy/privacy-act/information-privacy-principles>
- ELAA *Early Childhood Management Manual, Version 2 2013*
- Office of the Health Services Commissioner: www.health.vic.gov.au/hsc/
- Privacy Compliance Manual: <http://www.nfplaw.org.au/privacy>
- *Privacy Guide: A guide to compliance with Victorian and Federal privacy laws*:
<http://www.nfplaw.org.au/sites/default/files/Privacy%20Guide.pdf>
- Privacy Victoria: www.privacy.vic.gov.au

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Enrolment and Orientation Policy*
- *Information Technology Policy*
- *Staffing Policy*
- *Inclusion and Equity Policy*
- *Social Media Policy*

PROCEDURES

The COM is responsible for:

- ensuring all records and documents are maintained and stored in accordance with Regulations 181 and 183 of the *Education and Care Services National Regulations 2011*
- ensuring the service complies with the requirements of the Privacy Principles as outlined in the *Health Records Act 2001*, the *Privacy and Data Protection Act 2014 (Vic)* and, where applicable, the *Privacy Act 1988 (Cth)* and the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth), by developing, reviewing and implementing processes and practices that identify:
 - a) what information the service collects about individuals, and the source of the information
 - b) why and how the service collects, uses and discloses the information

- c) who will have access to the information
- d) risks in relation to the collection, storage, use, disclosure or disposal of and access to personal and health information collected by the service
- ensuring parents/guardians know why the information is being collected and how it will be managed
- providing adequate and appropriate secure storage for personal information collected by the service, including electronic storage
- developing procedures that will protect personal information from unauthorised access
- ensuring the appropriate use of images of children, including being aware of cultural sensitivities and the need for some images to be treated with special care
- developing procedures to monitor compliance with the requirements of this policy
- ensuring all employees and volunteers are provided with a copy of this policy, including the *Privacy Statement* of the service (refer to Attachment 3)
- ensuring all parents/guardians are provided with the service's *Privacy Statement* (refer to Attachment 3) and all relevant forms
- informing parents/guardians that a copy of the complete policy is available on request
- ensuring a copy of this policy, including the *Privacy Statement*, is prominently displayed at the service and available on request
- establishing procedures to be implemented if parents/guardians request that their child's image is *not* to be taken, published or recorded, or when a child requests that their photo *not* be taken.

The Nominated Supervisor is responsible for:

- assisting the Approved Provider to implement this policy
- providing notice to children and parents/guardians when photos/video recordings are going to be taken at the service
- ensuring educators and all staff are provided a copy of this policy
- obtaining informed and voluntary consent of the parents/guardians of children who will be photographed or videoed.

Person in day to day charge, Early Childhood Teachers and other educators/staff are responsible for:

- recording information on children, which must be kept secure and may be requested and viewed by the child's parents/guardians and representatives of the Department of Education and Training during an inspection visit
- ensuring they are aware of their responsibilities in relation to the collection, storage, use, disclosure and disposal of personal and health information
- implementing the requirements for the handling of personal and health information, as set out in this policy
- respecting parents' choices about their child being photographed or videoed, and children's choices about being photographed or videoed.

Parents/guardians are responsible for:

- providing accurate information when requested
- maintaining the privacy of any personal or health information provided to them about other individuals, such as contact details
- completing all permission forms and returning them to the service in a timely manner
- being sensitive and respectful to other parent/guardians who do not want their child to be photographed or videoed

- being sensitive and respectful of the privacy of other children and families in photographs/videos when using and disposing of these photographs/videos.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of GELC 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
- 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.

ATTACHMENTS

- Attachment 1: Additional background information
- Attachment 2: Privacy Principles in action
- Attachment 3: *Privacy Statement*
- Attachment 4: Permission for photographs and videos
- Attachment 5: Special permission notice for publications/media
- Attachment 6: Australian Privacy Principles

AUTHORISATION

This policy was adopted by the COM of GELC on 21st March 2018.

REVIEW DATE: 2019

ATTACHMENT 1

Additional background information

Early childhood services must ensure that their processes for the collection, storage, use, disclosure and disposal of personal and health information meet the requirements of the appropriate privacy legislation and the *Health Records Act 2001*.

The following are examples of practices impacted by the privacy legislation:

- *Enrolment records:* Regulations 160, 161 and 162 of the *Education and Care Services National Regulations 2011* detail the information that must be kept on a child's enrolment record, including personal details about the child and the child's family, parenting orders and medical conditions. This information is regarded as sensitive information (refer to *Definitions*) and must be stored securely and disposed of appropriately.
- *Attendance records:* Regulation 158 of the *Education and Care Services National Regulations 2011* requires details of the date, child's full name, times of arrival and departure, and signature of the person delivering and collecting the child or the Nominated Supervisor/educator, to be recorded in an attendance record kept at the service. Contact details may be kept in a sealed envelope at the back of the attendance record or separate folder for evacuation/emergency purposes.
- *Medication records and incident, injury, trauma and illness records:* Regulations 87 and 92 of the *Education and Care Services National Regulations 2011* require the Approved Provider of a service to maintain incident, injury, trauma and illness records, and medication records which contain personal and medical information about the child.
- *Handling and storage of information:* Limited space can often be an issue in early childhood service environments, and both authorised employees and the Approved Provider need access to secure storage for personal and health information. Documents might be required to be stored off the service premises. Wherever confidential information is stored, it is important that it is not accessible to unauthorised staff or other persons. When confidential information is required to be taken off-site (e.g. on excursions, a list of children with medical conditions and contact numbers will be required), consideration must be given to how this is transported and stored securely.
- *Computerised records:* It is important that computerised records containing personal or health information are stored securely, and can only be accessed by authorised personnel with a password. Services need to incorporate risk management measures to ensure that passwords are recorded and stored in a secure place at the service, and to limit access to the information only to other authorised persons (refer to the *Information Technology Policy*).
- *Forms:* Enrolment forms and any other forms used to collect personal or health information should have the service's *Privacy Statement* (refer to Attachment 4) attached.
- *Collecting information for which there is no immediate use:* A service should only collect the information it needs and for which it has a specific purpose. Services should not collect information that has no immediate use, even though it may be useful in the future.

ATTACHMENT 2

Privacy Principles⁷ in action

- **Collection processes (Privacy Principle 1)**

- **Type of personal and health information to be collected**

The service will only collect the information needed, and for which there is a purpose that is legitimate and related to the service's functions, activities and/or obligations.

The type of information collected and held includes (but is not limited to) personal information, including health information, regarding:

- children and parents/guardians prior to and during the child's attendance at a service (this information is collected in order to provide and/or administer services to children and parents/guardians)
- job applicants, employees, members, volunteers and contractors (this information is collected in order to manage the relationship and fulfil the service's legal obligations)
- contact details of other parties that the service deals with.

The service will collect information on the following identifiers (refer to *Definitions*):

- information required to access the *Kindergarten Fee Subsidy* for eligible families (refer to *Fees Policy*)
- tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted
- *For childcare services only:* Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government's Child Care Benefit (CCB) – failure to provide this would result in parents/guardians not obtaining the benefit.

- **Collection of personal and health information**

Personal information about individuals, either in relation to themselves or their children enrolled at the service, will generally be collected via forms filled out by parents/guardians. Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's *Privacy Statement* (Attachment 4).

When the service receives personal information from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual or the parents/guardians of the child to whom the information relates of receipt of this information. The service will advise that individual of their right to request access to this information.

Access will be granted in accordance with the relevant legislation. Please note that the legislation allows the service to deny access in accordance with the limited reasons for denial that are contained in the legislation (refer to Privacy Principle 6.1).

- **Anonymity (Privacy Principle 8)**

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves when entering into transactions with GELC.

⁷ *Privacy and Data Protection Act 2014 (Vic)*

- **Use and disclosure of personal information (Privacy Principle 2)**

- **Use of information**

The service will use personal information collected for the primary purpose of collection (refer to the table below). The service may also use this information for any secondary purposes directly related to the primary purpose of collection, to which the individual has consented, or could reasonably be expected to consent. The following table identifies the personal information that will be collected by the service, the primary purpose for its collection and some examples of how this information will be used.

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Children and parents/guardians	<p>To enable the service to provide for the education and care of the child attending the service</p> <p>To promote the service (refer to Attachments 4 and 5 for permission forms – photographs and videos)</p>	<p>Day-to-day administration and delivery of service</p> <p>Provision of a place for their child in the service</p> <p>Duty rosters</p> <p>Looking after children's educational, care and safety needs</p> <p>For correspondence with parents/guardians relating to their child's attendance</p> <p>To satisfy the service's legal obligations and to allow it to discharge its duty of care</p> <p>Visual displays in the service</p> <p>Newsletters</p> <p>Promoting the service through external media, including the service's website</p>
The Committee of Management	For the management of the service	<p>For communication with, and between, the other Committee members, employees and members of the association</p> <p>To satisfy the service's legal obligations</p>
Job applicants, employees, contractors, volunteers and students	<p>To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be</p> <p>To administer the employment, contract or placement</p>	<p>Administering the individual's employment, contract or placement, as the case may be</p> <p>Ensuring the health and safety of the individual</p> <p>Insurance</p> <p>Promoting the service through external media, including the service's website</p>

○ **Disclosure of personal information, including health information**

The service may disclose some personal information held about an individual to:

- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing services related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the service to disclose information.

○ **Disclosure of sensitive information (Privacy Principle 10)**

Sensitive information (refer to *Definitions*) will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

• **Storage and security of personal information (Privacy Principle 4)**

In order to protect the personal information from misuse, loss, unauthorised access, modification or disclosure, the Approved Provider and staff will ensure that, in relation to personal information:

- access will be limited to authorised staff, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties
- information will not be left in areas that allow unauthorised access to that information
- all materials will be physically stored in a secure cabinet or area
- computerised records containing personal or health information will be stored safely and secured with a password for access
- there is security in transmission of the information via email, fax or telephone, as detailed below:
 - emails will only be sent to a person authorised to receive the information
 - faxes will only be sent to a secure fax, which does not allow unauthorised access
 - telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information
- transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians.

• **Data quality (Privacy Principle 3)**

The service will endeavour to ensure that the personal information it holds is accurate, complete, up to date and relevant to its functions and/or activities.

• **Disposal of information**

Personal information will not be stored any longer than necessary.

In disposing of personal information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.

• **Access to personal information (Privacy Principle 6)**

○ **Access to information and updating personal information**

Individuals have the right to ask for access to personal information the service holds about them without providing a reason for requesting access.

Under the privacy legislation, an individual has the right to:

- **request** access to personal information that the service holds about them
- access this information
- make corrections if they consider the data is not accurate, complete or up to date.

There are some exceptions set out in the *Privacy and Data Protection Act 2014*, where access may be denied in part or in total. Examples of some exemptions are where:

- the request is frivolous or vexatious
- providing access would have an unreasonable impact on the privacy of other individuals
- providing access would pose a serious threat to the life or health of any person
- the service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.

○ **Process for considering access requests**

A person may seek access, to view or update their personal or health information:

- if it relates to their child, by contacting the Nominated Supervisor
- for all other requests, by contacting the Approved Provider/secretary.

Personal information may be accessed in the following way:

- view and inspect the information
- take notes
- obtain a copy.

Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.

The Approved Provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.

In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.

The privacy legislation also provides an individual about whom information is held by the service, the right to request the correction of information that is held. The service will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the service's satisfaction that the information held is incorrect, the service will endeavour to correct the information.

ATTACHMENT 3

Privacy Statement

[Place on service letterhead]

We believe your privacy is important.

GELC has developed a *Privacy and Confidentiality Policy* that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is available on request.

To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the *Health Records Act 2001*.

Purpose for which information is collected

The reasons for which we generally collect personal information are given in the table below.

