Acceptance and Refusal of Authorisations Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	92	Medication record
	93	Administration of medication
	99	Children leaving the education and care service
	102	Authorisation for excursions
	102D	Authorisation for service to transport children
	160	Child enrolment records to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	168	Education and care services must have policies and procedures

Aim

Our service aims to provide clear and transparent policies and procedures for authorisations. This helps staff and parents understand exactly what they need to do.

Related Policies

Administration of Medication Policy
Enrolment Policy
Excursion Policy
Photography Policy
Privacy and Confidentiality Policy
Social Media Policy

Implementation

To ensure children's health and safety, and comply with the requirements of the National Law and Regulations and our policies and procedures, we will only allow the following activities to occur in respect of individual children if they are properly authorised in writing and dated:

- Administration of medication(which includes over-the-counter and therapeutic goods under the Therapeutic Goods Act 1989 like Panadol, sunscreen and insect repellent)
- Administration of medical treatment, dental treatment, general first aid products and ambulance transportation (required in enrolment records)

- Excursions including regular outings
- Transportation including regular transportation
- Taking of children's photographs
- Posting of children's photographs on the service social media account
- Collection of children by people other than parents eg child
    - leaves in accordance with written authorisation of a parent or authorised nominee
    - is given into care of a person or taken outside the premises for urgent medical treatment or because of another emergency
- Disclosure of a child's personal information where this is not legally required or families would not expect the disclosure

Written authorisations will contain all information required under the National Regulations and service policies - please see specific policies for more details.

Our service will accept verbal authorisations in the following situations:

- there is a medical emergency (authorisations are not required for asthma and anaphylactic emergencies)
- parents or authorised nominees are unable to collect a child before the service closes and authorise an alternate person to collect the child

Whenever a person not known to educators is authorised verbally or in writing to collect the child, they must be adequately identified by educators before the child is released. See Delivery and Collection of Children Policy for more information.

Refusing Authorisations

Staff will refuse an authorisation if it unreasonably risks the child's safety, is not in line with our policies and procedures or is fraudulent. For example staff will refuse an authorisation in the following situations:

- the authorisation is not (or does not appear to be) made by an authorised person
- the authorisation does not comply with aspects of our policies and procedures eg medication is not in the original container, does not have the child's name on it, has expired, has an illegible label or the authorised dosage does not match the doctor's instructions
- an authorised nominee, or person authorised by a parent or authorised nominee, does not appear to be capable of safely collecting the child (Delivery and Collection of Children Policy)

For transparency and accuracy, if staff refuse an authorisation they will record the following information in the child's file:

- the details of the authorisation
- why the authorisation was refused
- actions taken eg parent asked to supply medication in original container

Acceptance and Refusal of Authorisations Policy

Source

Education and Care Services National Law and Regulations
National Quality Standard

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: July, 2026 **Date for next review: July, 2027**

Child Safe Environment Policy

Quick reference: child safety | child wellbeing | national principles for child safe organisations | child safe standards | child protection | child rights | safeguarding | physical safety | online safety | digital safety | cultural safety | respectful relationships | protective behaviours | risk management | abuse prevention | listening to children | empowering children | child participation | families and communities | child safe governance | responding to harm | child-friendly complaints | reportable conduct | trauma-informed practice | inclusion and equity | culturally responsive practice | code of conduct | supervision | safe technology use | duty of care | privacy | record keeping | working with children checks | child safety and family violence information sharing| inappropriate conduct | paramount consideration

PURPOSE AND BACKGROUND

(1) To set out how we provide a child safe environment that makes each child's rights, best interests, safety, welfare and wellbeing paramount, and how we meet Victoria's 11 mandatory Child Safe Standards

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for providing a child safe environment, including matters relating to the promotion of a culture of child safety and wellbeing, and the safe use of digital technologies and online environments (ss 168 (2)(h)(ha))

(1) This policy helps us to comply with the Victorian Child Safe Standards, which requires organisations to have policies and procedures document how they are safe for children and young people

(3) It also helps us to meet our obligation under the Reportable Conduct Scheme to have policies and procedures in place systems in place to prevent and respond to child abuse

(4) This policy aligns with the ECEC Code of Ethics and the *National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care* (National Model Code)

SCOPE

(2) This policy applies to:

- 'Staff': the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children who are in our care, their parents, families and care providers
- Visitors to our service who carry out child-related work, including allied health support workers

(3) It applies to all physical, digital and online environments of our service (including off-site and outside of operating hours)

(4) It should be read in conjunction with our related policies and procedures for child safety and wellbeing (referenced throughout the policy)

(5) Our Child Protection Policy and procedures sets out in detail requirements and procedures for staff if they witness an incident, receive a disclosure or form a suspicion involving harm or risk of harm to a child – including mandatory reporting and reportable conduct

(6) Our Technology and Device Use Policy and Photography and Video Policy cover the safe use of devices, digital technologies and online environments (*National Regulations* reg 168(2)(ha))

DEFINITIONS

(7) The following definitions apply to this policy and related procedures:

- 'Child-related work' is used in this policy to refer to the work of our service (an education and care service for children). It does not apply where contact with children is incidental or would not reasonably be expected to occur
- 'Harm' and 'risk of harm' are used in this policy as overarching terms that cover neglect and various forms of abuse (either through an act or an omission). It includes physical, sexual and psychological abuse; neglect; ill-treatment; grooming; exposure to family violence; commercial child sexual exploitation; online child sexual abuse; and sexual abuse that is perpetrated by other children and young people.
- 'Inappropriate conduct' is defined in the *National Law* as conduct in relation to a child that a reasonable person would consider inappropriate in an education and care service. Includes behaviour that is inconsistent with professional standards; causes or is likely to cause emotional, psychological or physical harm; or has violent or sexual connotations (see Child Safe Code of Conduct for a list of prohibited conduct)
- 'Line of sight' means an unobstructed visual connection to a person (child or adult) at all times, allowing their location, actions, and interactions to be clearly observed
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff', unless otherwise indicated, refers to approved provider, persons with management or control, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy. Includes relief/temporary staff

POLICY STATEMENT

Statement of Commitment to Child Safety and Wellbeing

(8) Children's rights, best interests, health, safety, welfare and wellbeing are our top priority and paramount in every decision or action we take. We champion and model a child safe culture at all levels in our service. We will not tolerate harm or the risk of harm to children

or young people, or anyone at our service subjecting a child to inappropriate conduct or discipline. We will not tolerate bullying, discrimination or harassment. We act on any concerns about child safety and encourage a culture of reporting harm and risk of harm

(9) We listen to all children. We uphold their rights and empower them know and exercise their rights. Children and families are involved in making decisions about matters that concern them. We are committed to equity and the inclusion of all children, regardless of their abilities, sex, gender, or social, economic or cultural background. We have an inclusive and welcoming environment for Aboriginal and Torres Strait Islander children, and respect and value their diverse and unique identities and experiences. We will not tolerate racism

(10) This Statement of Commitment forms part of our statement of philosophy and we publicly display it.

Standard 1 - A culturally safe environment for Aboriginal children

(11) We must establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children are respected and valued (Child Safe Standard 1)

(12) We acknowledge the histories, cultures, language, traditions, religions, spiritual beliefs, child rearing practices and lifestyle choices of the families at our service

(13) Educators learn about cultural safety for children from Aboriginal and Torres Strait Islander backgrounds

(14) Staff encourage and support children to express their culture and enjoy their cultural rights

(15) Our educational program and practice (based on the Approved Learning Framework) embeds Aboriginal and Torres Strait Islander perspectives, regardless of whether Aboriginal or Torres Strait Islander children are enrolled at the time. We make sure that every child learns about our First Nation's histories, knowledge, culture and languages

(16) We mark NAIDOC Week , National RU OK Day every year and invite members of our local Aboriginal community to be part of our events

(17) We display positive Aboriginal symbols

(18) We have information available for our families and communities on cultural rights, the strengths of Aboriginal cultures and the importance of culture to the safety and well-being of Aboriginal children; and about the connection between cultural safety and preventing harm to Aboriginal children. We also share with them opportunities to learn and appreciate Aboriginal cultures and histories

(19) We ask Aboriginal children and their families what works for them and how we can improve cultural safety at our service

(20) We do not tolerate racism at our service. This means we:

- Do not accept racist language, behaviour, attitudes or practices in any form
- Take all complaints and concerns about racism seriously and respond to them promptly and fairly

- Take appropriate action in line with our complaints handling and disciplinary procedures
- Provide support to anyone affected by racism, including children, families, staff, volunteers and visitors

(21) Our key policies for this standard are: Access and Inclusion Policy | Education Curriculum and Learning Policy | Governance and Management Policy | Bullying, Harassment and Discrimination Policy | Complaint Handling Policy

Standard 2 - Leadership, governance and culture

(22) Child safety and wellbeing is embedded in the leadership, governance and culture of our service (Child Safe Standard 2)

(23) Our governance must support the management of a quality service that is child safe (National Quality Standard 7.1)

(24) Management, educators and staff are aware of their roles and responsibilities in relation to child safety, including to identify and respond to every child at risk of abuse or neglect (National Quality Standard 2.2.3)

(25) The safety, rights and best interests of children must be the paramount consideration in our operations, and any decisions or actions (*National Law* s 2A)

(26) The approved provider and nominated supervisor oversee the policies, procedures, risk management, supervision, HR processes, record keeping, information sharing, training, communication and monitoring systems that keep children safe from harm and hazards at our service

(27) We will appoint a staff member to be our child safety champion/officer to promote a child safety culture, provide support and guidance, and lead reviews of our child safe policies and procedures

(28) Staff at all levels must champion and model a child safe culture and reporting, including by contributing to our child safety and wellbeing policies and procedures

(29) Staff must abide by our Child Safe Code of Conduct, which sets out the behaviour we expect from staff towards the children in our care. It describes acceptable and unacceptable interactions with children in physical, digital and online environments, and each staff member's obligation to report any suspected breaches of the Code. Breaches are taken seriously, and staff are held to account

(30) Risk management is a shared responsibility that is overseen by the approved provider and nominated supervisor

(31) Staff at all levels are involved in creating, reviewing and updating our child safety and wellbeing policies and procedures

(32) The approved provider and nominated supervisor regularly review and report on our performance in child safety matters. Child safety is a standing agenda item at staff management, staff, committee meetings

(33) Staff receive clear instructions and ongoing supervision on their responsibilities for child safety record keeping and information sharing laws

(34) Our key policies for this standard are: Governance and Management Policy | Staff Communication Policy | Child Safe Code of Conduct | Staff Code of Conduct | Child Protection Policy | Child Safe Procurement Policy

Standard 3 - Taking child participation seriously

(35) Children at our service are informed of their rights, participate in decisions that affect them and are taken seriously (Child Safe Standard 3)

(36) We must ensure that the dignity and rights of every child are maintained (National Quality Standard 5.1.2) and that each child's agency is promoted, enabling them to make choices and decisions that influence events and their world (National Quality Standard 1.2.3)

(37) Staff listen to and respond to children, respect children's bodily integrity and their right to refuse or say no (either with their voice or through non-verbal cues). Educators are trained to give children the confidence and ability to ask for help and to take part in decisions that affect them

(38) Educators are committed to upholding the United Nations Convention on the Rights of the Child and the ECEC Code of Ethics. Educators understand children's rights and teach children to understand and exercise their own rights, including the right to information, to feel and be safe, and to be listened to and taken seriously

(39) Educators deliver our educational program (based on the Early Years Learning Framework), which observes and responds to each child's identity, perspective, ideas, interests and needs