Personal information and health information collected in relation to:	Primary purpose for which information will be used:
Children and parents/guardians	To enable us to provide for the education and care of the child attending the service To manage and administer the service as required
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	For the management of the service To comply with relevant legislation requirements
Job applicants, employees, contractors, volunteers and students	To assess and (if necessary) to engage employees, contractors, volunteers or students To administer the individual's employment, contracts or placement of students and volunteers

Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.

Disclosure of personal information, including health information

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- organisations providing services related to employee entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information.

Laws that require us to collect specific information

The *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, *Associations Incorporation Reform Act 2012 (Vic)* and employment-related laws and agreements require us to collect specific information about individuals from time-to-time.

Failure to provide the required information could affect:

- a child's enrolment at the service
- a person's employment with the service

- the ability to function as an incorporated association.

Access to information

Individuals about whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request.

For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor.

ATTACHMENT 4

Permission for photographs and videos

Background information

Photographs and videos are now classified as 'personal information' under the *Privacy and Data Protection Act 2014*.

The purpose of this permission is to:

- comply with the privacy legislation in relation to all photographs/videos taken at the service, whether by the Approved Provider, Nominated Supervisor, Person in Charge, educators, staff, parents/guardians, volunteers or students on placement
- enable photographs/videos of children to be taken as part of the program delivered by the service, whether group photos, videos or photos at special events and excursions etc.
- notify parents/guardians as to who will be permitted to take photographs/videos, where these will be taken and how they will be used.

Photographs/videos taken by staff

Staff at the service may take photographs/videos of children as part of the program. These may be displayed at the service, on the GELC website or placed in the service's publications or promotional material to promote the service, or for any other purpose aligned to the service's business operations. Some staff may use learning journals in which photographs are included.

When the photographs/videos are no longer being used, the service will destroy them if they are no longer required, or otherwise store them securely at the service. It is important to note that while the service can nominate the use and disposal of photographs they organise, the service has no control over those photographs taken by parents/guardians of children attending the service program or activity.

Group photographs/videos taken by parents/guardians

Parents/guardians may take group photographs/videos of their own child/children at special service events such as birthdays, excursions and other activities. Parents must ensure that where the photographs/videos include other children at the service they are sensitive to and respectful of the privacy of those children and families in using and disposing of the photographs/videos.

Photographs taken by a photographer engaged by the service

A photographer may be engaged by the service to take individual and/or group photographs of children. Information will be provided in written form to parents/guardians prior to the event, and will include the date and the photographer's details.

Photographs/videos for use in newspapers, GELC website and other external publications

The permission of parents/guardians of children will, on every occasion, be obtained prior to a child's photograph being taken to appear in any newspaper/media or external publication, including the service's newsletter, publications and website.

Photographs/videos taken by students on placement

Students at the service may take photographs/videos of children as part of their placement requirements.

Access to photographs/videos

Access to any photographs or videos, like other personal information, is set out in the service's *Privacy and Confidentiality Policy*, which is displayed at the service and available on request.

ATTACHMENT 5

Special permission notice for publications/media

Use of photographs, digital recordings, film or video footage of children
in media, newspapers and publications, including any
service publication or media outlet

[Date]

Dear [insert name of parent/guardian],

The purpose of this letter is to obtain permission for your child to be photographed or filmed by [insert name of the organisation/individual taking the photograph or filming the child] and for your child's photograph, digital recording, film or video footage to appear in [insert name of the newspaper, publication (including the service's publication) or media outlet where it will be displayed].

I, _____, consent/do not consent to my child

_____ (name of child)

being photographed or filmed by [insert name of the organisation/individual taking the photograph or filming the child] and for my child's photograph, digital recording, film or video footage to appear in the following publication and/or media outlet: [insert name of the newspaper, publication (including the service's publication) or media outlet where it will be displayed].

Signature (parent/guardian)

Date

ATTACHMENT 6

Australian Privacy Principles

The commonwealth government made extensive amendments to the Privacy Act 1988 (Cth) with effect from 12 March 2014. Under these changes, organisations with an annual turnover greater than \$ 3 million are required to comply with 13 new Australian Privacy Principles (APPs), which replace the current National Privacy Principles (NPPs). (*ELAA advises services to seek specific advice from a legal professional about whether their organisation needs to comply with the Australian Privacy Principles*)

From 12 March 2014, the APPs will apply to all existing and future collections of personal information. This means, that all existing arrangements for collecting, and handling personal information in services to which the old NPPs applied must be reviewed by services to ensure they comply with the new APPs.

Collection processes

Type of personal and health information to be collected

The service will only collect the information needed, and for which there is a legitimate purpose related to the service's functions and/or legislative, regulatory or funding obligations.

The type of information collected and held by the service includes (but is not limited to) personal information, including health information, regarding:

- children and parents/guardians prior to and during the child's attendance at the service (this information is collected in order to provide and/or administer services to children and parents/guardians)
- job applicants, employees, members, volunteers and contractors (this information is collected in order to manage the relationship and fulfil the service's legal obligations)
- contact details of other parties that the service deals with

The service will collect information on the following identifiers (refer to *Definitions*):

- information required to access the *Kindergarten Fee Subsidy* for eligible families (refer to *Fees Policy*)
- tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted
- for childcare services only: Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government's Child Care Benefit (CCB) – failure to provide this would result in parents/guardians not obtaining the benefit.

The service will not use these government related identifiers as its own identifier of the individual unless it is required or authorised by law or a court order.

Method of collecting personal and health information

Personal and health information about individuals, either in relation to themselves or their children enrolled at the service, will generally be collected directly via forms filled out by parents/guardians. Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's *Privacy Statement* (Attachment 4).

When the service receives personal information about an individual in relation to themselves or children enrolled at the service from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual, or the parents/guardians of the child to whom the information relates, of receipt of this information. The service will advise that individual of their right to request access to this information. Access will be granted in accordance with the relevant legislation.

When the service receives unsolicited personal information about an individual, it will destroy the information if it is of the view that it could not have collected the information about the individual under the APP if it had solicited the information.

Anonymity

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves or using a pseudonym when entering into transactions with GELC.

Use and disclosure of personal information

Use of information

The service will use personal information collected for the primary purpose of collection (refer to the table below). The service may also use this information for any secondary purposes directly related to the primary purpose of collection, to which the individual has consented, or could reasonably be expected to consent.

The following table identifies the personal information that will be collected by the service, the primary purpose for its collection and some examples of how this information will be used.

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Children and parents/guardians	<ul style="list-style-type: none"> To enable the service to provide for the education and care of the child attending the service To promote the service (refer to Attachments 4 and 5 for permission forms – photographs and videos and publications/media) 	<ul style="list-style-type: none"> Day-to-day administration and delivery of service Provision of a place for their child in the service Duty rosters Looking after children's educational, care and safety needs For correspondence with parents/guardians relating to their child's attendance To satisfy the service's legal obligations and to allow it to discharge its duty of care Visual displays in the service Newsletters Promoting the service through external media, including the service's website
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none"> For the management of the service 	<ul style="list-style-type: none"> For communication with, and between, the Approved Provider, other Committee/Board members, employees and members of the association To satisfy the service's legal obligations

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
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Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none"> To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be To administer the employment, contract or placement 	<ul style="list-style-type: none"> Administering the individual's employment, contract or placement, as the case may be Ensuring the health and safety of the individual Insurance Promoting the service through external media, including the service's website
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Disclosure of personal information, including health information

The service may disclose some personal information held about an individual to:

- educators at the service for the purpose of providing care and education to the child, and other related on and off site activities such as excursions etc.
- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing services related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the service to disclose information.

Individuals aggrieved about the use of personal information collected by the service or concerned about the breach of the Australian Privacy Principles that applies to the service may complain to the service through its complaints processes (Refer to *Complaints and Grievances Policy*)

Disclosure of sensitive information (Privacy Principle 10)

The service will only collect sensitive information about an individual with the individual's consent, and only if it is reasonably necessary for the provision of the service to children or their families. Sensitive information (refer to *Definitions*) will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

Data quality

The service will take reasonable steps to ensure that the personal information it collects, uses and/or discloses is accurate, up-to-date, relevant and complete.

Integrity, storage and security of personal information

In order to protect the personal information from misuse, loss, unauthorised access, modification or disclosure, the Approved Provider and staff will ensure that, in relation to personal information:

- access will be limited to authorised staff, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties
- information will not be left in areas that allow unauthorised access to that information
- all materials will be physically stored in a secure cabinet or area
- computerised records containing personal or health information will be stored safely and secured with a password for access
- there is security in transmission of the information via email, fax or telephone, as detailed below:
 - emails will only be sent to a person authorised to receive the information
 - faxes will only be sent to a secure fax, which does not allow unauthorised access
 - telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information
- transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians, and the service will ensure that it will take reasonable steps

to ensure that the overseas or interstate recipient does not breach the APPs in relation to the information.

Disposal of information

Personal information will not be stored any longer than necessary.

In disposing of personal information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.

Access to personal information

Access to information and updating personal information

Individuals have the right to ask for access to personal information the service holds about them without providing a reason for requesting access. An individual has the right to:

- request access to personal information that the service holds about them
- access this information
- make corrections if they consider the data is not accurate, complete or up to date.

The service can refuse access to personal information under the following circumstances:

- giving access would be unlawful, or prejudice any enforcement related activities conducted by or on behalf of an enforcement body
- denying access is required or authorised by or under an Australian law or a court/tribunal order
- the request is frivolous or vexatious
- providing access would have an unreasonable impact on the privacy of other individuals
- providing access would pose a serious threat to the life or health of any person
- the service is involved in the detection, investigation or remedying of serious improper conduct against an individual and providing access would prejudice that process or outcome
- the information relates to existing or anticipated legal proceedings between the service and the individual and would not be accessible by the process of discovery in those proceedings
- giving access would reveal the intentions of the entity in relation to negotiations with the individual in such a way as to prejudice those negotiations
- giving access would reveal commercially sensitive information about the service, or information in relation to a commercially sensitive decision making process.

Process for considering access requests

A person may seek access, to view or update their personal or health information:

- if it relates to their child, by contacting the Nominated Supervisor
- for all other requests, by contacting the Approved Provider/secretary.

Personal information may be accessed in the following way:

- view and inspect the information
- take notes
- obtain a copy.

Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.

The Approved Provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.

In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.

The privacy legislation also provides an individual, about whom information is held by the service, the

right to request the correction of information that is held. The service will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the service's satisfaction that the information held is incorrect, having regard to the purpose for which it is held, the service will endeavour to correct the information. The service will notify any other entity to which it has provided that information in accordance with the legislation, of the correction.

RISK MANAGEMENT POLICY

Best Practice QA 7

PURPOSE

Gumnuts Early Learning Centre (GELC) will endeavour to minimise the risk that any particular operation poses to our organisation, our staff, volunteers, enrolled children and their families, the general public, or anyone who comes in contact with GELC.

POLICY STATEMENT

• VALUES

GELC has a duty to provide a safe workplace for its staff and volunteers, a safe environment for its children and a measured plan for the organisation.

GELC will put procedures in place that will as far as possible ensure that risks are minimized and their consequences averted.

• RESPONSIBILITIES

It is the responsibility of the Committee of Management, with the assistance of the Nominated Supervisor and Health and Safety Representative, to carry out risk management assessments of the organisation, and to take appropriate measures.

It is the responsibility of the Committee of Management and the Nominated Supervisor to ensure that:

- Effective risk management procedures are in place, applicable to all relevant areas;
- Risk management procedures are reviewed regularly;
- Recommendations arising out of the risk management process are evaluated and, if necessary, implemented; and
- Employees, contractors and volunteers are aware of all applicable risks and familiar with the organisation's risk management procedures.
- Risk management analyses are carried out for all relevant parts of the organisation;
- Risk management assessments (attachment 1) are prepared when necessary;
- Risk management assessments (attachment 1) are reviewed regularly by relevant staff with the assistance of the Nominated Supervisor to ensure that no risks have been overlooked or have ceased to be relevant;
- Each risk management assessment (attachment 1) is reviewed at least once a year to ensure that procedures are in place to avert the risk or, if that is not possible, to mitigate its impact; and
- Copies of up-to-date risk management assessments (attachment 1) are kept in a central Risk Management Register.