(40) Educators are trained to recognise and respond to signs of harm in both verbal and non-verbal children

(41) Educators teach children about personal safety and protective behaviour, how adults and other children should behave towards them, and what to do if they are concerned about their own or someone else's safety. Educators incorporate these lessons into daily routines, the education program and resources, and special activities (such as excursions, travel)

(42) We display age-appropriate posters that tell children about their rights and our complaints process, including how they can raise a concern with us. We have information about support services that are aimed at children

(43) We include children in making decisions about safety and wellbeing. Their ideas are incorporated into our risk assessments, policies and procedures. We report back to them on how we have acted on their feedback

(44) Our educators encourage all children to participate by helping them to build connections and friendships with each other, and by acting quickly to stop bullying, discriminatory or isolating behaviour in groups

(45) Our key policies for this standard are: Positive Relationships for Children Policy | Complaint Handling Policy | Child Protection Policy

Child Safe Environment Policy

Standard 4 - Involving families and communities

(46) Families, carers and communities are involved in promoting child safety and wellbeing at our service (Child Safe Standard 4)

(47) Families must be involved in our service from the time of their child's enrolment, and will be partners in making decisions about matters that affect them and their child (National Quality Standard 6.1.1)

(48) We communicate with parents, carers, families and communities regularly and openly about children's safety and wellbeing. Families and communities know they can contact us via phone, text, email or face to face. We use face to face conversations> to collect their views, and use this information to assess and make decisions about child safety

(49) We use plain language when we communicate. If families need one, we can arrange a translation service. We can provide information various formats, so it is accessible to people with disability. We use language is relevant, welcoming and respectful to everyone

(50) When a child is enrolled, we give their family information about our people, programs, policies and procedures. We tell them how they can be involved in making decisions about matters that affect them and/or their children, their rights and responsibilities, and how they can raise any concerns

(51) We ensure we always get the relevant consent from parents where required (e.g., excursions, transporting children, administering medication, seeking medical attention, and photographing or videoing children) and that consent is specific, informed, voluntary, and current

(52) Families know they can access our policies and procedures. They are notified when our policies and procedures are changed, and we invite their feedback when we review our documents (including our Quality Improvement Plan) and practices

(53) We promote child protection and safety, and provide links to resources.

(54) Our key policies for this standard are: Family and Community Partnerships Policy | Quality Improvement Plan | Acceptance and Refusal of Authorisations Policy | Enrolment Policy

Standard 5 - Respecting equity and diversity

(55) Our service upholds equity and respects diverse needs are respected in policy and practice (Child Safe Standard 5)

(56) Staff maintain respectful and equitable relationships with each child (National Quality Standard 5.1)

(57) Our outdoor and indoor spaces are organised and adapted to support every child's participation (National Quality Standard 3.2.1)

(58) Staff are trained and supported to respect and support the diverse and unique identities and experiences of all children and families, including Aboriginal and Torres Strait Islander people, people with disability, people from culturally and linguistically diverse backgrounds, children who are unable to live at home, and LGBTQI people

(59) Staff follow our Child Safe Code of Conduct, which prohibits any form of bullying, unlawful discrimination or harassment towards children, families or other staff members. Through our workplace training, they understand that there are laws in place that make it unlawful to discriminate against or vilify children in certain contexts (for example because of race, disability, sex, gender identity, sexual orientation)

(60) When a child is enrolled, we invite their family to share information about the child's unique characteristics and circumstances, such as their cultural and religious background, family structure, disability, medical conditions, the languages that are spoken at home, and any individual needs

(61) This information will be used to respond to each child's *individual* needs, including their individual risk of harm, and to guide our service's broader governance and management

(62) We give children and families child safety and wellbeing information in plain language and in ways they can understand, including child-friendly versions, in different languages, and formats that people with disability can access

(63) As part of their program of professional development, educators learn about cultural safety for children from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds. Our culturally safe practices are the embedded across the service, including in our education program, in the excursions and special events we run, in our play and daily routines, and so on

(64) We celebrate diversity and various cultural festivals in partnership, including NAIDOC, Rosh Hashanah. We see these as part of our education program and ask members of our local community to come to our service and teach our children about the meaning of the event

(65) Our rooms and spaces display posters that represents a range of cultures and abilities, and the staff we employ represent the diversity we see in our community

(66) When we develop policies and procedures, we seek a range of perspectives from people who have diverse backgrounds, experience and the necessary expertise

(67) We ask children with disability and their families to give us feedback about how we can improve our physical and online environment, programs and procedures

(68) Our key policies for this standard are: Access and Inclusion Policy | Staff Code of Conduct | Bullying, Harassment and Discrimination Policy | Enrolment Policy | Governance and Management Policy

Standard 6 - Ensuring that staff are suitable and supported

(69) Our staff (including contractors, volunteers and students) are suitable and supported to reflect child safety and wellbeing values in practice (Child Safe Standard 6)

(70) Our child safe recruitment practices and ongoing employment practices meet the requirements of the *Worker Screening Act 2020 (Vic.)* and the National Law and Regulations

(71) The approved provider, nominated supervisor and anyone else who is making decisions about recruitment or bringing in visitors (such as performers, specialists) follow our child safe Recruitment, Induction and Training Policy and Procedures

(72) Our job advertising includes a statement of commitment to child safety and wellbeing

(73) Advertisements state what qualifications, experience and attributes are needed to be eligible for the role, our screening and Working with Children Check (WWCC) requirements, training and supervision requirements, and the role's duties and responsibilities for children

(74) Job descriptions set clear expectations about child safety

(75) We only engage or employ people who are suitable to work with children. We do thorough pre-employment screens (interviews, referee checks, WWCC, checks for any suspension notices, supervision notices, prohibition notices, mandatory training notices or enforceable undertakings and other registration or background checking)

(76) We continue to monitor our staff members' suitability to work with children and whether they are following our child safe policies and procedures. We have probationary periods for all new staff

(77) We provide staff with formal inductions, ongoing supervision, support and regular performance evaluations that cover child safety and wellbeing

(78) Staff leaders are trained to identify staff who may be a risk to children's safety and continue to monitor for changes in a person's clearances or suitability to work with children. All staff must tell the approved provider immediately if there are any changes to their suitability or clearances for working with children

(79) We keep up to date information in the National Early Childhood Worker Register on all staff, volunteers and students at our service (*National Law* s 269E)

(80) We tell children and families in person when there are personnel changes

(81) Our key policies for this standard are: Recruitment, Induction and Training Policy (plus relevant HR checklists and procedures, including for WWC checks, staff appraisals, performance management) | Child Protection Policy | Governance and Management Policy | Volunteers and Students Policy| Child Safe Procurement Policy

Standard 7 - Child focused complaint system

(82) Our system to respond to complaints and concerns is child focused (Child Safe Standard 7) and able to manage any allegations that a child is exhibiting harmful sexual behaviour (*National Regulations* s 168(2))

(83) We will:

- Always put children's safety, wellbeing, rights, needs and best interests at the forefront
- Explain to children in age and stage appropriate ways how they should expect to be treated by adults and other children, including if they raise a concern
- Explain to children what to do if they experience or witness something that is not right. This will be done through our educational program, informal discussions, and by displaying child-friendly complaint process posters

- Train educators to respond to children verbally and non-verbally communicating that something is wrong
- Take complaints or concerns seriously, and respond in a professional, prompt, transparent and procedurally fair manner, in line with our reporting, privacy and employment law obligations
- Consult with older children on our complaint procedures and give them an opportunity to give us feedback on their experience – where appropriate

(84) Children, staff and families are given access to our Complaint Handling Policy and Procedure. It explains how to give us feedback, raise a concern or complaint with us, and how we will respond (e.g., listen to the complaint, respond with an outcome in a timely manner, document and securely store decisions and actions, follow procedural fairness, support the person making the complaint, manage risk). It is easy to understand, accessible, culturally safe, and can be translated into different languages, and put into different formats for people with disability

(85) We display the name and contact details of the person to whom complaints should be made in the OSHC office which is clearly visible from the entrance (*National Regulations* s 173)

(86) Staff must respond appropriately and promptly to incidents, allegations, disclosures, suspicions or concerns about harm or risk of harm to a child (either by adults or by other children), or allegations that a child is exhibiting harmful sexual behaviour, breaches of our Child Safe Code of Conduct, inappropriate conduct or reportable conduct by staff (including sexual misconduct

(87) All staff at our service (including the approved provider, paid workers, volunteers, students and third party contractors carrying out child-related work), regardless of whether they are legally mandatory reporters or not, must report criminal conduct or harm or risk of harm to a child to the police and/or child protection authorities in line with our procedures

(88) We also must respond to and report 'reportable conduct' (allegations of child abuse or misconduct towards children) by a person with management or control, employee, contractor, student on placement or volunteer, regardless of whether this relates to their employment at the service

(89) We are an 'information sharing entity' (ISE) under both Family Violence Information Sharing Scheme and the Child Information Sharing Scheme. We are authorised to request and share relevant information with other ISEs to support child wellbeing and safety, and assess or manage the risk of family violence towards adults and children at our service

(90) Our key policies for this standard are: Complaint Handling Policy | Child Protection Policy (includes reporting obligations and procedures for harm or risk of harm to a child and harmful sexual behaviour in children), inappropriate conduct and reportable conduct and reportable sexual conduct by staff) | Incident, Injury, Trauma and Illness Policy | Child Safety and Family Violence Information Sharing Policy

Child Safe Environment Policy

Standard 8 - Staff knowledge, skills and awareness

(91) Our staff are equipped with the knowledge, skills and awareness to keep children safe through ongoing education and training (Child Safe Standard 8)

(92) Management, educators and staff are aware of their roles and responsibilities in regards to child safety, including to identify and respond to every child at risk of abuse or neglect (National Standard 2.2.3)

(93) We have an ordered and structured approach to training and sharing knowledge on child safety and wellbeing, including cultural safety.

(94) We formally induct all staff (including volunteers and students) when they first start at our service. They are access to review, understand and formally acknowledge our child safe and child protection policies and procedures

(95) Child safety training (*National Law* s 162B) and child protection training (*National Law* s 162A) are mandatory for the nominated supervisor, persons in day-to-day charge, all other staff, students and volunteers

(96) Child safety training is also mandatory for persons with management or control (*National Law* s 162B)

(97) The approved provider makes sure that the nominated supervisor, all other staff, volunteers and students are made aware, understand and can explain current child protection laws and their obligations under these laws, including for mandatory reporting (*National Regulations* reg 84)

Commented [NJ1]: Not a new law, but this information has been rewritten and moved up in this section

(98) We run an ongoing professional development program for each staff member, which covers how to:

- Recognise indicators of harm or risk of harm to a child in physical, digital and online environments (including harm caused by other children and young people)
- Recognise the signs of grooming behaviour in adults
- Teach children about protective behaviour
- Respond effectively to issues of child safety and wellbeing and support colleagues who disclose harm
- Provide trauma-informed care
- Build culturally safe environments for children and young people

(99) Professional development programs are tailored to the needs and aspirations of the individual staff member, which are identified during supervision and in scheduled one-on-one performance appraisal meetings

(100) We regularly discuss child safety and wellbeing in a trauma-informed way and encourage a culture of reporting. Child safety and wellbeing (including child protection) is a standing agenda item at staff meetings.

(101) Our key policies for this standard are: Recruitment, Induction and Training Policy | Child Protection Policy | Volunteer and Student Policy | Governance and Management Policy

Child Safe Environment Policy

Standard 9 - Safe physical, digital and online environments

(102) Our physical and online environments promote safety while minimising the opportunity for children to be harmed (Child Safe Standard 9)

(103) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and from any hazard likely to cause injury (*National Law* s 167), and ensure that all children are being adequately supervised at all times (*National Law* s 165)

(104) They must also ensure that children are not subjected to inappropriate conduct (*National Law* s 166A) or inappropriate discipline (*National Law* s 166)

(105) We have systems in place to manage risk and enable the effective management and operation of a quality service that is child safe (National Quality Standard 7.1.2)

(106) We have child safe procurement practices to ensure that third-party contractors and external providers, and any facilities, goods and services they supply, are suitable and safe for use in child-related work, child safety risks are assessed before engagement, and appropriate control measures are in place to manage those risks

(107) Third party contractors, facilities and services (including for software and technology) must comply with our child safety policies and procedures, where applicable

(108) We respond promptly to any child safety breaches by third parties, and take appropriate action – including, where necessary, by making reports to the relevant authorities in line with our Child Protection Policy

(109) Our Child Safe Code of Conduct sets out our rules about: inappropriate conversations, gifts and benefits, personal and intimate care, physical contact with children, out of hours contact, professional boundaries, secondary employment, appropriate use of technology and devices

9.1 - Risk management for a safe environment

(110) We protect children from hazards and harm by identifying and managing risks in our online, digital and physical environments

(111) We balance our duty to protect children with their right to privacy, access to information, social connections and opportunities to learn

(112) Our Child Safe Risk Management Plan (required by the Child Safe Standards) identifies, analyses and plans to control risks of harm to children in physical and online environments, including high risk activities and special events. It covers the types of risks identified by the Royal Commission into Institutional Responses to Child Sexual Abuse

(113) Staff conduct risk assessments before introducing new environments, activities or practices and other relevant areas as required by law (e.g., the physical environment, work health and safety, children's medical conditions, technology and device use, sleep and rest, excursions, transport, the safe arrival of children, emergencies and evacuations, procurement)

(114) Our risk management strategies inform our policies, procedures, Quality Improvement Plan and action plans for individual children

(115) Our risk assessment and management documents are updated and reviewed every year and when there are changes that could affect the safety and wellbeing of children in our care, including after any breaches, or incidents, disclosures or suspicions of harm or risk of harm. They are 'living documents' that we update according to the changing profile of our children, environment, activities and staff

(116) Records of risk assessments and plans are kept and made available for inspection

(117) We review our risk management documents each year in consultation with staff, children and families. We also review them whenever changes could affect children's safety and wellbeing, including after any breaches, incidents, disclosures, or suspicions of harm

(118) Our key policies for this standard are: Child Safe Risk Management Plan | Physical Environment Policy| Work Health and Safety Policy | Excursions Policy | Delivery and Collection of Children Policy | Transport Policy | Safe Collection of Children Policy | Sleep and Rest Policy | Lock up Policy | Dealing with Infectious Diseases Policy | Emergency Management and Evacuation Policy | First Aid Policy | Health, Hygiene and Cleaning Policy | Child Safe Procurement Policy

9.2 - Supervision and staff interactions with children

(119) Staff follow our plans and procedures for active supervision to ensure they adequately supervise the children in our care (*National Law* s 165), including for higher risk environments and activities such as intimate care routines, transitions between school and our service, handovers between shifts and transitions, transportation, water play, outdoor play, sleep and rest, excursions and special events

(120) Educators must position themselves to:

- Maintain clear lines of sight of all children
- Regularly scan indoor and outdoor areas
- Anticipate potential risks during transitions, routines or play

(121) We meet the set educator-to-child ratios at all times (*National Regulations* ss 122, 123), but understand that meeting ratios alone does not guarantee adequate supervision

(122) We have flexible supervision arrangements and adjust the level of supervision according to our activities, and the ages, stages and individual needs of the children in our care

(123) The physical design of our service allows for 'natural lines of sight', including in our toilet facilities (while still allowing children to have privacy and autonomy) (*National Regulations* s 115)

(124) Staff must work with children in an open and transparent way so that other adults at the service know what they are doing

(125) Staff will never be out of the line of sight of other staff while they are working with children

(126) Where a student is carrying out intimate care routines with children as part of their practical education requirements, a fully trained and qualified educator must actively support and directly supervise them throughout the whole procedure

(127) Children's intimate care routines will be carried out and supervised with sensitivity and respect for children's privacy and dignity

(128) Visitors and volunteers will be supervised at all times and prevented from carrying out intimate care routines with children

(129) Two staff members are always present at the service at any time when children are in attendance

(130) There is a 'responsible person' present at all times when children are in attendance. Their name and position are displayed so as to be clearly visible from the main entrance of our service (*National Regulations* s 173)

(131) A minimum of one person with an approved and current first aid qualification that covers CPR, anaphylaxis and emergency asthma management is rostered on at all times, including during excursions and travel outside the service (*National Regulations* s 136)

(132) We do not allow anyone who is unauthorised to be at our service unless they are being directly supervised by an educator or another staff member (*National Law* s 170)

(133) Educators who are under 18 are never left alone with children and they are properly supervised at all times by another educator who is over 18 years old (National Regulations s 120)

(134) Staff are aware that it is an offense to use inappropriate or unreasonable discipline towards a child, including corporal punishment (*National Law* s 166)

(135) Staff are also aware that it is an offence to subject a child to inappropriate conduct (see definition) (*National Law* s 166A)

(136) Staff are not allowed to be affected by alcohol or drugs while they are on duty (National Regulations s 83

(137) Staff only allow children to be released to the care of people who are authorised to collect them (and who are not intoxicated) (*National Regulations* s 99)

(138) Staff regularly physically check every area at the service, including sheds, in containers, bathrooms, gardens, outdoor play equipment, sleep and rest rooms, and make sure that every child has been signed out at the end of the day

(139) Our key policies for this standard are: Child Safe Code of Conduct | Staffing Arrangements Policy | Visitors Policy | Volunteers and Students Policy | Lock Up Policy | Excursions Policy | Transport Policy | Safe Arrival of Children Policy | Sleep and Rest Policy | Delivery and Collection of Children Policy and Procedure | First Aid Policy | Authorisations Policy | Staff Communication Policy

9.3 - A safe physical environment

(140) We keep the physical environment, furniture and equipment safe, clean and in good repair (*National Regulations* s 103) by following our physical environment policies and

procedures, and by using checklists, such as for cleaning, daily safety checks, building and equipment maintenance, and inspections of the physical environment

(141) Staff follow our best practice policies and procedures protect children in both indoor and outside environments (refer to key policies for this standard)

(142) We check that furniture and equipment meet the relevant Australian safety standard

(143) Indoor spaces are ventilated, have adequate natural light and maintained at a temperature that ensures the safety and wellbeing of children (*National Regulations* s 110)

(144) We have adequate shaded areas outside that protect children from the sun (*National Regulations* s 114)

(145) We store hazardous chemicals and items so that children cannot access them e.g., in locked cupboards or rooms

(146) Staff empty water from containers when they are finished using them

(147) Our environment must be free from the use of a tobacco, vaping devices and substances, alcohol and drugs (*National Regulations* s 82)

(148) We display our emergency and evacuation floor plan and instructions near each exit (*National Regulations* ss 97, 98, 168)

(149) Our first aid kits are signposted, easy to access wherever children are present, and regularly audited to ensure they are appropriately stocked (*National Regulations* s 89)

(150) Our key policies for this standard are: Physical Environment Policy| Work Health and Safety Policy | Emergency Management and Evacuation Policy | First Aid Policy | Health, Hygiene and Cleaning Policy | Sun Protection and Heat Safety | Tobacco, Vape, Drug and Alcohol Policy | Medical Conditions Policy | Food Safety Policy | First Aid Policy| Nutrition and Dietary Requirements Policy

9.4 - Digital technologies and online environments

(151) Staff follow our policies and procedures for the safe use of digital technologies and online environment (National Regulations s 168(2)(ha)), including in relation to:

- The taking, use, storage of images and videos of children
- Obtaining authorisation from parents to take, use and store images and videos of children
- The use of any optical surveillance device at the service (e.g., CCTV)
- The use of any digital device issued by the service, and
- The use of digital devices by children

(152) Our practices align with the National Law and the Victorian Statement on Regulatory Expectations - National Model Code for Taking Images or Videos of Children

(153) With few exceptions, only service supplied devices – not personal devices -are used to capture, store or transmit images or videos of children in our care, and we have secure storage practices and systems in place

(154) Nobody is allowed to have a personal device that is capable of capturing, storing or transmitting images in their possession or control while they are working directly with children, except in limited circumstances

(155) We inform all staff, parents, families, communities, visitors, volunteers, students, and other third parties that unauthorised photography and unauthorised device use is strictly prohibited

(156) We capture, use, store and retain images/videos of children securely and according to the Australian Privacy Principles and parental authorisations

(157) Our Child Safe Code of Conduct prohibits staff from inappropriate conduct via technology, including unprofessional communication, unauthorised photography or device use, unauthorised online contact with children, and from accessing, retrieving, displaying, viewing, forwarding and/or storing pornographic or inappropriate material in the workplace

(158) Educators will supervise and guide children's limited use of technology at all times

(159) Staff protect children's personal information and comply with relevant laws when using AI, social media, online and digital applications. Staff never share children's personal information online or process, store, or generate AI content using it

(160) The approved provider and nominated supervisor are responsible for the oversight, control and access to technology, data and devices, and must ensure that we maintain the privacy of children and their families

(161) Educators learn about digital and online safety as part of their professional development, and we teach children about digital and online privacy and safety in our educational program

(162) We use a CCTV system to support a safe and secure environment for children, families, visitors and staff. To meet our obligations for privacy and child safety, we are transparent about its use, and only use footage for the purpose it has been collected or a reasonably expected related purpose, or as required or authorised by law

(163) Our key policies for this standard are: Technology and Device Use Policy | Photography and Video Policy | Social Media Policy | Child Safe Code of Conduct | <CCTV Policy> | <AI Policy>

Standard 10 - Review of child safe policies and practices

(164) We regularly review and make improvements to our child safety policies and procedures (Child Safe Standard 10)

(165) We must have an effective self-assessment and quality improvement process in place (National Quality Standard 7.2.1)

(166) Our Child Safe Environment Policy and related policies and procedures are reviewed annually to ensure they meet current child safety and protection laws and best practice guidelines

(167) As part of our continuous improvement practices, we record and examine complaints, concerns, incidents, suspicions, disclosures, reports about child safety and wellbeing to understand and address any flaws or shortcoming in our infrastructure, governance and operations

(168) We ask for feedback from our staff, children, families and communities about our child safe policies and procedures. We also share with them reports on any child safety and wellbeing reviews we conduct

(169) Our key polices for this standard are: Governance and Management Policy | Quality Improvement Plan | Complaint Handling Policy | Incident, Injury, Trauma and Illness Policy | Work Health and Safety Policy

Standard 11 - Documenting policies and procedures

(170) We document how we are a safe organisation for children through our policies and procedures (Child Safe Standard 11)

(171) The approved provider:

- Ensures that we have in place policies and procedures for providing a child safe environment (*National Regulations* s 168(2)(g)
- Takes reasonable steps to ensure that nominated supervisors, staff members and volunteers can follow the policies and procedures (*National Regulations* s 170(1)),
- Makes the policies available to the nominated supervisor, staff members and volunteers (*National Regulations* s 171(1))

(172) Our child safety policies and procedures – including our Child Safe Code of Conduct - address all 11 Child Safe Standards, are easy to understand and are informed by best practice and stakeholder consultation

(173) Staff leaders champion our child safety policies and procedures and model compliance with them

(174) Our policies and procedures are available for staff, families and communities at any time

(175) Our key policies for this standard are: Child Safe Environment Policy | Governance and Management Policy | Quality Improvement Plan | Child Safe Risk Management Plan | Child Protection Policy | Recruitment, Induction and Training Policy | Child Safe Code of Conduct

Breaches of our child safety and wellbeing policies and procedures

(176) We act on breaches to our Child Safe Environment Policy, Child Safe Code of Conduct and related documents

(177) A breach means any action or inaction by anyone to whom our Child Safe Environment Policy applies who fails to comply with any part of our child safety and wellbeing policies and procedures

(178) Breaches and suspected breaches must be reported as soon as practicable

(179) If the breach relates to a child protection matter, staff must follow our Child Protection Policy and Procedures

(180) Staff must report other breaches to the nominated supervisor and/or approved provider either in person, by telephone or via email. Staff should complete the Child Safety and Wellbeing Breach – Incident Report Form.