It is the responsibility of all employees, contractors and volunteers to ensure that:

- They are familiar with the organisation's risk management procedures;
- They observe those risk management procedures; and
- They inform the Nominated Supervisor if they become aware of any risk not covered by existing procedures.

• DEFINITIONS

Risk is the probability that an occasion will arise that presents danger to our organisation, our staff, our volunteers, our enrolled children and their families, or the general public.

It includes, but is not limited to:

- Physical hazards
- Financial hazards
- Reputational hazards
- Legal hazards

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

• RELATED POLICIES

Financial management policy

Governance Charter

Occupational Health and Safety Policy

What other Risk policy are in the handbook?

PROCEDURES

MANAGING RISK

The Committee of Management and Nominated Supervisor are to carry out risk assessment exercises. These should involve:

- Identifying the risks attached to every element of the GELC operation and the likelihood of that risk eventuating;
- Identifying practices to mitigate the effects of those risks; and
- Recording those risks, those precautions and those remedies in the form of deliverable checklists.

Standard risks

- **Physical surroundings** -including dangerous equipment, kitchen, electrical equipment, car parks, playing surfaces, slippery floors, safety rails,
- **Work practices**- including. overwork, sexual harassment, termination procedures, equal opportunity
- **Hazard management training**
- **Financial controls**- including delegations, cheque handling, online accounts, expenditure authorisation, financial reporting, insurance, petty cash
- **Record maintenance**- including computer backups, virus protection, file integrity, online and offline security, privacy protection, meeting minutes, member database, accounts database
- **Legal status**- including incorporation status,
- **Reputational** - for example, to ensure that programs and activities are run in accordance with the Philosophy and purpose of the organisation.

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 in relation to 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 or display for parents/guardians and or members at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

List all attachments included in this policy.

Attachment 1 (*Risk management assessment*)

AUTHORISATION

The policy was adopted by the Committee of Management of GELC 26th July 2017

REVIEW DATE: July 2018

ATTACHMENT 1 Excursion risk management plan

Excursion details			
Date(s) of excursion		Excursion destination	
Departure and arrival times			
Proposed activities		Water hazards? Yes/No If yes, detail in risk assessment below.	
Method of transport, including proposed route			
Name of excursion co-ordinator			
Contact number of excursion co-ordinator	(BH)	(M)	
Number of children attending excursion		Number of educators/parents/volunteers	
Educator to child ratio, including whether this excursion warrants a higher ratio? Please provide details.			
Excursion checklist			
<input type="checkbox"/> First aid kit		<input type="checkbox"/> List of adults participating in the excursion	
<input type="checkbox"/> List of children attending the excursion		<input type="checkbox"/> Contact information for each adult	
<input type="checkbox"/> Contact information for each child		<input type="checkbox"/> Mobile phone / other means of communicating with the service & emergency services	

<input type="checkbox"/> Medical information for each child			<input type="checkbox"/> Other items, please list		
Risk assessment					
Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When

Plan prepared by			
Prepared in consultation with:			
Communicated to:			
Venue and safety information reviewed and attached	Yes / No Comment if needed:		
Reminder: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or significant change occurs.			

Risk Matrix

Likelihood	Consequence					
		Insignificant	Minor	Moderate	Major	Catastrophic
	Almost certain	Moderate	High	High	Extreme	Extreme
	Likely	Moderate	Moderate	High	Extreme	Extreme
	Possible	Low	Moderate	High	High	Extreme
	Unlikely	Low	Low	Moderate	High	High
	Rare	Low	Low	Low	Moderate	High

ROAD SAFETY AND SAFE TRANSPORT POLICY (EARLY CHILDHOOD SERVICES)

Best Practice – Quality Area 2 (and 6)

This policy was developed by Early Learning Association Australia in consultation with VicRoads and the early childhood sector as part of the VicRoads Starting Out Safely program.

PURPOSE

To provide evidence-based guidelines and procedures to ensure that all children attending GELC are:

- adequately supervised at all times, including on excursions and regular outings
- kept safe while travelling as pedestrians, cyclists or passengers in a vehicle
- able to participate in road safety education to assist them in being and becoming safe and responsible road users.

POLICY STATEMENT

• VALUES

GELC is committed to the Guiding Principles of the National Quality Framework, and also to:

- the rights of children to travel safely as passengers, pedestrians and cyclists
- the rights of children to be active citizens in the community
- the role of parents/guardians and families as children's first and most influential teachers
- an evidence-based approach in the provision of road safety education and practice.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending GELC, including during excursions and regular outings.

• BACKGROUND AND LEGISLATION

Background

Road trauma is one of the leading causes of death among young Australians⁸. Young children are at risk as passengers in motor vehicles, as pedestrians and as cyclists. They are particularly vulnerable because of their small size and the fact that their cognitive and perceptual skills are still developing.

Road safety education can help to reduce the risk of serious injury and death among young children by assisting them to develop skills, knowledge and behaviour about the safe use of roads. Working collaboratively with families to help children become safe and responsible road users aligns with the learning outcomes of the Early Years Learning Framework (EYLF).

Very high participation rates in early childhood education programs in Victoria enables service providers and educators to contribute to making children safer road users by:

- embedding road safety education in the curriculum in line with the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1)
- adopting safe transport practices when children are participating in excursions or outings
- informing and encouraging parents/guardians to be proactive road safety role models for their children by adopting and promoting safe road user behaviours.

Under the Education and Care Services National Law Act 2010 (Section 167), early childhood services are required to protect children from harm and hazards likely to cause injury. With the introduction of the National Quality Standard (NQS), all early childhood services may now be

⁸ Australian Institute of Health and Welfare (AIHW) (2012) *A picture of Australia's children 2012* (Cat. No PHE167). Canberra, Australia: AIHW.

assessed on how road safety education and active transport initiatives are incorporated into the program (refer to Attachment 2).

Service providers and educators can achieve best practice in their programs by:

- adopting the safest possible behaviours when transporting children for excursions and outings
- promoting and adopting the safest pedestrian and cycling behaviours
- ensuring that road safety education is delivered in accordance with the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1).

Legislation and standards

Relevant legislation and standards include but are not limited to:

Acts

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic) – Part 2: Principles for Children
- *Children Youth and Families Act 2005* (Vic)
- *Competition and Consumer Act 2010* (Cth)
- *Education and Care Services National Law Act 2010*: Section 167
- *Road Safety Act 1986*

Regulations

- *Education and Care Services National Regulations 2011*: Regulations 99, 100, 101, 102, 159, 160, 161
- *Road Safety (Drivers) Regulations 2009*
- *Road Safety (General) Regulations 2009*
- *Road Safety (Vehicles) Regulations 2009*

Rules

- *Road Safety Road Rules 2009* (Vic)

Standards

- AS/NZS 1754 Australian/New Zealand Standard: *Child restraint systems for use in motor vehicles*
- AS/NZS 4370 Australian/New Zealand Standard: *Restraint of children with disabilities, or medical conditions, in motor vehicles*
- AS/NZS 8005 Australian/New Zealand Standard: *Accessories for child restraints for use in motor vehicles*
- AS/NZS 2063 Australian/New Zealand Standard: *Bicycle helmets*
- National Quality Standard (refer to Attachment 2 for road safety links to the NQS)
 - a) Quality Area 2: Children's Health and Safety
 - b) Quality Area 6: Collaborative Partnerships with Families and Communities

Notices

- *Competition and Consumer Act 2010 – Consumer Protection Notice* – Safety standard: Child restraint systems for use in motor vehicles
- *Victorian Government Gazette*, Approval of Child Restraints, Booster Seats and Child Safety Harnesses

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – ComLaw: <http://comlaw.gov.au>

• DEFINITIONS

The terms defined in this section relate specifically to this policy.

Adequate supervision: Supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Approved Provider: An individual or organisation that has completed an application form and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control of that organisation must complete a separate application form. (Note: Under the *Education and Care Services National Law Act 2010*, Section 5, Definitions: “**person with management or control**, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service”.)

Attendance record: Kept by the service to record details of each child attending the service including name, date and time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Authorised nominee: A person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child’s enrolment form.

The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service provider will need to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Informed consent: (In relation to this policy) a written agreement to do something or to allow something to happen, only after all the relevant facts, including the alternatives and the possible consequences of the action/s, are known.

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in

accordance with the National Regulations. The Approved Provider must take reasonable steps to ensure the Nominated Supervisor is a fit and proper person (in accordance with Sections 12, 13 and 14 of the National Law), with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes or is no longer employed at the service.

Risk assessment: A risk assessment must be carried out in accordance with Regulation 101. ACECQA provides a sample *Excursion Risk Management Plan*. Details of the safest route for travel, type of vehicle and required restraints can be included under *Method of transport, including proposed route*. The plan can be downloaded at:

<http://www.acecqa.gov.au/sample-forms-and-templates-now-available>

Wheeled toy: A child's pedal car, skateboard, scooter (other than a motorised scooter) or tricycle or a similar toy, but only when it is being used by a child who is under 12 years old.

• SOURCES AND RELATED POLICIES

Sources

- Early Learning Association Australia: www.elaa.org.au
- Road Safety Education Victoria: www.roadsafetyeducation.vic.gov.au
- VicRoads: www.vicroads.vic.gov.au

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Child Safe Environment Policy*
- *Curriculum Development Policy*
- *Delivery and Collection of Children Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that educators/staff only allow a child to participate in an excursion with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4). If the excursion is a regular outing, the authorisation is required to be obtained once every 12 months and kept with the child's enrolment record (refer to *Excursions and Service Events Policy*)
- ensuring that a written risk assessment (refer to *Definitions*) is undertaken prior to conducting excursions, including details of the safest route for travel and safety aspects for the chosen mode of transport e.g. motor vehicle, bus, train and tram
- ensuring that all children are adequately supervised (refer to *Definitions*) at all times, including while on excursions and regular outings
- ensuring that road safety education, based on the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1), is provided
- ensuring that all children attending the service are included in road safety education (refer to *Inclusion and Equity Policy*)

- ensuring that educators and staff have access to regular professional development/training in road safety and are kept up to date with current legislation, regulations, rules, standards and best practice information
- ensuring that parents/guardians and visitors to the service are provided with location-specific road safety information (e.g. details about where to park safely when delivering and collecting children and local area speed limits etc.)
- ensuring that parents/guardians are provided with general road safety information about transporting children to and from the service (which might include using the 'safety door' (the rear kerbside door), driveway safety, child restraint information and role modelling safe road use)
- ensuring parents/guardians have access to this policy and its attachments.

In relation to the safe transportation of children:

- ensuring where possible that buses hired for use on excursions have seatbelts fitted, and that these are correctly used by all children, staff and volunteers for the entire trip
- ensuring that appropriate procedures are followed in the event of a vehicle crash or transport-related injury involving any children, staff or volunteers from the service (refer to *Incident, Injury, Trauma and Illness Policy*)
- developing procedures for educators/staff to follow where a child is observed being transported to or from the premises in an unsafe manner (refer to Attachment 3 for a sample procedure).

Under duty of care obligations, services must develop appropriate procedures to guide educators and other staff to address situations where a child is observed to be at risk while being transported to or from the early childhood service. This may include instances where a child is observed to be travelling unrestrained, in an inappropriate restraint, riding a bicycle or wheeled toy without a helmet, or instances where a parent/guardian is in an unfit state to drive due to intoxication or impairment.