(181) Breaches or suspected breaches will be taken seriously and dealt with quickly, fairly, transparently, and in line with our policies and legal obligations

(182) Depending on the severity of the breach (minor, moderate, major or extreme), outcomes may include: emphasising the relevant component of the policies and procedures; increased supervision; professional development and training; mediating between those involved in the incident (where appropriate); formal warnings (verbal and/or written); being transferred to another role; suspension or termination of employment; reports to external authorities

(183) Breaches or suspected breaches will trigger us to review our current policies, risk assessments and procedures

PRINCIPLES

(184) The safety, rights, best interests and wellbeing of children are paramount and we are committed to implementing the Child Safe Standards and the National Quality Framework across all levels of our service

(185) We comply with all relevant legislation, regulations and standards at all times

(186) We are committed to implementing the approved learning framework

(187) We act in line with our *Statement of Commitment to Child Safety and Wellbeing*, Child Safe Code of Conduct and the ECEC Code of Ethics

(188) Children at our service know and can exercise their rights. Children, families and communities are involved in making decisions about matters that concern them

(189) Children's diverse and unique abilities, identities backgrounds and perspectives are valued

(190) Our interactions with children are respectful, equitable and supportive. Bullying and harassment will not be tolerated

(191) Only staff who are suitable to work with children will be employed

(192) Our complaint systems prioritise the safety of children

(193) We always act on harm or risk of harm to children

(194) Staff are given the training, resources and support to provide a child safe environment that is culturally safe and inclusive

(195) Every reasonable precaution is taken to protect children from harm and hazards in our physical, digital and online environments

(196) Our governance, operations policies, risk management plans, procedures, systems and practices are best-practice and up-to-date

POLICY COMMUNICATION, TRAINING AND MONITORING

(197) This policy and related documents are available to parents and educators.

(198) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Child Safe Environment Policy and related documents

(199) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Child Safe Environment Policy and related documents

(200) The approved provider/nominated supervisor runs a professional development program for each staff member, which covers this policy

(201) Roles and responsibilities and clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(202) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

(203) At enrolment, families are given access to our Child Safe Environment Policy and related documents (including our Complaint Handling Policy)

(204) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law* and *Regulations

Law	Description
Law	**Description**
s 2A	Paramount consideration – safety, rights and best interests of children
s 162A	Child protection training
s 162B	Child safety training
s 165	Offence to inadequately supervise children
s 166	Offence to use inappropriate discipline
s 166A	Offence to subject a child to inappropriate conduct
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 73	Educational program
s 77	Health, safety and safe food practices
s 78	Food and beverages
s 79	Service providing food and beverages
s 82	Environment to be free from tobacco, vaping devices, vaping substances, drugs and alcohol
s 83	Staff members not to be affected by alcohol or drugs
s 84	Awareness of child protection law
ss 84A - 84D	Sleep and rest

ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
ss 102AA – 102AAC	Safe arrival of children
ss 102A – 102F	Transportation of children other than as part of an excursion
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
ss 117A – 117C	Minimum requirements for persons in day to day charge and nominated supervisors
s 120	Educators who are under 18 to be supervised
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child rations – centre-based services
s 126A	Illness or absence of a qualified educator who is required to meet the relevant educator to child ratio
s 136	First aid qualifications
ss 145 – 152B	Staff and educator records – centre-based services
s 155	Interactions with children
s 156	Relationships in groups
s 157	Access for parents
s 158	Children's attendance record to be kept by approved provider
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
Charter of Human Rights and Responsibilities Act 2006 (Vic.) *Charter of Human Rights and Responsibilities (Public Authorities) Regulations 2013* *Charter of Human Rights and Responsibilities (General) Regulations 2017* *Equal Opportunity Act 2010 (Vic.)* *Australian Human Rights Commission Act 1986 (Cth)*	Provides guidance on how to uphold the principles in the Convention on the Rights of the Child
Occupational Health and Safety Act 2004 (OHS Act)	Describes the primary duty of care to people in the workplace
Children, Youth and Families Act 2005 (Vic.) *Children, Youth and Families Regulations 2017*	Principal relevant Act and Regulations to child protection
Child Wellbeing and Safety Act 2005 (Child Wellbeing and Safety Act *Child Wellbeing and Safety Regulations 2017*	Child safe organisation laws, Reportable Conduct Scheme
Child Wellbeing and Safety (Information Sharing) Regulations 2018	Information sharing about child safety
Crimes Act 1958 (Vic.)	Includes provisions for child-related criminal offences
Worker Screening Act 2020 (Vic.) *Worker Screening Regulations 2021*	Working with Children check

Child Safe Environment Policy

Family Violence Protection Act 2008 (VIC)	Preventing family or domestic violence and information sharing

National Quality Standard

- All elements of National Quality Standard apply to this Child Safe Environment Policy

My Time, Our Place (MTOP) V2.0

Outcome	Key component
1: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF IDENTITY	• Children and young people feel safe, secure and supported • Children and young people develop their autonomy, interdependence, resilience and agency • Children and young people develop knowledgeable, confident self-identities and a sense of positive self-worth • Children and young people learn to interact in relation to others with care, empathy and respect
2: CHILDREN AND YOUNG PEOPLE ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD	• Children and young people develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary as active and informed citizens • Children and young people respond to diversity with respect • Children and young people become aware of fairness • Children and young people become socially responsible and show respect for the environment
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety
5: CHILDREN AND YOUNG PEOPLE ARE EFFECTIVE COMMUNICATORS	• Children and young people interact verbally and non-verbally with others for a range of purposes

National Principles for Child Safe Organisations

- All Principles apply to this Child Safe Environment Policy

RELATED DOCUMENTS

Key Policies	All of our policies and procedures relate to this Child Safe Environment Policy. Key related policies include (not limited to): Child Protection Policy | Child Safe Code of Conduct | Staff Code of Conduct | Child Safe Risk Management Plan | Recruitment, Induction and Training Policy | Complaint Handling Policy | Child Safety and Family Violence Information Sharing Policy (VIC) | Excursions Policy | Tobacco, Vape, Drug and Alcohol Policy | Animal and Pet Policy | Safe Arrival of Children Policy | Transport Policy | Sleep and Rest Policy| Managing Emergencies and Evacuations Policy | Incident, Injury, Trauma and Illness Policy | ECEC Code of Ethics | Physical Environment Policy | Governance and Management Policy | Staffing Arrangement Policy | Health, Hygiene and Cleaning Policy | Safe Food Policy | Emergency Management and Evacuation Policy| Social Media Policy | Technology and Device Use Policy | Photography and Video Policy | Work Health and Safety Policy | Positive Relationships For Children Policy | Dealing with Infectious Diseases Policy | Enrolment Policy | Orientation for Children Policy | Family and Community Partnerships Policy | Privacy and Confidentiality Policy | Delivery and Collection of Children Policy | Visitor Policy | Volunteer and Student Policy | CCTV Policy | AI Policy | Bullying, Harassment and Discrimination Policy | Access and Inclusion Policy | Sun Protection and Heat Safety Policy | Child Safe Procurement Policy
Procedures	Roles and Responsibilities – Child safe environment (attached) | Child Safe Environment Procedures (attached)

Child Safe Environment Policy

Resources	ACECQA Risk Assessment and Management Tool | Active Supervision Guidelines (ACECQA) |NQF Child Safe Culture Guide | NQF Online Safety Guide | Child Safety and Wellbeing Breach – Incident Report Form (attached) | Quick Guide Child Safe Environment Policy (attached) | Educating children about protective behaviour (attached) | Child Safe Standards poster (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Family Assistance Law | Working with vulnerable children laws | CCYP resources on the Child Safe Standards | Victorian Government resources including Obligations of early childhood education and care providers | ACECQA's Guide to Child Safe Environment Policies and Procedures | National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care | Early Childhood Australia Code of Ethics | Victorian Government resources – including child protection training, protective behaviour resources, cultural safety guidance | Australian Privacy Principles | ACECQA's NQF Child Safe Culture Guide | NQF Online Safety Guide | eSafety Commissioner Resources | National Principles for Child Safe Organisations | Information sharing and MARAM reform resources

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy, a related procedure or child safety, including after any responses to incidents, disclosures or suspicions of harm or risk of harm. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July, 2026 Date for next review: July, 2027

Child Safe Environment Policy

APPENDIX A

ROLES AND RESPONSIBILITIES – Child Safe Environment

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Ensure that children in our care are adequately supervised at all times, and that no child is subjected to inappropriate conduct, inappropriate discipline, including to any to any form of corporal punishment or any discipline that is unreasonable
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child safety matters are appropriate in practice, best practice, align with the Child Safe Standards and comply with all other relevant legislation
Provide a child safe environment (physical, digital and online) that is inclusive and culturally safe
Provide a child safe culture - uphold, model and champion our service's *Statement of Commitment to Child Safety and Wellbeing. Put children's rights, best interests, safety, welfare and wellbeing above all else*
Ensure this Child Safe Environment Policy is in place and available for inspection
Take reasonable steps to ensure our Child Safe Environment Policy is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Uphold our Child Safe Code of Conduct and empower and support staff to report breaches. Take breaches to the Code seriously
Ensure that systems are in place to identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan) and our legal requirements. Ensure staff can, and do, use the risk assessments/plans, including children's individual action plans
Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations and incidents of harmful sexual behaviour in children and inappropriate conduct, sexual misconduct and reportable conduct of staff. Ensure we meet our obligations under the Victorian Child Safety and Family Violence Information Sharing Schemes
Ensure we have a child-focused complaint management system that responds properly to any complaints or concerns about harm or the risk of harm to a child and any allegations of harmful sexual behaviour in children
Successfully complete approved child protection, child safety training, -training and other relevant professional development activities within the required time. Renew WWCC when required. Notify the regulatory authority immediately if there is a change to your fitness and propriety or clearance to work with children (e.g., if your WWCC/VIT registration is cancelled, expired, revoked or of any other relevant changes – such as convictions or charges).

Maintain child safe recruitment and ongoing employment practices that comply with working with children laws and the National Law and Regulations
Ensure that all staff (incl. students and volunteers) have completed the training and professional development they need to provide a child safe environment (e.g. mandatory child safety and child protection training, first aid, cultural competency, child protection) and are aware of current child protection laws, how they apply and any obligations they have under them, including for mandatory reporting. Keep evidence of training.
Ensure we make and store records according to our policies and legal obligations
Regularly review this Child Safe Environment Policy in consultation with children, families, communities and staff.
Notify families at least 14 days before changing this Child Safe Environment if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service.

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Ensure that children in our care are adequately supervised at all times, and that no child is subjected to any form of inappropriate conduct or inappropriate discipline, including corporal punishment or any discipline that is unreasonable
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child safety matters are appropriate in practice, best practice, and comply with the Child Safe Standards and comply with all relevant legislation
Provide a child safe environment (physical, digital and online) that is inclusive and culturally safe
Provide a child safe culture - uphold, model and champion our service's *Statement of Commitment to Child Safety and Wellbeing.* Put children's rights, best interests, safety and wellbeing above all else.
Implement this Child Safe Environment Policy
Take reasonable steps to ensure our Child Safe Environment Policy is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Uphold our Child Safe Code of Conduct and empower and support staff to report breaches. Take breaches to the Code seriously
Identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan) and our legal requirements. Ensure staff can and do use the risk assessments/plans, including children's individual action plans
Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal

obligations. Act on allegations of harmful sexual behaviour in children. Notify the approved provider of any reportable conduct you are aware of
Implement our child-focused complaint management system to respond properly to any complaints or concerns about harm or the risk of harm to a child and any allegations of harmful sexual behaviour in children
Successfully complete approved child protection and child safety training and other relevant professional development activities within the required time. Renew WWCC when required. Notify the approved provider immediately if there is a change to your suitability or clearance to work with children (e.g., if your WWCC/VIT registration is cancelled, expired, revoked or of any other relevant changes – such as convictions or charges)
Maintain child safe recruitment and ongoing employment practices that comply with working with children laws and the National Law and Regulations.
Ensure that all staff (incl. students and volunteers) have completed the training and professional development they need to provide a child safe environment (e.g. mandatory child safety and child protection training, first aid, cultural competency) and are made aware of current child protection laws, how they apply and any obligations they have under them. Keep evidence of training.
Ensure we make and store records according to our policies and legal obligations
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures
Work collaboratively with services and or/professionals to support: children's and families' access, inclusion and participation; and children, families and staff members who have been impacted by harm or the risk of harm

Educator / other staff responsibilities (not limited to)
Follow this Child Safe Environment Policy and other related child safety policies and plans. Provide a child safe and culturally safe environment (physical, digital and online) and discharge your duty of care (e.g. by supervising children in line with our policies and procedures and taking every reasonable precaution to protect children from harm or hazards likely to cause injury)
Abide by our Child Safe Code of Conduct. Report breaches to the Code. Do no subject children to inappropriate conduct any form of corporal punishment or any discipline that is unreasonable
Promote a child safe culture - uphold, model and champion our service's *Statement of Commitment to Child Safety and Wellbeing. Put children's rights, best interests, safety, and wellbeing above all else*
Act on incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children and inappropriate conduct, reportable sexual conduct and reportable conduct by other staff members. Know the signs of harm or risk of harm, including in digital and online environments
Report any issues with our child safety policies and procedures to the appropriate person (e.g. approved provider, nominated supervisor, lead educator)

Identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan and other risk assessments/plans such as children's individual action plans)
Undertake all necessary training and professional development activities within the required time. Be aware of current child protection laws, how they apply and any obligations you have under them. Renew WWCC when required. Notify the approved provider immediately if there is a change to your suitability or clearance to work with children (e.g., if your WWCC/VIT registration is cancelled, expired, revoked or of any other relevant changes – such as convictions or charges)
Follow our child-focused complaint management system to respond properly to any complaints or concerns about harm or the risk of harm to a child and any allegations of harmful sexual behaviour in children
Follow a trauma-informed approach to care and teach children protective behaviour
Ensure we make and store records according to our policies and legal obligations
Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)
Follow all policies and procedures, where they apply to you
Share relevant information about your child's unique characteristics and circumstances, including matters relating to the child's health and safety, at enrolment and throughout the year through formal and informal communication
Where possible, contribute to our child safe policies and procedures, risk assessments and risk management plans. Report any risks of harm or hazards to the service and contribute to the plans for minimising or eliminating them
Where possible, be involved, e.g., participate in surveys, questionnaires, feedback sessions, cultural events and other special activities
Raise any concerns or complaints and report any concerns about children's safety and wellbeing

Child Safe Environment Policy

APPENDIX B

PROCEDURES – Child safe environment

Key procedures (include – not limited to):

ACECQA advises child safe procedures cover the physical environment, digital and online environment, staffing, supervision and child protection. All staff, including volunteers and students, must understand, be instructed on, and have ready access to, our policies and procedures. Staff leaders must supervise and monitor staff performance to ensure they carry out their responsibilities to the expected standard.

Key child safe environment procedures include (not limited to)

1. Child safe recruitment, induction and training procedures:
    - Recruitment procedure
    - Inducting staff procedure
    - Training procedure
    - Working with children checks procedure
    - Performance appraisal and professional development procedures
2. Staff, volunteer and student Child Safe Code of Conduct and Staff Code of Conduct, covering rules about:
    - Tobacco, vapes, drug and alcohol use
    - Technology and personal devices
    - Social media
    - Capturing and storing images of children
    - Privacy and confidentiality
    - Professional boundaries
    - Cultural safety
    - Upholding our statement of commitment to child safety and wellbeing
3. Child Safe Risk Management Plan
4. Child Protection Procedures:
    - Managing an emergency
    - Managing disclosures and suspicions of harm
    - Reporting
    - Contacting parents
    - Providing support
    - Managing allegations of harmful sexual behaviour in children
    - Managing allegations of reportable conduct
5. Incident, Injury, Trauma and Illness Procedures
    - Standard actions for incident notifications and records
    - Medical emergencies
    - Managing an unwell child
    - Missing child
    - Death of a child while in our care
    - Child removed without authorisation
6. First aid procedures
    - Administration of First Aid
    - First Aid Kit
7. Supervision Procedure
8. Complaint Handling Procedure
9. Delivery and Collection of Children Procedure
10. Lock Up Procedure
11. Excursions Procedure
12. Safe Arrival of Children Procedure (children travelling between education/care services)
13. Transport Procedure
14. Sleep and Rest Procedure
15. Managing Emergencies and Evacuations Procedures
16. Positive Relationships for Children Procedures:
    - Positive Interactions Between Educators and Children Procedure
    - Positive Group Interactions Procedure
    - Self-Regulation and Positive Behaviour Guidance for Children Procedure
    - Helping Children Through Difficult Times Procedure
    - Dealing with Bullying Procedure
    - Biting Procedure
17. Behaviour Guidance Procedure
18. Photography and Video Procedure
19. Building and Equipment Maintenance Procedures and checklists
20. Health, Hygiene and Cleaning Procedures
    - Hand Hygiene
    - Respiratory Hygiene
    - Gloves and Masks
    - Body Fluid Spills
    - Toileting Hygiene
    - Ventilation and Air Filtration
    - Cleaning Procedures
    - Waste Management
    - Pest Control
21. Volunteers and Students Procedure

Child Safe Environment Policy

22. Visitors Procedure
23. Infectious Diseases Procedures
    - Exclusion of Children and Staff
    - Infectious Disease Notification
24. Medical Conditions Procedures
    - Medical Management, Risk Minimisation and Communication Plans
    - Anaphylaxis/Allergy Management
    - Asthma Management
    - Diabetes Management
25. Physical Environment Procedures
    - Safety checks for indoors and outdoors (daily + routine + electrical equipment + fire equipment + security)
    - Poison safety checklist
    - Hazard assessments
26. Extreme weather Sun Protection and Heat Safety
27. Sunscreen Application
28. Sun Smart Guidelines
29. Water Safety Procedure
30. Food Safety Procedures
    - Personal health and hygiene for food handlers
    - Food receipt
    - Food storage
    - Food processing (preparing and cooking)
    - Serving food safely
    - Food transportation
    - Cooking with children safely
    - Food safe cleaning, sanitising and maintenance
31. Child Safe Procurement Procedure

Child Safe Environment Policy

APPENDIX C

RESOURCE - Child safety and wellbeing breach - incident report template

Child safety and wellbeing breach - incident report

This form must be completed as soon as practicable after you witness or become aware of a breach.

Store and retain this record according to our Record Keeping Policy / Child Protection Policy

Details of the child	
Child's full name	

Details of the breach	
Date of breach	Time
___ / ___ /_____	_____am / pm
Location of breach	
Name of person(s) involved in the breach	
Description of breach	
Immediate action taken	
If no action taken - reason	
Name of the authority the breach has been reported to (if relevant)	

Child Safe Environment Policy

Name of the person reported to	

Details of person completing this record		
Full name		
Position/role		
Date record was made	**Time record was made**	**Signature**
___ / ___ /_____	**_____am / pm**	**x**

Child Safe Environment Policy

APPENDIX D

RESOURCE - Educating children about protective behaviour

Educators regularly include child protection issues in the curriculum. For example, they intentionally teach children:

- about acceptable/unacceptable behaviour, and appropriate/inappropriate contact in a manner suitable to their age and level of understanding
- that they have a right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe
- the difference between 'fun' scared that is appropriate risk taking and dangerous scared that is not ok
- to use their own skills to feel safe
- to recognise signs that they do not feel safe and need to be alert and think clearly
- that there is no secret too awful, no story too terrible, that they can't share with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

Educators believe that:

- children are capable of the same range of emotions as adults
- children's emotions are real and need to be accepted by adults
- an adult's response to a child during their early emotional development can be hugely positive or detrimental depending on the adult's reaction
- children are very in touch with their bodies' reactions to their emotions
- children who better understand their body's response to an emotion are more able to foresee the outcome of a situation and avoid them or ask for help.

Child Safe Environment Policy

APPENDIX E

RESOURCE – Child Safe Environment Policy – quick guide

Our Commitment to Child Safety and Wellbeing

Children's safety, rights, best interests, health, and wellbeing are our top priority and paramount in every decision or action we take. We champion and model a child safe culture at all levels in our service. We will not tolerate harm or the risk of harm to children or young people, or anyone at our service subjecting a child to inappropriate conduct or discipline. We will not tolerate bullying, discrimination or harassment. We act on any concerns about child safety and encourage a culture of reporting harm and risk of harm

We listen to all children. We uphold their rights and empower them know and exercise their rights. Children and families are involved in making decisions about matters that concern them. We are committed to equity and the inclusion of all children, regardless of their abilities, sex, gender, or social, economic or cultural background. We have an inclusive and welcoming environment for Aboriginal and Torres Strait Islander children, and respect and value their diverse and unique identities and experiences. We will not tolerate racism.

How we keep children safe

- **Child safe behaviour expectations for staff**: All staff follow our Child Safe Code of Conduct, which outlines acceptable and unacceptable behaviour with children. Staff are required to report any concerns and are held accountable for their actions
- **Identifying and managing risks**: We identify and manage risks to children's safety in our physical, digital and online environments, including where we engage third-party contractors, facilities or providers. Staff, families and children are involved in our safety planning and risk assessments
- **Listening to and empowering children**: Educators teach children about their rights, personal safety and how to seek help. We listen to children and involve them in decisions that affect them
- **Partnering with families**: Families are involved from the time of enrolment. We obtain informed consent for activities like excursions, use of images, and administration of medication. We share updates and encourage feedback on our practices
- **Respecting diversity and promoting inclusion**: We value and respond to the unique needs of every child. We promote culturally safe, inclusive practices that respect each child's background, abilities and identity
- **Recruitment, training and supervision of staff**: All staff, students and volunteers are thoroughly screened, monitored and trained to work safely with children. Staff receive ongoing professional development and supervision to uphold child safety practices. We act immediately if we think someone at our service is a risk to children's safety or wellbeing
- **Child-friendly complaints process**: Children and families can raise concerns or complaints through a clear and accessible process. All complaints are taken seriously and managed in line with our policies and legal obligations, including for mandatory reporting and staff misconduct
- **Safe environments and use of technology**: Our service environment is clean, well maintained and appropriately supervised. Visitors are monitored. We follow strong procedures for the safe and authorised use of photos, videos, technology and digital devices

Find Out More: For more information, please speak with Rivki Present.