The Nominated Supervisor is responsible for:

- ensuring that educators/staff only allow a child to participate in an excursion with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4). If the excursion is a regular outing, the authorisation is required to be obtained once every 12 months and kept with the child's enrolment record (refer to *Excursions and Service Events Policy*)
- ensuring that educators undertake a written risk assessment (refer to *Definitions*) prior to conducting excursions, including details of the safest route for travel and type of vehicle to be used etc.
- ensuring that educators adequately supervise (refer to *Definitions*) children at all times, including while on excursions and regular outings
- ensuring that the Educational Leader embeds road safety education in the curriculum, based on the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1)
- organising regular professional development/training for educators and staff on road safety topics, including vehicle and driveway safety, current legislation, regulations, rules, standards and best practice information
- providing educators with access to a broad range of resources to support road safety education
-

In relation to the safe transportation of children:

- ensuring that buses hired for excursions have seatbelts fitted, and that these are correctly used by all children, staff and volunteers for the entire trip

- ensuring that educators follow appropriate procedures in the event of a vehicle crash or transport-related injury involving children, staff or volunteers (refer to *Incident, Injury, Trauma and Illness Policy*)
- ensuring that educators provide parents/guardians with appropriate information about road safety
- ensuring that educators follow the service's procedures and exercise duty of care if a child is observed to be at risk while being transported to or from the service (refer to Attachment 3).

Certified Supervisors and other educators are responsible for:

- allowing a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee. For a regular outing, this authorisation is required every 12 months
- checking that parents/guardians or authorised nominees sign and date permission forms prior to an excursion
- undertaking a written risk assessment (refer to *Definitions*) prior to conducting excursions, including details of the safest route for travel and the type of vehicle used
- providing adequate supervision (refer to *Definitions*) of children at all times including while on excursions and regular outings
- providing parents/guardians and visitors to the service with location-specific road safety information (e.g. details about where to park when delivering and collecting children and local area speed limits etc.)
- providing parents/guardians with general road safety information about transporting children to and from the service (which might include using the 'safety door' (the rear kerbside door), driveway safety, child restraint information and role modelling safe road use)
- delivering road safety education that is based on the *National Practices For Early Childhood Road Safety Education* (refer to Attachment 1)
- including all children attending the service in road safety education (refer to *Inclusion and Equity Policy*)
- undertaking regular professional development/training in road safety and keeping up to date with current legislation, regulations, rules, standards and best practice information
- using a broad range of resources to support the delivery of road safety education
- ensuring that bicycle helmets are available, in good condition, meet Australian/New Zealand Standard 2063 and are correctly fitted where bicycles or wheeled toys (refer to *Definitions*) are used.

In relation to the safe transportation of children:

- ensuring when possible that buses hired for excursions are fitted with seatbelts are hired and that these are correctly used by all children, staff and volunteers for the entire trip
- following appropriate procedures in the event of a vehicle crash involving children, staff and others from the service (refer to *Incident, Injury, Trauma and Illness Policy*) including notifying the Nominated Supervisor and Approved Provider as soon as possible after the event
- providing appropriate information to parents/guardians about road safety
- following duty of care procedures in instances where a child is observed to be at risk while being transported to or from the premises (refer to Attachment 3).

Parents/guardians are responsible for:

- signing and dating permission forms prior to excursions and regular outings
- ensuring that their child travels in a restraint suitable for their age/size when arriving at or departing from the service
- being aware of all location-specific and general road safety requirements including details about where to park to deliver and collect children, observing speed limits in the vicinity of the service, using the 'safety door' (the rear kerbside door), driveway safety and role modelling safe road use

- communicating any issues or concerns relating to their child's safety or wellbeing to the early childhood service
- being aware of this policy and of the service's procedures relating to the safe transportation of children to and from the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- regularly seek feedback from parents/guardians, children, educators, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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 (this is a requirement under Regulation 172 of the National Regulations for policies mandated by law and would be considered best practice for all policies and procedures).

ATTACHMENTS

- Attachment 1: *National Practices for Early Childhood Road Safety Education*
- Attachment 2: National Quality Standard linkages to road safety
- Attachment 3: Sample procedure when a child is observed to be at risk of harm while being transported to or from an early childhood premises

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 1st November 2018.

REVIEW DATE:

Annual or more frequently in response to legislative and/or other changes.

ACKNOWLEDGEMENT

This policy was developed by Early Learning Association Australia in consultation with VicRoads and the early childhood sector as part of the VicRoads Starting Out Safely program.

ATTACHMENT 1

National Practices for Early Childhood Road Safety Education

The *National Practices for Early Childhood Road Safety Education* have been developed by early childhood education and road safety experts across Australia and New Zealand. The eight national practices are based on research and are aligned with the Early Years Learning Framework.

The national practices guide early childhood educators and policy makers to develop, implement and evaluate evidence-based road safety programs that support children's and families learning about road safety. Refer to:

<http://roadsafetyeducation.vic.gov.au/resources/early-childhood.html>

Holistic approaches

Recognise that children's learning is integrated and interconnected when making curriculum decisions about road safety education.

Responsiveness to children

Deliver road safety education which is responsive to individual children and extends children's strengths, knowledge and interests.

Learning through play

Through play-based learning seek opportunities to address road safety in a way that expands children's thinking and encourages problem solving.

Intentional teaching

Engage in intentional teaching which extends and expands children's learning about road safety.

Learning environments

Provide opportunities in the learning environment, including the local community, for safe and meaningful interaction with children, parents and carers about road safety.

Cultural competence

Implement road safety education that is culturally relevant for the diversity of children, their families and the community.

Continuity of learning and transitions

Use the opportunity of transitions, in active partnership with children, families and the local community, for road safety education.

Assessment for learning

Together with children and families, reflect on each child's learning and application of road safety to plan for future learning.

ATTACHMENT 2

National Quality Standard linkages to road safety

This document provides extracts from the NQS that relate to road safety and must be read in conjunction with the NQS.

Quality area 2: Children's health and safety

Standard	Element	Assessment Guide
2.3 Each child is protected. Questions to guide reflection on practice: How do we ensure children are alerted to safety issues and encouraged to develop the skills to assess and minimise risks to their own safety?	2.3.1 Children are adequately supervised at all times.	<i>Guidance for children of all ages and all service types</i> Assessors may observe : <ul style="list-style-type: none"> educators supervising children closely when they are in a situation that presents a higher risk of injury – for example, on an excursion near a road or water.
	2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.	<i>Guidance for children of all ages and all service types</i> Assessors may observe : <ul style="list-style-type: none"> educators and coordinators talking with children about safety issues and correct use of equipment and the environment and, where appropriate, involving children in setting safety rules. Assessors may sight : <ul style="list-style-type: none"> evidence of detailed information provided to families regarding excursions, including the destination, mode of transport, educator-to-child ratios and the number of adults in attendance, and written authorisation for children to be taken outside the service premises, including for excursions or routine outings (except in emergency situations)

Standard	Element	Assessment Guide
6.3 The service collaborates with other organisations and service providers to enhance children's learning and wellbeing.	6.3.2 Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.	<p>Guidance for children of all ages and all service types</p> <p>Assessors may observe:</p> <ul style="list-style-type: none"> • children being supported and appropriately supervised when being transported to or from the service by car, bus, train or tram or on foot. <p>Assessors may discuss:</p> <ul style="list-style-type: none"> • the strategies and processes used to support: <ul style="list-style-type: none"> a) children with additional needs in their transition to school and to specialist services • how road safety education and any active transport initiatives are incorporated into the program.

ATTACHMENT 3

Sample procedure when a child is observed to be at risk of harm while being transported to or from an early childhood premises

Service providers have a duty of care to ensure the safety of children is paramount. Service providers must also comply with their obligations under state or territory child protection laws.

Where a parent/guardian or authorised nominee (refer to *Definitions*) is observed not using a child restraint, using the wrong child restraint, using a child restraint inappropriately or engaging in other unsafe behaviours such as parking illegally or not using a bicycle helmet, the **early childhood educator should:**

- talk with the parent/guardian/authorised nominee about the importance of safe transport procedures, including the correct use of child restraints and/or relevant road safety behaviours
- provide/refer the parent/guardian/authorised nominee to relevant information regarding safe transport
- inform the Nominated Supervisor or Approved Provider (where relevant).

If the parent/guardian or authorised nominee persists with unsafe road use behaviours, the early childhood educator must notify the **Nominated Supervisor or Approved Provider, who should:**

- contact the parent/guardian/authorised nominee directly and discuss the importance of child restraint use and/or safe road user behaviour, including legal requirements and implications
- provide the parent/guardian/authorised nominee with a copy of the *Road Safety and Safe Transport Policy*
- offer/provide assistance to the parent/guardian/authorised nominee with the choice/purchase/installation/fitment of the correct restraint or bicycle helmet for their child
- follow up with the parent/guardian/authorised nominee, where required, to ensure that they have the most appropriate restraint for their child and that it is being used correctly.

If a parent/guardian or authorised nominee appears to be impaired or intoxicated when arriving to collect their child, the **early childhood educator should:**

- encourage the parent/guardian or authorised nominee to use an alternative form of transport or contact another authorised person to collect the child. If the parent/guardian or authorised nominee is not willing to use an alternative form of transport, the educator cannot prevent the parent/guardian or authorised nominee from taking the child
- notify the police and/or child protection authorities immediately if the educator is of the opinion that the child may not be safe in the care of the parent/guardian or authorised nominee.

SOCIAL MEDIA POLICY

Best practice - Quality Area 6

PURPOSE

Any GELC Social Media account is an open forum where GELC welcomes questions, feedback ideas and comments, and aims to respond to posts, comments and enquires where possible.

To protect the privacy of staff, The GELC COM, families and children personal questions will not be responded to on Social Media.

POLICY STATEMENT

• VALUES –

GELC will aim to use social media with the intention to inform, promote, educate, and create a connected environment and community for families of children enrolled in GELC and members of the community by providing an interactive forum which encourages the community to collaborate with the service.

• SCOPE –

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC.

• SETTING UP A SOCIAL MEDIA ACCOUNTS

All social media accounts to be opened using reference materials that relate to GELC must first be sought authorisation from by the COM

The Director of GELC will contact the Secretary in writing, requesting that the COM approve the activation of a Social Media account. The COM will add it to the agenda to be discussed at the next general meeting.

The COM will advise at the meeting if the request was successful and recorded in the minutes.

USING SOCIAL MEDIA

The five main principles to guide the Approved Provider and staff in the use of social media are:

- be professional
- be respectful
- ensure privacy
- be accountable
- stay productive

ADMINISTRATION AND MONITORING OF SOCIAL MEDIA ACCOUNTS

Content for any social media accounts will be added and actively monitored by the Director of GELC.

When adding content and monitoring the page the Director is expected to:

- Adhere to GELC codes of conduct, policies and procedures
- Behave with caution, courtesy, honesty and respect
- Comply with relevant laws and regulations
- Reinforce the integrity, reputation and values of GELC.

The following content is not permitted under any circumstances on social media accounts and will be removed immediately by the administrator:

- Abusive, profane or sexual language
- Content not relating to the subject matter of that blog, board, forum or site
- Content which is false or misleading
- Confidential information about staff, COM, children and families
- Copyright or Trade mark protected materials
- Discriminatory material in relation to a person or group based on age, colour, creed, disability, family status, gender, nationality, marital status, parental status, political opinion/affiliation, pregnancy or potential pregnancy, race or social origin, religious beliefs/activity, responsibilities, sex or sexual orientation
- Illegal material or materials designed to encourage illegal activity
- Materials that could compromise GELC, employee or safety
- Materials which would breach applicable laws (defamation, privacy, trade practices, financial rules and regulations, fair use, trademarks)
- Material that would offend contemporary standards of taste and decency
- Material which would bring the GELC into disrepute
- Spam, meaning the distribution of unsolicited bulk electronic messages
- Statements which may be considered to be bullying or harassment.

To avoid any doubt about applying the provisions of this policy, the Director is to check with the COM before using social media to communicate. Depending upon the nature of the issue and potential risk, it may also be appropriate to consider seeking legal advice.

Passwords for all social media content will be held and known only by the director 2IC and the COM

POSTING CONTENT ON OR FROM A SOCIAL MEDIA ACCOUNT ADMINISTERED BY GELC FROM A PERSONAL ACCOUNT

By Staff:

Staff are to adhere to all policies that relate to social media though the staff code of conduct and staff handbook any breaches of these documents could lead to disciplinary action.

By the Gumnuts COM

The COM are to adhere to all policies that relate to social media made mention in the code of conduct. Any breach of this document could lead to disciplinary action set out in the Gumnuts Rules.

What could be considered "misuse"

Making mention on social media accounts administered by GELC:

- Abusive, profane or sexual language
- Content which is false or misleading
- Confidential information about staff, COM, children and families
- Discriminatory material in relation to a person or group based on age, colour, creed, disability, family status, gender, nationality, marital status, parental status, political opinion/affiliation, pregnancy or potential pregnancy, race or social origin, religious beliefs/activity, responsibilities, sex or sexual orientation
- Materials that could compromise GELC, employee or safety

- Material that would offend contemporary standards of taste and decency
- Material which would bring the GELC into disrepute
- Spam, meaning the distribution of unsolicited bulk electronic messages

• DEFINITION

Social media is content created by people using highly accessible and scalable publishing technologies. social media is distinct from industrial media, such as newspapers, television, and film. social media comprises relatively inexpensive and accessible tools that enable anyone (even private individuals) to publish or access information – industrial media generally require significant resources to publish information.

(http://en.wikipedia.org/wiki/social_media)

Social Media may include (although is not limited to):

- social networking sites (e.g. Facebook, MySpace, LinkedIn, Bebo, Yammer)
- video and photo sharing websites (e.g. Flickr, YouTube)
- blogs, including corporate blogs and personal blogs
- blogs hosted by media outlets (e.g. 'comments' or 'your say' feature on theage.com.au)
- micro-blogging (e.g. Twitter)
- wikis and online collaborations (e.g. Wikipedia)
- forums, discussion boards and groups (e.g. Google groups, Whirlpool)
- video and podcasting
- online multiplayer gaming platforms (e.g. World of Warcraft, Second life)
- instant messaging (including SMS)
- geo-spatial tagging (Foursquare)

Websites and applications that enable users to create and share content or to participate in social networking.

• SOURCES AND RELATED POLICIES

Sources

Early Childhood Australia, *Code of Ethics*: www.earlychildhoodaustralia.org.au

The Universal Declaration of Human Rights: www.un.org/en/documents/udhr/

United Nations, *Convention on The Rights of the Child*: www.ohchr.org/english/law/crc.htm

Related Service policies

Code of Conduct

Complaints and Grievances Policy

Interactions with Children Policy

Occupational Health and Safety Policy

Privacy and Confidentiality Policy

Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of GELC 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
- 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.

ATTACHMENTS

NIL

AUTHORISATION

The policy was adopted by the COM of GELC on 28th July 2017

REVIEW DATE: JULY 2018

This will prompt regular review of the policy to ensure it is up to date. A Policy Review Table such as the one included in this section of the manual can assist. Review dates will also need to be listed in the service's yearly or forward planner. . Some policies, such as fees and enrolments, may need to be reviewed annually.

STAFFING POLICY

Mandatory – Quality Area 4

PURPOSE

This policy will provide guidelines for engaging staff at Gumnuts Early Learning Centre (GELC), including:

- employing sufficient numbers of educators to meet legislative, policy and service standards
- employing educators with qualifications and experience that meet legislative, policy and service standards
- providing appropriate supervision to staff and other adults at the service
- complying with legislation relating to Working with Children Checks and criminal history record checks.

This policy should be read in conjunction with the following service policies:

- *Code of Conduct Policy*
- *Determining Responsible Person Policy*
- *Participation of Volunteers and Students Policy*

POLICY STATEMENT

• VALUES

GELC is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling a duty of care to all children attending the service
- providing accountable and effective staffing and management practices
- employing educators with a range of relevant qualifications and experience to provide a quality educational program that meets the needs of children and families in the community
- employing educators according to policy and funding requirements
- complying with current legislation in relation to the employment of staff, including the *Equal Opportunity Act 2010*, *Fair Work Act 2009* and the *Working with Children Act 2005*.

• SCOPE

This policy applies to the Committee of Management (COM), Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, other staff, students on placement and volunteers at GELC.

• BACKGROUND AND LEGISLATION

Background

Research has demonstrated that the employment of appropriately-qualified staff in early childhood services is a key contributor to the delivery of quality programs and better learning outcomes for children. “Those with higher qualification levels and standards of training are better equipped to provide improved learning environments and mentor educators in quality practices, leading to better outcomes for children” (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*). The Australian Government has acknowledged this by legislating minimum qualification requirements for all educators working in early childhood education and care services. Eligibility for services to receive funding also includes requirements for staff to hold specific qualifications (*The Kindergarten Guide – refer to Sources*).

A current list of approved qualifications is available on the Australian Children's Education and Care Quality Authority (ACECQA) website (refer to *Sources*). Applications can also be made to ACECQA to determine if other qualifications (such as those gained overseas) entitle the individual to work as an early childhood teacher, diploma-level educator or certificate III level educator. Application forms are available on the ACECQA website and a fee is required for processing an application.

In addition, current legislation requires at least one educator who holds current approved first aid qualifications, anaphylaxis management training and emergency asthma management training to be in attendance and immediately available at all times that children are being educated and cared for by the service. These qualifications must be updated as required, and details of qualifications must be kept on an individual's staff record. As a demonstration of duty of care and best practice, **all** GELC educators have current approved first aid qualifications, anaphylaxis management training and emergency asthma management training.

It is essential that all educators and other adults engaged to work directly with children are provided with opportunities to learn and develop new skills in relation to supporting the learning and development of young children. Such opportunities can arise when more qualified and experienced educators offer guidance and feedback to other educators. Opportunities for professional development are also crucial for all educators to ensure that their work practice remains current and relevant to the practices and principles of the national *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) (refer to *Sources*).

Staff are required to actively supervise children at all times when children are in attendance at the service (refer to *Supervision of Children Policy*). To facilitate this, services are required to comply with legislated educator-to-child ratios at all times, and these ratios are based on the ages and number of children at the service. Only those educators working directly with children (refer to *Definitions*) can be counted in the ratio.

To ensure that children are protected from harm while participating in service programs, all educators and staff are required by law to have and maintain a Working with Children (WWC) Check or a criminal history record check (refer to *Definitions* and *Sources*). This also applies to volunteers and students unless they are working under the direct supervision of an educator who is over 18 years of age and holds, or is actively working towards (refer to *Definitions*), an approved diploma-level education and care qualification (Regulation 358).

Parents/guardians and family members closely related to children attending the service are exempt from needing a WWC Check. However a service may decide, as a demonstration of duty of care that all parents/guardians who volunteer at the service are required to undergo a WWC Check.

This policy should be read in conjunction with the following service policies:

- *Code of Conduct Policy* – management, co-ordinators, educators, staff, students on placement and volunteers are required to be respectful and ethical at all times. This policy explains the responsibilities of all parties in relation to one another, to children and families using the service, and to individuals and organisations in the wider community.
- *Determining Responsible Person Policy* – legislation requires all approved services to ensure that a Responsible Person is physically present at all times the service is educating and caring for children. The Responsible Person is either the Approved Provider, or the Nominated Supervisor or Certified Supervisor who has been placed in day-to-day charge of the service. This policy provides guidelines to determine the Responsible Person at the service.

- *Participation of Volunteers and Students Policy* – this policy provides guidelines for the engagement and participation of volunteers and students at the service, while ensuring that children's health, safety and wellbeing is protected at all times.

GELC is committed to providing staff with support through an external third party to address any issues impacting on work performance.

The 'Employee Assistance Program' (EAP) is an initiative to provide staff with confidential counselling and support for work and personal issues. An agreement is currently in place with Converge International to externally provide the EAP. EAP Counsellors talk with employees and help them find ways to solve their problem/s or at least gain a greater understanding of their situations so they can better manage the issues concerning them.

EAP Counselling is a process which involves a staff member speaking with a Counsellor either face to face or over the telephone. Staff who decide to use their EAP Counselling services are required to book their initial appointment over the telephone. Converge provides a freecall 1800 337 068 number that does not appear on phone bills. The only information staff will be asked over the telephone is their name, the name of their employer and possibly a contact telephone number for reaching them. Converge counselling sessions can take place at the EAP provider's, at the worksite or over the phone. GELC will be invoiced for the session. At no time is a staff member's name released to their employer. Please feel free to contact Converge International on 1800 337 068 should you require any counselling, advice or assistance.

Staff can use the EAP for a wide range of work related or family and personal issues and up to 3 counselling sessions will be paid for by GELC. Additional sessions paid for by GELC may be negotiated on a case by case basis

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 12, 13, 14, 161, 162, 165, 169
- *Education and Care Services National Regulations 2011*: Regulations 14, 15, 16, 46, 47, 48, 49, 83, 84, 118, 120, 121–123, 125–126, 129–135, 136, 137–143, 145–152, 355, 357, 358, 360–364
- *Education and Training Reform Act 2006 (Vic)* (amended in 2014)
- *Equal Opportunity Act 2010 (Vic)*
- *Fair Work Act 2009*
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
 - a) Standard 4.1: Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing
 - i) Element 4.1.1: Educator-to-child ratios and qualification requirements are maintained at all times
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Privacy Act 1988 (Cth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Working with Children Act 2005 (Vic)*
- *Working with Children Regulations 2006 (Vic)*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. COM, Regulatory Authority, National Law, National Regulations etc. refer to the *General Definitions* section of this manual.

Actively working towards: An educator who is enrolled in a course for a qualification, and provides the COM with documentary evidence of their commencement in the course, their satisfactory progress towards completion of the course and ongoing evidence that they are meeting all the requirements to maintain their enrolment. Educators who are 'actively working towards' an approved diploma-level qualification must also hold an approved certificate III level education and care qualification or have completed the mandatory units of study in an approved certificate III level education and care qualification as determined by the national authority (ACECQA).

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

www.cecqa.gov.au

Certified Supervisor: An educator who has been nominated by the COM or the Nominated Supervisor of a service (in accordance with the National Regulations), and consents in writing to being placed in day-to-day charge of the education and care service. A certified supervisor can be any person engaged to be responsible for the day-to-day management of the service, or with supervisory and leadership responsibilities at the service. Any person placed in day-to-day charge of the service must be assessed as a fit-and-proper person (refer to *Definitions*) and have suitable skills, qualifications and experience as determined by the service. Individual supervisor certificates are also still valid. A Certified Supervisor placed in day-to-day charge of a service **does not** have the same responsibilities under the National Law as the Nominated Supervisor.

Criminal history record check: A full-disclosure, Australia-wide criminal history record check issued by Victoria Police (refer to *Sources*), or by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a National Police Certificate or Police Records Check.

Early childhood teacher: A person with an approved early childhood teaching qualification. Approved qualifications are listed on the ACECQA website: www.cecqa.gov.au

Educator: An individual who provides education and care for children as part of an education and care service.

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably-qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs at the service (Regulation 118). This person must have a thorough understanding of the *Early Years Learning Framework* (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in the implementation of their practice.

Fit and proper: In determining whether an applicant is fit and proper, the Regulatory Authority must take into account the applicant's history of involvement in education and care services, their compliance with current and prior law, criminal history record check, and any bankruptcy or insolvency issues. The Regulatory Authority may reassess fitness and propriety at any time. Applicants are required to complete the Declaration of Fitness and Propriety form on the ACECQA website and have this approved by the Regulatory Authority. This form must be completed by an individual provider applicant or, in the case of an entity provider applicant, each person with management or control of a service. The form is available at: <http://acecqa.gov.au/application-forms/provider-approvals/> (Note: Under the *Education and Care Services National Law Act 2010*, Section 5, Definitions: “**person with management or control**, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service”.)

The Kindergarten Guide: provides detailed information from the Department of Education and Training (DET) about: the types of kindergarten funding available, eligibility criteria, how to apply for funding and how to comply with operational requirements once funding has been granted.