We are all responsible for building an environment where children are safe, valued and heard.

Child Safe Environment Policy

APPENDIX F

RESOURCE – 11 Child Safe Standards poster

This poster and many other resources are available to download at the Commission for Children and Young People

Child Safe Environment

Child Safety & Family Violence Information Sharing Policy

Quick reference: family violence | child protection | child safety | information sharing | MARAM | victim survivor support | family support | Family Violence Information Sharing Scheme | Child Information Sharing Scheme

PURPOSE AND BACKGROUND

(1) To set out guidelines for staff to follow when sharing information under the Family Violence Information Sharing Scheme (*Family Violence Protection Act 2008*) and the Child Information Sharing Scheme (*Child Wellbeing and Safety Act 2005*), which aim to improve children's and families' wellbeing and safety, and manage family violence risks

(2) This policy helps us to comply with our responsibilities as an 'Information Sharing Entity' under these schemes

SCOPE

(3) This policy applies to:

- 'Staff': the approved provider and paid employees. Does not include volunteers or students
- Children in our care, their parents and families

DEFINITIONS

(4) The following definitions apply to this policy and related procedures:

- 'Alleged perpetrator' is a person who is alleged to pose a risk of family violence, as identified through a risk assessment
- 'Child Information Sharing Scheme' (CISS) is a Victorian Government initiative that allows authorised organisations to share information to support child wellbeing or safety, to ensure that professionals can gain a complete view of the children and young people they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner
- 'Consent' means permission for something to happen, or agreement to do something, after being provided all the relevant information. Consent may be express or implied
- 'Family violence' is means any behaviour towards a family member (which includes a domestic or intimate partner) that is physically, sexually, emotionally, psychologically or economically abusive; threatening or coercive; or is in any other

way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour

- 'Family Violence Information Sharing Scheme' (FVISS) is a Victorian Government initiative that supports effective sharing of information to assess and manage family violence risk, through keeping perpetrators in view and accountable and promoting the safety of victim survivors of family violence
- 'Information Sharing Entity' (ISE) is an organisation that is authorised to share information under the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme
- 'MARAM' (Multi-Agency Risk Assessment and Management Framework) is a Victorian Government initiative that involves services across the state to take a collaborative approach to identify, assess, and manage family violence risk
- 'Victim survivor' means a person about whom we reasonably believe is at risk of being subjected to family violence (adults and children)
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' refers to paid employees only
- 'Third party' for this policy means a person whose confidential information is relevant to assessing or managing family violence

POLICY STATEMENT

Mandatory Reporting

(5) Staff must report any criminal conduct and/or if they form a reasonable belief a child is need of protection because they have suffered or are likely to suffer significant harm as a result of abuse or neglect, and the child's parents have not, or are unlikely to protect the child

(6) This obligation overrides any confidentiality requirements

We are an information sharing entity

(7) Children's services are 'information sharing entities' (ISE) under both Family Violence Information Sharing Scheme and the Child Information Sharing Scheme

(8) As an ISE, we are authorised to request and share relevant information with other ISEs to support child wellbeing and safety, and assess or manage the risk of family violence towards adults and children

(9) Staff are authorised to (a) **respond to requests** (this is mandatory), (b) **make requests** and (c) **proactively share** information to promote child wellbeing or safety, and/or assess and manage risk of family violence

(10) We are legally obliged to respond to a request from another ISE

(11) Staff who share information in good faith and with reasonable care will not be held liable for any criminal, civil or disciplinary action for providing information. They will not be considered to have breached any code of conduct or professional ethics or to have departed from any acceptable standards of professional conduct

(12) The approved provider is responsible for ensuring our service complies with the Child Information Sharing Scheme and Family Violence Information Sharing Scheme. If there is any doubt about our obligations, the approved provider can seek further guidance from the Department of Education (email CISandFVIS@education.vic.gov.au or 1800 549 646)

MARAM nominated staff members

(13) At our service, the nominated supervisor, approved provider, other are 'nominated staff', and they have greater responsibilities under the Family Violence Information Sharing Scheme

(14) Nominated staff have qualifications, training, experience or a role aligned with wellbeing (e.g., wellbeing coordinators and leadership staff)

(15) Nominated staff are responsible for screening for family violence, making basic safety plans and supporting children, including by making referrals and sharing information under the schemes

(16) Nominated staff complete free online training information sharing and family violence reforms, details of which are available at Training for the information sharing and MARAM reforms

Identifying family violence

(17) Under the FVISS, all staff have a responsibility for the identification of family violence

(18) Staff use the Victorian Government's 'Family Violence Identification Tool' to record information if they:

- Receive a disclosure of family violence
- Observe
- Signs of trauma that may indicate a child or young person is experiencing, or is at risk of experiencing, family violence
- Family violence risk factors

- Statements, stories or behaviour that indicate an adult is using family violence

(19) Staff can record this information with the assistance of a 'nominated staff' member (see above section)

(20) Staff have access to resources that help them to identify and respond to family violence and other forms of abuse, including the Victorian Government's publication 'Identify Signs of Child Abuse'

(21) Staff must act immediately, by following our Child Protection Policy and Procedures, if they witness an incident, receive a disclosure or form a suspicion or reasonable belief of harm or risk of harm to a child

Family violence screening

(22) Nominated staff should use the Victorian Government's 'Family Violence Screening Tool' if they receive a 'Family Violence Identification Tool' form from a staff member or a disclosure, or if they observe signs of trauma in a child, family violence risk factors, or stories, statements or behaviour that indicate family violence is being used

(23) Nominated staff can use the Family Violence Screening Tool to refer the victim survivor to a specialist family violence service, which will provide comprehensive risk assessment and management

(24) Nominated staff have access to resources to help to screen for family violence, including the Victorian Government's guidance 'How do I screen for family violence', which describes why it is important to record protective factors that may increase a child or adult's safety from family violence

(25) Nominated staff should not try to identify who the predominant aggressor or perpetrator in a family violence situation. This is the role of specialist services only

Safety planning

(26) After completing a 'Family Violence Screening Tool' that identifies current family violence, nominated staff can develop a safety plan using the Victorian Government's 'Family Violence Basic Safety Plan' if the child or adult victim survivor is open to receiving support

(27) Nominated staff can also refer the child to specialist family violence services using this Basic Safety Plan

Respectful, sensitive and safe engagement

(28) When responding or talking to children and families about family violence or harm to a child, all staff have a responsibility to engage respectfully, sensitively and safely

(29) Staff should only talk to a child or adult survivor victim about family violence if it safe, appropriate and reasonable to do so

(30) Staff must not ask a person who they suspect of using family violence about the family violence or ask questions in front of them. Instead, staff should engage them with the appropriate interventions and services

(31) Staff should uphold equity and respond to the diverse needs and circumstances of children and their families (e.g., disability, religious and cultural diversity; prior trauma; gender and sexual diversity and orientation; children in foster care or living away from their family; socio-economic factors)

(32) When working with Aboriginal communities, staff must practice cultural safety, and should:

- Acknowledge and respond to fears about Child Protection and the possibility of children being removed from families
- Make referrals to Aboriginal community-controlled organisations, wherever possible (responsibility of the nominated supervisor or approved provider)
- Promote self-determination – Aboriginal people are the experts in their own lives
- Recognise that family violence against Aboriginal people can include the alleged perpetrators denying or disconnecting victim survivors from their cultural identity and connection to family, community and culture
- Recognise that Aboriginal family violence may relate to relationships wider than the 'nuclear family', such as uncles, aunts, cousins, and other community and culturally defined relationships

Sharing information under the Family Violence Information Sharing Scheme

Who we can share information with

(33) We can share information with other ISEs, including: schools, kindergartens, long day care, out of school hours care (OSHC), Child Protection, youth justice, Maternal and Child Health, public hospitals, Victoria Police. A full list is available at ISE List

Whose information can be shared

(34) Information can be shared about any person, if it is relevant to assessing or managing family violence risk

(35) Consent is not required from any person to share information that is relevant to assessing or managing family violence risk to a child, if there is a serious risk to any person, or if sharing is permitted by another law

(36) If none of the above apply, consent is required to share the information of an adult victim survivor, including a student over 18 years of age, or a third party

Consent

(37) Nominated staff should seek and take into account the views of the child and/or family member before sharing their information, whenever safe, reasonable and appropriate to do so

(38) Consent is not required to share information about a perpetrator, alleged perpetrator or adolescent using or at risk of using family violence

What information we can share

(39) We can only share information that is relevant to assessing or managing family violence risk. That is:

- For the establishment and assessment of family violence risk
- For the management of family violence risk

(40) We cannot *request* information for a family violence assessment purpose, but we can share it, including proactively share it

What information cannot be shared

(41) We cannot share excluded information (see 'Excluded information' section below)

(42) We cannot share information that would contravene another law that has not been specifically overridden by the FVISS

(43) We cannot share information if the applicable consent requirements have not been met

Sharing information under the Child Information Sharing Scheme (CISS)

Who we can share information with

(44) As with the FVISS, we can share information with any other organisation that is also an ISE

(45) We can also share information with a child, a person with parental responsibility for the child, or a person with whom the child is living, for the more limited purpose of managing the child's safety

Whose information we can share

(46) If the three-part threshold is met (see 'The information we can share' section below), we may share information about any person

Consent

(47) We should seek and take into account the views of the child and/or their family members before sharing their information, whenever safe, reasonable and appropriate to do so

(48) Consent is not required from any person when sharing under the CISS

The information we can share – three-part threshold

(49) We can share any information for the purpose of promoting the wellbeing and safety of children if the following requirements for sharing are met:

- **Threshold part 1**: **promoting child wellbeing or safety.** We can share information about any person for the purpose for promoting the wellbeing or safety of a child or a group of children
- **Threshold part 2**: **sharing to assist another ISE**. We can share information if we reasonably believe that sharing it may assist the other ISE to carry out one of the following activities:
    - Make a decision, an assessment or a plan relating to a child or group of children
    - Initiate or conduct an investigation relating to a child or group of children
    - Provide a service for a child or group of children
    - Manage any risk to a child or group of children
- **Threshold part 3**: **the information does not contain 'excluded information'**. We cannot share excluded information (see below)

(50) We can share confidential information about any person, including sensitive, personal and health information. For example, this may include case notes, observations, assessments, contact details, service engagement history, and any other information relevant to promoting the wellbeing or safety of a child or group of children

(51) When we share information under the CISS, we are required to be respectful of and have regards to a child's social, individual, and cultural identity, the child's strengths and abilities and any vulnerability relevant to the child's safety or wellbeing

(52) We must also promote a child's cultural safety and recognise the cultural rights and familial and community connections of children who are Aboriginal, Torres Strait Islander or both

The information we cannot share

(53) We cannot share information that does not meet the above three-part threshold test (e.g., we should not share irrelevant parts of a case file or health record)

(54) We cannot share information that is restricted from sharing by another law

Excluded information under the FVISS and CISS

(55) Excluded information is any information that, if shared, could be reasonably expected to do the following:

- Endanger a person's life or result in physical injury, including the child, their family or any other person
- Prejudice:
    - The investigation of a breach or possible breach of the law or prejudice the enforcement or proper administration of the law, including police investigations
    - A coronial inquest or inquiry
    - The fair trial of a person or the impartial adjudication of a particular case
- Disclose the contents of a document, or a communication, that is of such a nature that the contents of the document, or the communication, would be privileged from production in legal proceedings on the ground of legal professional privilege or client legal privilege
- Disclose or enable a person to ascertain the identity of a confidential source of information in relation to the enforcement or administration of the law
- Contravene a court order or a provision made by or under the *Child Wellbeing and Safety Act* or any other Act that:
    - Prohibits or restricts, or authorises a court or tribunal to prohibit or restrict, the publication or other disclosure of information for, or in connection with any proceeding, or
    - Requires or authorises a court or tribunal to close any proceeding to the public. For example, if information is part of a closed court proceeding
- Be contrary to the public interest. For example, revealing information about covert investigative techniques

Seeking the views and wishes of children and families

(56) Even when consent is not required, staff should seek and take into account the views of the child and/or relevant family members who do not pose a risk before sharing information if it is safe, reasonable and appropriate to do so

(57) Staff should inform the child or parent that their information has been shared unless it would be unsafe, unreasonable or inappropriate to do so

(58) Staff must also support the child or parent with safety planning and other services

(59) Staff should explain to the child and family:

- The requirements that need to be met before information can be shared
- Who the information can be shared with
- That their consent is not required if we believe that sharing would promote the wellbeing or safety of a child
- The benefits of information sharing, and how the information may be used to promote child wellbeing or safety

(60) Staff have access to resources to help discuss the Child Information Sharing Scheme, including the Victorian Government's guidance at Child Information Sharing Scheme

(61) We provide families with links to and resources, including those available at the Victorian Government's Information for families, carers, children and young people and Caring for all Koorie children in Victoria webpages

Providing ongoing support and coordinated risk management

(62) Nominated staff are responsible for providing ongoing support to a child identified at risk by:

- Participating in or establishing a multidisciplinary support team to coordinate ongoing support for children and their families where necessary. This team may be internal, comprised of staff working with the child and family, or have external services participate such as Maternal Child Health, The Orange Door or Victoria Police
- Notifying other services if they identify any changes in risk or if a planned risk management strategy is not implemented or fails
- Maintaining visibility of the perpetrator by sharing relevant information about the perpetrator with specialist family violence services for risk assessment and management purposes
- Being open with the child, young person or victim survivor that they are working with other services to support them whenever it is safe, reasonable and appropriate to do so

Record keeping

(63) Nominated staff should keep records related to referrals, information sharing and coordinated risk management. This may include:

- The services we are collaborating with
- Information shared and received from other services

- Records of consent or views to information sharing and referrals
- Actions required of our service (for example, using the screening tool and basic safety plan)
- The child and family being informed of any updates

(64) The approved provider must ensure the 'Information Sharing and MARAM checklist' is completed and stored in a secure location that can only accessed by the nominated supervisor and MARAM-nominated staff

(65) Records must be kept securely and according to our policies and procedures, including our Child Protection Policy, Privacy and Confidentiality Policy, Record Keeping and Retention Policy, and Technology and Device Use

PRINCIPLES

(66) The safety and wellbeing of children in our care is our number one priority, and we foster a child safe environment by identifying and addressing any risks to children's safety

(67) Staff are trained and resourced to respond to and report harm or risk of harm to a child or indications of family violence

(68) We maintain accurate and secure records**.** We handle personal information confidentially, respecting privacy rights**.** Any information we share about a child or adult is shared strictly according to the law, and is necessary, proportionate and relevant

(69) We recognise and respect the diverse backgrounds and needs of children, staff and families and we provide culturally safe support

(70) We engage with children and families is a respectful, sensitive and safe manner, and seek their views and wishes where we can

(71) We collaborate with other services in a professional and timely manner to ensure a coordinated approach to family violence and child safety

(72) We provide ongoing support and communication with children and families, and continue to manage and assess any risks to their safety or wellbeing

(73) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks

POLICY COMMUNICATION, TRAINING AND MONITORING

(74) This policy and related documents are available to parents and educators.

(75) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Child Safety and Family Violence Information Sharing Policy and related documents

(76) Staff are formally inducted. They are given access to review, understand and formally acknowledge this Child Safety and Family Violence Information Sharing Policy and related documents

(77) The approved provider/nominated supervisor runs a professional development program for each staff member, which covers this policy

(78) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(79) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

(80) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Other applicable laws and regulations

Act / Regulation / Standard	Description
Family Violence Protection Act 2008 (Vic)	Establishes the FVISS and sets out the roles and responsibilities of Information Sharing Entities regarding family violence
Child Wellbeing and Safety Act 2005 (Vic)	Authorises the CISS and sets out the responsibilities of Information Sharing Entities regarding child safety/protection
Children, Youth and Families Act 2005 (Vic)	Framework for child protection in Victoria, including mandatory reporting
Privacy Act 1988	Principal act protecting the handling of personal information
Charter of Human Rights and Responsibiliites Act 2006 (Vic)	Establishes a framework for protecting human rights in Victoria, including the right to privacy, protection of families and children, and cultural rights, particularly for Aboriginal children and families

National Quality Standard

Standard / Element	Concept	Description
2.2	Safety	Each child is protected
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical

Child Safety & Family Violence Information Sharing Policy

Standard / Element	Concept	Description
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

My Time, Our Place (MTOP) V2.0

MTOP Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
Families and communities are informed and involved in promoting child safety and wellbeing
Equity is upheld and diverse needs respected in policy and practice
Processes to respond to complaints and concerns are child focused
Policies and procedures document how the organisation is safe for children and young people

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy | Child Protection Policy | Privacy and Confidentiality Policy | Record Keeping and Retention Policy | Child Safe Risk Management Plan | Child Safe Code of Conduct | Complaint Handling Policy

Child Safety & Family Violence Information Sharing Policy

Procedures	Roles and responsibilities – Information sharing (child safety and family violence) (attached) | Child Protection Procedures (in Child Protection Policy) | Child Safe Environment Procedures (in Child Safe Environment Policy) | Complaint Handling Procedure (in Complaint Handling Policy)
Resources/Tools	Victorian Department of Education – Information Sharing and Family Violence Reforms: Guidelines and Tools for Schools and Services | Training for the information sharing and MARAM reforms Family Violence Identification Tool | Identify Signs of Child Abuse | How do I screen for family violence |Family Violence Basic Safety Plan | ISE List |Child Information Sharing Scheme | Information Sharing and MARAM checklist | Family Violence MARAM guides and resources

SOURCES

Legislation (as described above) Education and Care Services National Law and Regulations \| National Quality Standard \| Ministerial Guidelines for the Family Violence Information Sharing Scheme \| Ministerial Guidelines for the Child Information Sharing Scheme \| MARAM Framework \| Victorian Department of Education – Information Sharing and Family Violence Reforms: Guidelines and Tools for Schools and Services

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: <September 2026> Date for next review: <September 2027>

Child Safety & Family Violence Information Sharing Policy

APPENDIX A

ROLES AND RESPONSIBILITIES – Child safety and family violence information sharing

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury
Ensure our service meets our obligations as an Information Sharing Entity under the Family Violence Information Sharing Scheme and the Child Safety Information Sharing Scheme
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child safety and family violence safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Report and respond to harm or risk of harm to a child according to our Child Protection Policy and Procedures
Ensure this Child Safety and Family Violence Information Sharing Policy and related procedures are in place
Take reasonable steps to ensure our Child Safety and Family Violence Information Sharing Policy and related procedures are implemented and followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of staff)
Select staff to be 'MARAM nominated staff' and ensure they are given the training and resources they need to carry out their duties
Notify families at least 14 days before changing this Child Safety and Family Violence Information Sharing Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury
Support the approved provider to ensure our service meets our obligations as an Information Sharing Entity under the Family Violence Information Sharing Scheme and the Child Safety Information Sharing Scheme

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child safety and family violence safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Report and respond to harm or risk of harm to a child according to our Child Protection Policy and Procedures
Implement this Child Safety and Family Violence Information Sharing Policy and related procedures
Take reasonable steps to ensure our Child Safety and Family Violence Information Sharing Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of staff)
Ensure staff have the training and resources to respectfully, sensitively and safely engage with victim survivors and children who are being harmed or at risk of being harmed. They should also be able to respond to diverse backgrounds, needs and circumstances
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this Child Safety and Family Violence Information Sharing Policy and related procedures, including our Child Protection Policy and Procedures
Report and respond to harm or risk of harm to a child according to our Child Protection Policy and Procedures
Respectfully, sensitively and safely engage with victim survivors and children who are being harmed or at risk of being harmed. Recognise diverse backgrounds, needs and circumstances
Identify and respond to family violence. Record information using the 'Family Violence Identification Toolkit'
Undertake any training and professional development you need to effectively respond to concerns about child safety or family violence
Maintain accurate records and confidentiality, with respect for children's and adult's privacy rights
Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on child safety and family violence safety

MARAM nominated staff (not limited to)

Child Safety & Family Violence Information Sharing Policy

Follow this Child Safety and Family Violence Information Sharing Policy and related procedures, including our Child Protection Policy and Procedures
Report and respond to harm or risk of harm to a child according to our Child Protection Policy and Procedures
Respectfully, sensitively and safely engage with victim survivors and children who are being harmed or at risk of being harmed. Recognise diverse backgrounds, needs and circumstances
Identify and respond to family violence. Record information using the 'Family Violence Identification Toolkit'
Screen for family violence using the 'Family Violence Screening Tool'
Prepare basic safety plans using the 'Family Violence Basic Safety Plan' tool
Share information with other ISEs according to the rules under the Child Information Sharing Scheme and the Family Violence Information Scheme
Undertake any training and professional development you need to: effectively respond to concerns about child safety or family violence; and share information under the Schemes
Provide ongoing support, and manage and assess risks to children and adult victim survivors
Maintain accurate records and confidentiality, with respect for children's and adult's privacy rights

Complaint Handling Policy

Quick reference: making a complaint | receiving a complaint | investigating a complaint | child safety | child wellbeing | national principles for child safe organisations | child safe standards | child protection | child rights | safeguarding | physical safety | cultural safety | respectful relationships | abuse prevention | listening to children | empowering children | child-friendly complaints | reportable conduct |inappropriate conduct | trauma-informed practice | inclusion and equity | culturally responsive practice | code of conduct | privacy | record keeping | inappropriate conduct | paramount consideration | procedural fairness | investigations | transparency | impartiality | providing support

PURPOSE AND BACKGROUND

(1) To make sure that we manage complaints and concerns effectively, and that our complaints handling processes are clear and understood by children, families, communities and staff

(2) This policy is a requirement under the Education and Care Services National Regulations. The approved provider must ensure that policies and procedures are in place for dealing with complaints and take reasonable steps to ensure those policies and procedures are followed. Our complaint handling system must be child focused and address the management of a complaint that alleges a child is exhibiting harmful sexual behaviours (s 168(2)(o))

(3) We are required to have to have processes for complaints and concerns that are child-focused under under the Victorian Child Safe Standards.