Nominated Supervisor: A person who has been nominated by the COM of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in accordance with the National Regulations. The COM must take reasonable steps to ensure the Nominated Supervisor is a fit and proper person (refer to *Definitions*), with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes or is no longer employed at the service.

Responsible Person: The COM (if that person is an individual, and in any other case the person with management or control of the service operated by the COM) or a Nominated Supervisor or Certified Supervisor who has been placed in day-to-day charge of the service in accordance with the National Regulations.

Staff record: A record which the COM of a centre-based service must keep containing information about the Nominated Supervisor, the Educational Leader, staff, volunteers, students and the Responsible Person at a service. Details that must be recorded include qualifications, training and the Working with Children Check (Regulations 146–149). A sample staff record is available on the ACECQA website.

Supervisor Certificate: A supervisor certificate is provided to each centre-based service by the Regulatory Authority. The COM can nominate a person or persons to be the Certified Supervisor (refer to *Definitions*) at the service without requiring Departmental approval or paying a fee. Individual supervisor certificates are still valid however most individuals no longer need to apply.

Victorian Institute of Teaching (VIT): The statutory authority for the regulation and promotion of the teaching profession in Victoria, established as part of the Victorian Institute of Teaching Act 2001. All teachers in Victorian government schools, Catholic schools and independent schools are required to be registered with the VIT in order to practise in their profession. An amendment to the Education and Training Reform Act 2006 introduced in 2014 requires early childhood teachers to be registered with the Victorian Institute of Teaching from 30 September 2015.

Working directly with children: For the purposes of the National Regulations, working directly with children is defined as being physically present with children and directly engaged in providing them with education and/or care.

Working with Children (WWC) Check: The check is a legal requirement for those undertaking paid or voluntary child-related work in Victoria and is a measure to help protect children from harm arising as a result of physical or sexual abuse. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history. A WWC Check card, notice or document (valid for five years), is granted to a person under working with children legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

• SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- ELAA's *Early Childhood Management Manual* contains additional information and attachments relating to staffing, including sample position descriptions, an induction (staff orientation) checklist and professional development planning and performance review information. Available from: www.elaa.org.au
- The Kindergarten Guide (Department of Education and Training): <http://www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx>
- National Early Years Learning Framework : http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf
- Victorian Early Years Learning and Development Framework: <http://www.education.vic.gov.au/childhood/providers/edcare/pages/profresource.aspx>
- Working with Children Check unit, Department of Justice – provides details of how to obtain a WWC Check: www.justice.vic.gov.au/workingwithchildren/
- Victoria Police – National Police Record Check: www.police.vic.gov.au/content.asp?Document_ID=274

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Delivery and Collection of Children Policy*
- *Determining Responsible Person Policy*
- *Inclusion and Equity Policy*

- *Interactions with Children Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- ensuring the service has a service supervisor certificate (refer to *Definitions*)
- ensuring that the service does not operate without a Nominated Supervisor (refer to *Definitions*), as required under the National Law (refer to *Determining Responsible Person Policy*)
- ensuring that there is a Responsible Person (refer to *Definitions* and *Determining Responsible Person Policy*) on the premises at all times the service is in operation
- ensuring that the Nominated Supervisor, Certified Supervisors, educators and all staff comply with the *Code of Conduct Policy* at all times
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions* and *Supervision of Children Policy*) at all times they are in the care of that service (National Law: Section 165(1))
- complying with the legislated educator-to-child ratios at all times (National Law: Sections 169(1) & (3), National Regulations: Regulations 123, 355, 357, 360)
- ensuring that all staffing meets the requirements of the National Law, National Regulations and *the Department of Education and Training as outlined in The Kindergarten Guide* (refer to *Sources*) at all times the service is in operation
- complying with current legislation relating to the employment of staff, including the *Equal Opportunity Act 2010*, *Fair Work Act 2009*, *Occupational Health and Safety Act 2004* and the *Working with Children Act 2005*
- employing the relevant number of appropriately-qualified educators (refer to *Definitions*). Qualifications must be approved by ACECQA (refer to *Background* and *Sources*) (Regulations 126, 361)
- completing a fit-and-proper assessment (refer to *Definitions*) in accordance with the *Education and Care Services National Law Act 2010* (Sections 12, 13, 14) and the *Education and Care Services National Regulations 2011* (Regulations 14, 15, 16). Where the Approved Provider is not an individual, a fit-and-proper assessment must be completed for each person with management or control of a service e.g. for the executive members of a Committee of Management
- determining who will cover the costs of Working with Children Checks or criminal history record checks (refer to *Definitions*)
- developing procedures to ensure that approved first aid qualifications, anaphylaxis management training and emergency asthma management training are evaluated regularly, and that staff are provided with the opportunity to update their qualifications prior to expiry
- ensuring that annual performance reviews of educators and other staff are undertaken
- ensuring that the Nominated Supervisor, is not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83)
- ensuring that all educators and staff have opportunities to undertake professional development relevant to their role to keep their knowledge and expertise current
- ensuring that the Nominated Supervisor and educators/staff are advised and aware of current child protection laws and any obligations that they may have under these laws (Regulation 84) (refer to *Child Safe Environment Policy*)

The Nominated Supervisor is responsible for:

- providing written consent to accept the role of Nominated Supervisor
- ensuring that, in their absence from the service premises, a person is placed in day-to-day charge of the service (refer to *Determining Responsible Person Policy*)
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- complying with the service's *Code of Conduct Policy* at all times
- ensuring that Educators and other staff are provided with a current position description that relates to their role at the service
- maintaining a staff record (refer to *Definitions*) in accordance with Regulation 145, including information about the Nominated Supervisor, the Educational Leader, other staff members, volunteers, students and the Responsible Person. Details that must be recorded include qualifications, training and the Working with Children Check (Regulations 146–149). A sample staff record is available on the ACECQA website
- complying with the requirements of the *Working with Children Act 2005*, and ensuring that all, staff, volunteers and students on placement at the service have a current Working with Children Check (refer to *Definitions*) or a Victorian Institute of Teaching (VIT) certificate of registration
- ensuring that the Working with Children Check or VIT registration have been sighted and the details kept on each staff record (Regulations 145, 146, 147)
- ensuring that staff records (refer to *Definitions*) and a record of educators working directly with children (refer to *Definitions*) are updated annually, as new information is provided or when rostered hours of work are changed (Regulations 145–151)
- reviewing staff qualifications as required under current legislation and funding requirements on an annual basis
- developing (and implementing, where relevant) an appropriate induction program for educators and all staff appointed to the service
- ensuring educators who are under 18 years of age are not left to work alone, and are adequately supervised at the service (Regulation 120)
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times when participating at the service, and that the health, safety and wellbeing of children at the service is protected (refer to *Participation of Volunteers and Students Policy*)
- ensuring that there is at least one educator with current approved first aid qualifications, anaphylaxis management training and emergency asthma management training (refer to *Definitions*) in attendance and immediately available at all times that children are being educated and cared for by the service. Details of qualifications and training must be kept on the staff record (Regulations 136, 145)
- ensuring that the educators/staff, volunteers and students on placement at the service are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83)
- ensuring adequate supervision of children at all times (refer to *Supervision of Children Policy*)
- appointing an appropriately-qualified and experienced educator to be the Educational Leader (refer to *Definitions*), and ensuring this is documented on the staff record (Regulations 118, 148)
- ensuring an early childhood teacher (refer to *Definitions*) is working with the service for the required period of time specified in the National Regulations, and that, where required, a record is kept of this work (Regulations 130–134, 152, 362, 363)
- ensuring the educator-to-child ratios are maintained at all times, that each educator at the service meets the qualification requirements relevant to their role, including the requirement for current

approved first aid qualifications, anaphylaxis management training and emergency asthma management training, and that details of such training is kept on the staff record

- developing rosters in accordance with the availability of Responsible Persons, staff qualifications, hours of operation and the attendance patterns of children
- developing and maintaining a list of casual and relief staff to ensure consistency of service provision
- ensuring that the procedures for the appointment of casual and relief staff are compliant with all regulatory and funding requirements.
- ensuring that all educators and staff have opportunities to undertake professional development relevant to their role to keep their knowledge and expertise current
- participating in an annual performance review
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times when participating at the service, and that the health, safety and wellbeing of children at the service is protected (refer to *Participation of Volunteers and Students Policy*)
- ensuring that less experienced educators and others engaged to be working with children are adequately supervised
- ensuring educators who are under 18 years of age are not left to work alone and are adequately supervised at the service
- providing details of their current Working with Children Check or VIT registration for the staff record
- sighting and recording details of current Working with Children Checks or VIT registrations before staff commence at the service
- ensuring that they are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83)
- ensuring that they are aware of current child protection laws and any obligations that they may have under these laws (refer to *Child Safe Environment Policy*)
- informing parents/guardians of the name/s of casual or relief staff where the regular educator is absent.

Person in day to day charge is responsible for:

- providing written consent to accept the role of Certified Supervisor
- informing the Nominated Supervisor in the event of absence from the service due to leave or illness so they can be replaced by another Responsible Person (refer to *Determining Responsible Person Policy*).

Person in day to day charge, Early Childhood Educators, educators and other staff are responsible for:

- meeting the qualifications, experience and management requirements if they wish to be nominated as a Person in day to day charge in accordance with the National Regulations
- complying with the service's *Code of Conduct Policy* at all times
- ensuring that they are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children
- providing details of their current Working with Children Check or VIT registration for the staff record
- renewing their Working with Children Check assessment every five years
- undertaking the required induction program following appointment to the service
- advising the Department of Justice of any relevant change in circumstances, including change of name, address, contact details and change of employer/volunteer organisation, including changes to the organisation's contact details
- adequately supervising children at all times (refer to *Definitions and Supervision of Children Policy*)

- supervising volunteers/students and parents/guardians at all times to protect the health, safety and wellbeing of children at the service (refer to *Participation of Volunteers and Students Policy*)
- maintaining educator-to-child ratios at all times
- maintaining current approved qualifications relevant to their role, including first aid qualifications, anaphylaxis management training and emergency asthma management training
- participating in an annual performance review
- undertaking professional development relevant to their role to keep their knowledge and expertise current
- informing parents/guardians of the name/s of casual or relief staff where the regular educator is absent
- supervising educators at the service who are under 18 years of age, and ensuring that they are not left to work alone
- ensuring that they are aware of current child protection laws and any obligations that they may have under these laws (refer to *Child Safe Environment Policy*).

Parents/guardians, volunteers and students on placement are responsible for:

- reading this *Staffing Policy*
- complying with the law, the requirements of the *Education and Care Services National Regulations 2011*, and all service policies and procedures
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

EVALUATION

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

- Have regularly checked to ensure the Nominated Supervisor has staff records to ensure Working with Children Checks and qualifications are current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the COM of GELC on 25th October 2017.

Review date: **OCTOBER 2018**

SUN PROTECTION POLICY

Mandatory – Quality Area 2

This policy was written in consultation with Cancer Council Victoria's SunSmart Program. The SunSmart Sample Sun Protection Policy was last updated in February 2017 and is incorporated into the policy. For more detailed information visit the SunSmart website: www.sunsmart.com.au

PURPOSE

This policy will provide:

- guidelines to ensure children, staff, volunteers and others participating in GELC programs and activities are well protected from overexposure to ultraviolet (UV) radiation from the sun
- information for parents/guardians, staff, volunteers and children attending GELC regarding sun protection.

POLICY STATEMENT

• VALUES

GELC is committed to:

- promoting sun protection strategies for children, families, staff and visitors to minimise the harmful effects of over exposure to the sun's UV radiation
- ensuring that curriculum planning will minimise over exposure to the sun's UV radiation and also promote an awareness of sun protection and sun safe strategies
- providing information to children, staff, volunteers, parents/guardians and others at the service about the harmful effects of exposure to the sun's UV radiation.

• SCOPE

This policy applies to the COM, Nominated Supervisor, Person in day to day Charge, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of GELC.

This policy will apply whenever the sun's UV levels reach three or higher. Whenever this occurs a combination of sun protection measures are to be used for all outdoor activities.

In Victoria UV levels are usually three or higher from mid-August to the end of April. Please check the daily local sun protection times (refer to *Definitions*) to be sure you are using sun protection when it is required. Active outdoor play is encouraged throughout the day all year, provided appropriate sun protection measures are used when necessary.

• BACKGROUND AND LEGISLATION

Background

Over exposure to the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world.

Children up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is associated with an increased risk of skin cancer later in life.

A combination of sun protection measures (hats, clothing, sunscreen, shade and sunglasses) is recommended whenever UV levels are three or higher during daily sun protection times (refer to *Definitions*).

It is a requirement under the Occupational Health and Safety Act 2004 that employers provide a healthy and safe environment for all persons who access the service's facilities and/or programs.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of the children and requires that children are protected from hazards and harm.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005 (Vic)* (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: including Regulations 100, 101, 113, 114, 168(2)(a)(ii)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.3: Each child is protected
 - i) Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *Occupational Health and Safety Act 2004*

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Clothing for sun protection: Clothing that is loose-fitting, made from cool, densely woven fabric and covers as much skin as possible: tops with elbow-length sleeves and, if possible, collars and knee-length or longer shorts and skirts. Singlet tops and shoestring tops/dresses do not provide adequate protection in the sun.

Daily sun protection times: Times when it is estimated that the sun's UV radiation will be three or higher. Information about the daily sun protection times is available in the weather section of the daily newspaper, on the SunSmart website at: www.sunsmart.com.au, at myuv.com.au, as a free SunSmart app and as a free widget that can be added to websites.

Shade: An area sheltered from direct and indirect sun, such as a large tree, canopy, verandah or artificial cover. Shade can be built, natural or temporary and can reduce overall exposure to the sun's UV by 75%. When combined with appropriate clothing, hats and sunscreen, children can be well protected from UV over exposure when outdoors. Research shows that preschool environments with trees, shrubbery, and broken ground not only provides better sun protection in outdoor play but also triggers more physical activity.

Sunhat: SunSmart recommends broad-brimmed, legionnaire or bucket-style hats that shade the face, neck and ears. Baseball caps and visors offer little protection to the cheeks, ears and neck, and are not recommended.

Sunglasses: Sunglasses are optional. If worn, it is recommended that glasses are a close fitting, wrap-around style that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) and cover as much of the eye area as possible. Wearing a hat with a brim that shades the eyes can also reduce UV radiation to the eyes by 50%.

Sunscreen: SPF 30 (or higher) broad-spectrum, water-resistant sunscreen. Sunscreen should be reapplied every two hours, even when labelled 4 hours water resistance. Monitor the expiry date and store in a cool, dry place. From 3 years of age, children are encouraged to apply their own sunscreen under supervision of staff to help develop independent skills ready for school.

SunSmart: The name of the program conducted by Cancer Council to help prevent skin cancer: www.sunsmart.com.au

• SOURCES AND RELATED POLICIES

Sources

- AS 4685.1: 2014 Playground equipment and surfacing – General safety requirements and test methods
- Safe Work Australia: [Guidance Note – Sun protection for outdoor workers](#) (2016)
- Cancer Council Australia: www.cancer.org.au/sunsmart
- *Get Up & Grow: Healthy eating and physical activity for early childhood*. Department of Health resources. Particularly Section 2 of the Director/Coordinator Book and the Staff Book: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>
- SunSmart: www.sunsmart.com.au
- Victorian Institute of Teaching (VIT) [The Victorian Teaching Profession Code of Conduct](#) - Principle 3.2
- [Australian Professional Standards for Teachers](#) (APST) – Standard 4.4 and 7.2
- ARPANSA [Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation](#) (2006)
- [Belonging, Being and Becoming – The Early Years Learning Framework](#) (July 2009)
- [Victorian Early Years Learning and Development Framework](#) (VEYLDF) (May 2016)
- DET [Building Quality Standards Handbook](#) (BQSH): Section 8.5.5 Shade Areas

Service policies

- *Excursions and Service Events Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

RESPONSIBILITIES

The COM is responsible for:

- meeting the standards and requirements of the SunSmart early childhood program
- ensuring that this policy is up to date with current SunSmart recommendations: www.sunsmart.com.au
- ensuring parents/guardians are informed about the *Sun Protection Policy* on enrolment, including the need to provide an appropriate sunhat and clothing for sun protection (refer to *Definitions*) for their child when attending the service upon request
- ensuring parents/guardians provide an authority for staff to apply sunscreen prior to their child commencing at the service which is on each child's enrolment record (refer to *General Definitions*)
- providing appropriate provisions for spare sunhats for children and adults that will be laundered after each use
- ensuring there is adequate shade in the service grounds to protect children from over exposure to UV radiation (Regulation 114)
- ensuring that program planning includes the application of a combination of sun protection measures for outdoor activities during the times specified in the *Scope* of this policy
- ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events (Regulations 100, 101)
- ensuring that information on sun protection is incorporated into the educational program (refer to the SunSmart website)

- ensuring all staff are aware of the special needs of infants. Babies under 12 months should not be exposed to direct sun. They should remain in full shade and always be well-protected through the use of hats and cool, covering clothing when outside. With parental consent small amounts of a suitable SPF30 (or higher) broad-spectrum water-resistant sunscreen may be applied to babies over 6 months

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- ensuring parents/guardians are informed of the *Sun Protection Policy* on enrolment, including the need to provide an appropriate sunhat and clothing for sun protection (refer to *Definitions*) for their child when attending the service
- obtaining a parent's/guardian's authority for staff to apply sunscreen prior to their child commencing at the service which is on each child's enrolment record (refer to *General Definitions*)
- ensuring program planning includes the application of a combination of sun protection measures for outdoor activities during the times specified in the *Scope* of this policy
- ensuring educators and staff are aware of the special needs of infants. Babies under 12 months should not be exposed to direct sun. They should remain in full shade and always be well-protected through the use of hats and cool, covering clothing when outside. With parental consent small amounts of a suitable SPF30 (or higher) broad-spectrum water-resistant sunscreen may be applied to babies over 6 months.
- ensuring the sun protection times on the SunSmart website or the SunSmart app are accessed daily to assist with the implementation of this policy
- ensuring children wear appropriate sunhats, clothing for sun protection and sunscreen when attending the service
- ensuring information on sun protection is incorporated into the educational program (refer to the SunSmart website)
- reinforcing this policy by providing information on sun protection (available on the SunSmart website) to service users via newsletters, noticeboards, meetings and websites etc.
- ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events (Regulations 100, 101).

All educators are responsible for:

- accessing the daily sun protection times on the SunSmart or MyUV websites or the SunSmart app to assist with the implementation of this policy
- wearing sunhats, clothing for sun protection (refer to *Definitions*) and sunglasses (optional) when outside, applying sunscreen and seeking shade during the times specified in the *Scope* of this policy
- ensuring each child, and any other participant at the service, wears an appropriate sunhat, clothing for sun protection and sunscreen for all outdoor activities during the times specified in the *Scope* of this policy
- keeping babies under 12 months out of direct sun whenever UV levels are three or higher
- checking that all sunhats brought to the service meet the SunSmart recommendation for adequate protection, are named and stored individually
- ensuring children wear appropriate sunhats, clothing for sun protection and sunscreen when attending the service
- ensuring spare sunhats are laundered after each use
- applying sunscreen (refer to *Definitions*) to children's exposed skin – except in cases where parents/guardians have not given authority. Where possible this should be done 20 minutes before going outdoors. Children, where appropriate, will be encouraged to apply sunscreen with the assistance of an educator (sunscreen is to be reapplied every two hours)

- storing sunscreen in a cool place and monitoring the expiry date – including for sunscreen supplied by parents/guardians
- ensuring that children without appropriate sunhats or clothing for sun protection play in the shade or in a suitable area protected from the sun
- encouraging children to seek shade when playing outside and utilise shaded areas for outdoor equipment that is not fixed during the times specified in the *Scope* of this policy
- encouraging children to wear sunhats when travelling to and from the service
- ensuring that sun protection strategies are a priority when planning excursions
- co-operating with their employer with respect to any action taken by the employer to comply with the *Occupational Health and Safety Act 2004*.

Parents/guardians are responsible for:

- providing a named, SunSmart approved sunhat (refer to *Definitions*) for their child's use at the service
- applying sunscreen to their child before the commencement of each session during the times specified in the *Scope* of this policy
- providing written authority for staff to apply sunscreen to their child
- providing, at their own expense, an alternative sunscreen to be left at the service if their child has a particular sensitivity to the sunscreen provided by the service
- wearing a sunhat, clothing for sun protection (refer to *Definitions*) and sunglasses (optional) when outside at the service, applying sunscreen and seeking shade during the times specified in the *Scope* of this policy.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider and Person with Management or Control will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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 change to this policy or its procedures.

ATTACHMENTS

- NIL

AUTHORISATION

This policy was adopted by the COM of GELC on 29th November 2017.

REVIEW DATE: NOVEMBER 2018

ACKNOWLEDGEMENTS

This policy has been reviewed and approved by Cancer Council Victoria on March 2017.

SUPERVISION OF CHILDREN POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide guidelines to ensure:

- the provision of a safe and secure environment for all children at GELC
- adequate supervision of all enrolled children is maintained at all times.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing adequate supervision of all enrolled children in all aspects of the service's program
- ensuring all children are directly and actively supervised by educators employed or engaged by GELC
- maintaining a duty of care (refer to *Definitions*) to all children at GELC
- ensuring there is an understanding of the shared legal responsibility and accountability between, and a commitment by, all persons to implement the procedures and practices outlined in this policy.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

Supervision is essential in ensuring that children's safety is protected in the service environment.

Supervision is an integral part of the care and education of children and requires staff members to make ongoing assessments of the child and the activities in which they are engaged. Active supervision assists in the development of positive relationships between educators, children and their families, and informs ongoing assessment and future planning. Adequate supervision (refer to *Definitions*) requires teamwork and good communication between educators.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 165, 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 101, 168, 176
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.3: Each child is protected
 - i) Element 2.3.1: Children are adequately supervised at all times
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Attendance Record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- name and age of the child
- circumstances leading to the incident, injury, trauma or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

These details need to be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

• SOURCES AND RELATED POLICIES

Sources

- Kidsafe: www.kidsafe.com.au
- The Royal Children's Hospital Melbourne Safety Centre: www.rch.org.au/safetycentre
- WorkSafe Victoria: www.worksafe.vic.gov.au
- *Guide to the National Quality Standard* (ACECQA)
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (ACECQA)

Service policies

- *Child Protection Policy*
- *Complaints and Grievances Policy*
- *Dealing with Medical Conditions Policy*
- *Delivery and Collection of Children Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Road Safety and Safe Transport Policy*
- *Staffing Policy*

PROCEDURES

The Approved Provider is responsible for:

- complying with the legislated educator-to-child ratios at all times (*Education and Care Services National Law Act 2010*: Sections 169(1), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)
- ensuring a minimum of two educators are rostered on duty at all times children are in attendance at the service
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions*) at all times they are in the care of that service (*Education and Care Services National Law Act 2010*: Section 165(1))

- considering the design and arrangement of the service environment to support active supervision. This may be supported by a supervision plan (refer to Attachment 1 – Sample supervision risk management template)
- identifying high-risk activities, including excursions (refer to *Excursions and Service Events Policy*, *Road Safety and Safe Transport Policy* and *Water Safety Policy*), through a risk management process, and implementing strategies to improve children's safety e.g. increasing adult-to-child ratios above regulatory requirements (Regulation 101)
- ensuring supervision standards are maintained during educator breaks, including during lunch breaks
- providing safe play spaces for children, which allow for adequate supervision, including safe fall zones, good traffic flow, maintenance of buildings and equipment, and minimising trip hazards
- providing staff rosters, and casual and relief staff lists
- developing procedures to inform casual and relief staff about the supervision strategies outlined in this policy
- notifying the Regulatory Authority (DEECD) within 24 hours of:
 - a) a serious incident (refer to *Definitions*) occurring at the service, including when a child appears to be missing or cannot be accounted for (*Education and Care Services National Law Act 2010*: Section 174(2)(a), *Education and Care Services National Regulations 2011*: Regulations 12, 176(2)(a))
 - b) a complaint alleging that the health, safety or wellbeing of a child has been compromised or that the law has been breached (*Education and Care Services National Law Act 2010*: Section 174(2)(b), *Education and Care Services National Regulations 2011*: Regulations 175(2)(c), 176(2)(b))
- notifying parents/guardians of a serious incident (refer to *Definitions*) involving their child as soon as possible, but not more than 24 hours after the occurrence
- reporting notifiable incidents (refer to *Definitions*) to WorkSafe Victoria
- evaluating supervision procedures regularly in consultation with the Nominated Supervisor, educators and management representatives
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

The Nominated Supervisor is responsible for:

- ensuring that the prescribed educator-to-child ratios are met at all times and that educators have required qualifications (*Education and Care Services National Law Act 2010*: Sections 169(3)&(4), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)
- ensuring a minimum of two educators are rostered on duty at all times children are in attendance at the service
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions*) at all times they are in the care of that service (*Education and Care Services National Law Act 2010*: Section 165(2))
- considering the design and arrangement of the service environment to support active supervision. This may be supported by a supervision plan (refer to Attachment 1 – Sample supervision risk management template)
- identifying high-risk activities, including excursions (refer to *Excursions and Service Events Policy*, *Road Safety and Safe Transport Policy*), through a risk management process, and implementing

strategies to improve children's safety e.g. increasing adult-to-child ratios above regulatory requirements (Regulation 101(2))

- ensuring supervision standards are maintained during educator breaks, including during lunch breaks
- evaluating supervision practices regularly in consultation with other educators and the Approved Provider
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

Certified Supervisors and other educators are responsible for:

- providing adequate supervision (refer to *Definitions*) at all times
- being alert to, and aware of, risks and hazards and the potential for incidents and injury throughout the service and not just within their own immediate area, and using supervision skills to reduce or prevent incident or injury to children and adults
- developing procedures to ensure that all children are accounted for, including by referring to attendance records (refer to *Definitions*) at various times throughout the day, both before and after outdoor activities
- adjusting supervision strategies to suit the service environment, educator skills, and age mix, dynamics and size of the group of children being supervised and the activities being undertaken
- maintaining a duty of care to children at all times (including when the child is on the premises but not signed into or out of the care of the service and the parent/guardian or person delivering or collecting the child is responsible for supervising that child)
- communicating with other educators regularly to ensure adequate supervision at all times
- informing parents/guardians and volunteers at the service about the *Supervision of Children Policy* and the ways that they can adhere to its procedures
- ensuring doors and gates are closed at all times to prevent children from leaving the service unaccompanied or from accessing unsupervised/unsafe areas of the service
- deciding when to interrupt and redirect children's play to ensure safety at all times
- identifying opportunities to support and extend children's learning while also recognising their need to play without adult intervention
- conducting daily safety checks of the environment to assess safety and to remove hazards
- arranging the environment (equipment, furniture and experiences) to ensure effective supervision while also allowing children to access quiet/private spaces
- providing direct and constant supervision when a child is near water (refer to *Water Safety Policy*) or near a road (refer to *Road Safety and Safe Transport Policy*)
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (refer to *Excursions and Service Events Policy*)
- notifying the Approved Provider in the event of a serious incident (refer to *Definitions*) occurring at the service or of a complaint being made alleging the health, safety or wellbeing of a child has been compromised
- assisting the Approved Provider and the Nominated Supervisor to evaluate supervision practices regularly
- supervising children's daily departure from the service and being aware of the person who has authority to collect the child (refer to *Delivery and Collection of Children Policy*)
- complying with the service's *Road Safety and Safe Transport Policy*.

Parents/guardians are responsible for:

- ensuring educators are aware that their children have arrived at or departed from the service
 - ensuring that doors and gates, including playground gates, are closed after entry or exit
 - being aware of the movement of other children near gates and doors when entering or exiting the service
 - enabling educators to supervise children at all times by making arrangements to speak with them outside program hours
 - supervising their own children before signing them into the program and after they have signed them out of the program
 - familiarising themselves with the service's *Road Safety and Safe Transport Policy*
-
- supervising other children in their care, including siblings, while attending or assisting at the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- record and monitor complaints and incidents in relation to the supervision of children and amend the policy and procedures as required
- 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.

ATTACHMENTS

- Attachment 1: Supervision risk management template

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 1st November 2018.

REVIEW DATE: NOVEMBER 2019

ATTACHMENT 1

Supervision risk management template

This template is designed as a tool to be developed and used by all educators involved in the supervision of children at the service, and should be reviewed regularly and made available to all staff working in the program. There may be additional areas that your service will want to include in the Supervision risk management template.

Area/equipment	Potential supervision risk	Action to reduce or eliminate risk
Fixed equipment e.g. swings, fixed climbing equipment, slides etc.		
Layout of the internal and/or external areas of the service including a description of areas that provide challenges to supervision e.g. children's bathrooms, L-shaped playgrounds or playrooms, behind structures or features in the playground etc.		
Staff supervision responsibilities including: quiet/active learning spaces; during indoor and outdoor programs; specific programmed experiences and also including the supervision of students and volunteers		
Potential hazards e.g. protruding tree roots, small pieces of equipment etc.		
Arrival and departure of children		

WATER SAFETY POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will outline the procedures that apply to managing water safety, including safety during any water-based activities at GELC.

POLICY STATEMENT

• VALUES

GELC is committed to:

- providing opportunities for children to explore their natural environment including through water play
- ensuring that children are protected from the risks associated with drowning or non-fatal drowning experiences
- ensuring that curriculum planning incorporates water safety awareness
- providing information to educators, staff, parents/guardians, volunteers and others at the service about water safety.

• SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, Early Childhood Teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of GELC, including during offsite excursions and activities.

• BACKGROUND AND LEGISLATION

Background

The supervision and safety of children with and around water is of paramount importance.

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory-rich, open-ended experiences that engage children's curiosity and imagination. Children may encounter these resources in the service environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults.

Water safety relates to access to water in the building, the playground or on excursions, and also to the availability of drinking water for children.

It is imperative that educators remain vigilant in their supervision of children in and around water, and are alert to potential risks in everyday practice in the learning environment.

Drowning is a leading cause of death for children in Victoria, with infants and toddlers the group most at risk. Non-fatal drowning incidents can result in permanent brain damage and disability. Knowledge of potential hazards associated with water will assist educators to provide a safe, stimulating environment for preschool children.

Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children. Children can drown in as little as a few centimetres of water.

Keep Watch is a public education program of Royal Life Saving Society – Australia, aimed at preventing the drowning deaths of children under 5 years of age in all aquatic locations. The program has four key actions:

- **supervise** children constantly around water
- **restrict access** to water hazards by using child-proof barriers and fences
- provide **water awareness** training to children
- **resuscitation** saves lives – ensure that staff have completed current first aid training.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulations 101(2), 168(2)(a)(iii)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - a) Standard 2.3: Each child is protected
 - i) Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

• DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate Supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Water hazard: (in relation to this policy) can lead to drowning or non-fatal drowning incidences. Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children.

• SOURCES AND RELATED POLICIES

Sources

- Royal Life Saving Society – Australia: www.royallifesaving.com.au
- Water Safety Victoria – Water Safety Guide: *Play it Safe by the Water*: www.watersafety.vic.gov.au
- Kidsafe – Water Safety Fact Sheet: www.kidsafevic.com.au

Service policies

- *Administration of First Aid Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Nutrition and Active Play Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

PROCEDURES

The COM is responsible for:

- ensuring that children are adequately supervised (refer to *Definitions*) at all times when near water hazards (refer to *Definitions*)
- ensuring that educator-to-child ratios are maintained at all times (*Education and Care Services National Law Act 2010*: Sections 169(1)&(3), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- conducting a risk assessment in relation to any water hazards on or near the premises that may be accessible to children
- ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)

- ensuring that water hazards and risks associated with water-based activities are considered in a risk assessment prior to conducting excursions and other offsite events (Regulation 101)
- ensuring increased levels of supervision for an excursion to a location where there is a water hazard (refer to *Supervision of Children Policy*)
- conducting a regular safety check of the service premises (refer to *Occupational Health and Safety Policy*)
- ensuring any water hazards that are not able to be adequately supervised at all times are isolated from children by a child-resistant barrier or fence (particularly large bodies of water including swimming pools, rivers, ponds etc.)
- ensuring that an educator with a current approved first aid qualification (refer to *Definitions*) is in attendance and immediately available at all times children are being educated and cared for by the service (Regulation 136)
- ensuring that details of current approved first aid qualifications (refer to *Definitions*) are filed with each staff member's record
- reporting notifiable incidents (refer to *Definitions*) to WorkSafe Victoria
- providing current information to parents about water safety.

The Nominated Supervisor is responsible for:

- assisting the Approved Provider to implement the *Water Safety Policy*
- ensuring parents/guardians are informed of the *Water Safety Policy* on enrolment
- ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- ensuring information on water safety (refer to *Sources*) is incorporated into the educational program
- ensuring that children are adequately supervised (refer to *Definitions*) and protected from hazards and harm at all times
- reporting serious incidents (refer to *Definitions*) to DET
- ensuring that water hazards and risks associated with water-based activities are considered in a risk assessment prior to conducting excursions and other offsite events (Regulations 100, 101)
- ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- ensuring increased levels of supervision for an excursion to a location where there is a water hazard (refer to *Supervision of Children Policy*)
- ensuring that an educator with a current approved first aid qualification (refer to *Definitions*) is in attendance and immediately available at all times children are being educated and cared for by the service
- ensuring that all educators' current approved first aid qualifications meet the requirements of the National Regulations and are approved by ACECQA (refer to *Administration of First Aid Policy*)
- informing the Approved Provider immediately if any serious or notifiable incidents (refer to *Definitions*) occur at the service.

Person in day to day charge, Early Childhood Teachers and other educators are responsible for:

- providing adequate supervision (refer to *Definitions*) at all times
- undertaking a risk assessment prior to an excursion to a location where there is a significant water hazard (refer to *Excursions and Service Events Policy*)
- adjusting supervision strategies to suit the activities being undertaken (refer to *Supervision of Children Policy*)

- obtaining parental permission for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- maintaining a current approved first aid qualification (refer to *Definitions*)
- ensuring gates and other barriers restricting access to water hazards are closed at all times and that fences are kept clear at all times
- ensuring that containers of water (including nappy buckets and cleaning buckets) are sealed with child-proof lids
- ensuring wading/paddling pools, water play containers and portable water courses are emptied immediately after each use and stored in a manner that prevents the collection of water when not in use
- checking the outdoor learning environment at the beginning and end of each day for puddles or filled containers that could pose a potential risk to small children after heavy rain
- providing water safety education as a part of the service's program
- informing the Approved Provider immediately if any serious or notifiable incidents (refer to *Definitions*) occur at the service.
- ensuring that water safety awareness is embedded in the curriculum

Parents/guardians are responsible for:

- supervising children in their care, including siblings, while attending or assisting at the service
- ensuring that doors, gates and barriers, including playground gates, are closed after entry or exit to prevent access to water hazards
- informing themselves about water safety
- ensuring their children understand the risks associated with water
- recognising when resuscitation is required and obtaining assistance
- considering undertaking approved first aid qualifications, as resuscitation skills save lives.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to 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 change to this policy or its procedures.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of GELC on 30th August 2018.

REVIEW DATE: 2019