(4) This policy also helps us to fulfil our obligation under the Reportable Conduct Scheme to have systems in place to prevent and respond to child abuse

SCOPE

(5) This policy applies to:

- 'Staff': the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, work placement students, and third parties at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children who are in our care, their parents, families and care providers
- Visitors to our service, including allied health support workers

(6) It applies to all physical, digital and online environments of our service (including off-site and outside of operating hours

(7) Our Child Protection Policy and procedures set out in detail requirements and procedures for staff if they witness an incident, receive a disclosure or form a suspicion involving harm or risk of harm to a child – including mandatory reporting and reportable conduct

DEFINITIONS

(8) The following definitions apply to this policy and related procedures:

- 'Concern' - any potential issue that could impact negatively of the safety and well-being of children
- 'Complaint'- expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required. A complaint may also be about harm or risk of harm to a child by an adult or another child, including allegations of abuse, inappropriate conduct or other misconduct by a staff member, volunteer or other individual involved in our service
- 'Harm' and 'risk of harm' are used in this policy as overarching terms that cover neglect and various forms of abuse. It includes physical, sexual and psychological abuse; neglect; ill-treatment; grooming; exposure to family violence; commercial child sexual exploitation; online child sexual abuse; and sexual abuse that is perpetrated by other children and young people
    - 'Harmful sexual behaviours' - a general term to describe behaviour in children under 18 years that fall across a spectrum of sexual behaviour problems, including those that are problematic to the child's own development, as well as those that are coercive, sexually aggressive and predatory towards others
    - 'Inappropriate conduct' is defined in the *National Law* as conduct in relation to a child that a reasonable person would consider inappropriate in an education and care service. Includes behaviour that is inconsistent with professional standards; causes or is likely to cause emotional, psychological or physical harm; or has violent or sexual connotations (see Child Safe Code of Conduct for a list of prohibited conduct)
- 'Natural justice' refers to the right to be made aware of, and respond to, information which will be used in the course of a decision that will negatively affect the person
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff', unless indicated otherwise, refers to approved provider, persons with management or control, the nominated supervisor, paid employees, volunteers, students, and third parties (e.g., contractors, casual staff) who perform work on our behalf

POLICY STATEMENT

A child-focused complaint system

(9) Staff leaders will encourage a culture where staff, children and families feel confident and supported to speak up about suspicions, disclosures, or observations of harm or risk of harm to a child or breaches of our Child Safe Code of Conduct

(10) Staff must understand that they are required to report concerns internally and externally, even if they are unsure

(11) We will take all concerns seriously and respond in a timely, respectful and appropriate way, following our child protection reporting procedures and obligations under the law

(12) We will encourage reporting by having clear policies and procedures, visible information for children and families, open and trusting relationships, and protective behaviour education that gives children the language and confidence to speak up

(13) Victimisation, silencing or failure to act on a concern are not tolerated

(14) Children's rights, health, safety, needs, welfare, wellbeing and best interests are the paramount consideration in our operations, and in any decisions or actions we take

(15) A positive complaints culture is at the core of our child-focused complaint handing system

(16) We are committed to:

- Helping children understand their rights and to speak up when something is not right. Educators support children to raise any concerns or complaints. Educators are trained to respond to children verbally and non-verbally communicating that something is wrong
- Keeping children safe. Anyone raising a concern or making a complaint, including those related to a child's safety and well-being, will feel safe and supported by us. We will always act on harm or risk of to a child
- Letting everyone know that that complaints are welcome and will be taken seriously
- Responding to complaints sensitively, impartially, professionally, transparently, promptly and thoroughly

An effective, accessible and culturally safe complaint system

(17) Our process for managing complaints is easy to understand, accessible and culturally safe

(18) Our Complaint Handling Procedure (attached) can be used by children, families, community members, visitors and staff if they want to raise a concern or make a complaint. It explains how to make the complaint, who to make it to, and how it will be dealt with. It gives staff clear steps to follow to manage any complaints they receive

(19) Our Complaint Handling Procedure is written in plain language. We provide appropriate versions for children and people from all backgrounds and abilities (e.g., pictures, diagrams, displays, audio, in different languages where needed)

(20) We have a child-friendly poster showing the complaint process displayed in the OSHC office

(21) We must clearly display the name and contact details of the person to whom complaints should be made in a prominent location clearly visible from the entrance (*National Regulations* s 173(2))

(22) Parents are told how they can make a complaint or raise a concern during their child's enrolment and orientation

(23) Our complaint handling system is explained to staff at induction and in their ongoing program of professional development

(24) We have clearly defined roles and responsibilities for staff, so they know what they need to do if someone has a concern or a complaint

(25) Our staff are trained to respond to concerns and complaints in a culturally sensitive way. That means that, when they are dealing with complaints, they are expected to:

- Treat everyone, regardless of culture, with respect
- Be open-minded and flexible in their attitudes to different cultural practices
- Understand that their own cultural values or practices are not the only way to solve a problem
- Encourage and support everyone at the service to express and enjoy their cultural rights

Complaints and concerns about harm or risk of harm to a child

(26) We take complaints and concerns about child safety and wellbeing seriously

(27) For concerns about harm or risk of harm to a child (either by adults or by other children), breaches of our Child Safe Code of Conduct, inappropriate conduct or sexual misconduct by staff, or allegations that a child is exhibiting harmful sexual behaviour, staff follow our Child Protection Policy and Procedures

(28) Depending on the complaint, we may need to:

- Make a report to the child protection authorities and/or police
- Make a referral to family services or exchange of information with certain professionals/organisations, in line with the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme
- Notify the regulatory authority
- Make a report under a reportable conduct scheme

(29) The approved provider must, by law, notify the regulatory authority in writing about the following complaints:

- Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service, including allegations of inappropriate conduct
- Within 24 hours of any complaints that the National Law has been breached
- Within 24 hours of becoming aware of reportable sexual conduct committed by staff, volunteers, students or contractors against, with or in the presence of a child,

regardless of whether any criminal proceedings have begun or concluded (*National Law Victoria* s 174B) (within 24 hours)

Using complaints to support continuous improvement

(30) We see complaints and concerns as a valuable source of information. They can highlight issues for our service, and we use them as a trigger for us to critically reflect on our infrastructure and operations (systems, documents, communication, practices, activities, policies, procedures)

(31) We keep accurate and full records of complaints and actions taken in response

(32) We review our complaints and reporting procedures regularly, in consultation with children their families and the community

(33) We analyse the root cause of complaints with the view to fixing any flaws or shortcomings in our infrastructure, documents or operations

(34) We track complaints to identify recurring issues within the service

(35) Where appropriate, we request feedback on the complaint process using a questionnaire

PRINCIPLES

(36) Our paramount concern is the best interest, rights, welfare, safety and wellbeing of children, and we are committed to implementing the Child Safe Standards and the National Quality Framework across all levels of our service

(37) We are committed to implementing the approved learning framework

(38) We comply with all relevant legislation, regulations and standards at all times

(39) We have a child focused culture that enables and empowers children, families, community members, staff, and volunteers to raise any concerns or complaints

(40) Anyone raising a concern or complaint, including those related to a child's safety and well-being, will feel safe and supported by us

(41) We listen to children and take their concerns seriously. Our complaint system prioritises the safety of children and we have a culture of reporting

(42) Every reasonable precaution is taken to protect children from harm and hazards in our physical and online environments

(43) We always act on harm and risk of harm to a child

(44) Staff are given the training, resources and support to act on child safety and wellbeing concerns and complaints

(45) Our governance, operations policies, risk management plans, procedures, systems and practices are best-practice and up-to-date

Complaint Handling Policy

POLICY COMMUNICATION, TRAINING AND MONITORING

(46) This policy and related documents can be found the OSHC office

(47) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Complaint Handling Policy and Procedure and related documents

(48) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Complaint Handling Policy and Procedure and related documents

(49) The approved provider runs a professional development program for each staff member, which covers this policy and procedures

(50) Roles and responsibilities and clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(51) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

(52) At enrolment, families are given access to our Complaint Handling Policy and Procedure and related documents

(53) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION OVERVIEW

Education and Care Services National Law and Regulations

Law	Description
s 2A	Paramount consideration – safety, rights and best interests of children
s 166A	Offence to subject child to inappropriate conduct
s 167	Offence relating to protection of children from harm and hazards
S 172	Offence to fail to display prescribed information
2 173	Offence to fail to notify certain information to Regulatory Authority
Regulations	
s 12	Meaning of serious incident
s 168(2)(h)	Education and care services must have policies and procedures in relation to providing a child safe environment
s 168(2)(o)	Education and care services must have policies and procedures in relation to dealing with complaints, including matters relating to (i) the provision of a complaint handling system that is child focused; and (ii) the management of a complaint that alleges a child is exhibiting harmful sexual behaviours
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies and procedures
s 173 (2)(b)	Prescribed information to be displayed: the name and telephone number of the person to whom complaints may be addressed
Reg 174B	Offence for approved provider to fail to notify the Regulatory Authority of any reportable sexual conduct by relevant staff members (VIC)

s 175(d)(e)	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to Regulatory Authority

Other applicable laws and regulations

Act/Regulation	Description
Charter of Human Rights and Responsibilities Act 2006 (Vic.) *Charter of Human Rights and Responsibilities (General) Regulations 2017* *Equal Opportunity Act 2010 (Vic.)* *Australian Human Rights Commission Act 1986 (Cth) (AHRC Act)*	Human rights laws
Children, Youth and Families Act 2005 (Vic.)	Principal relevant Act to child protection
Crimes Act 1958 (Vic.)	Includes provisions for child-related criminal offences
Child Wellbeing and Safety Act 2005 (Vic)	Reportable conduct scheme
Occupational Health and Safety Act 2004 (OHS Act)	Work place health and safety
Privacy Act 1988	Principle act protecting the handling of personal information

National Quality Standard

Standard	Concept	Description
2.2	Safety	Each child is protected
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities in regard to child safety, including to identify and respond to every child at risk of abuse or neglect
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.1	Positive educator to child interactions	Responsible and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1	Governance	Governance supports the operation of a quality service that is child safe
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

Complaint Handling Policy

Standard	Concept	Description
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place
7.7.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

My Time, Our Place (MTOP) V.20

Outcome	Key Component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety
5: CHILDREN AND YOUNG PEOPLE ARE EFFECTIVE COMMUNICATORS	• Children and young people interact verbally and non-verbally with others for a range of purposes

National Principles for Child Safe Organisations

Most relevant principles
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
Families and communities are informed and involved in promoting child safety and wellbeing
Processes to respond to complaints and concerns are child focused

RELATED DOCUMENTS

Key policies	Child Protection Policy | Child Safe Environment Policy |Child Safe Code of Conduct | Child Safe Risk Management Plan | Recruitment, Induction and Training Policy | Incident, Injury, Trauma and Illness Policy | ECEC Code of Ethics | Governance and Management Policy
Procedures	Roles and responsibilities – Complaint Handling (attached)| Complaint Handling Procedure (attached) | Child Protection Procedures (in Child Protection Policy)
Resources	Summary version of Complaint Handling Policy (attached) | Child-friendly version of Complaint Handling Policy (attached) | Incident, Injury, Trauma and Illness Record template (in Incident, Injury, Trauma and Illness Record Policy) | Recording disclosures of harm/risk of harm template (in Child Protection Policy) | Recording suspicions of harm/risk of harm template (in Child Protection Policy) | Child Safety and Wellbeing Breach – Incident Report Form (in Child Protection Policy) |List of indicators of harm (in Child Protection Policy) | Child protection reporting summary (in Child Protection Policy)

SOURCES

Complaint Handling Policy

Education and Care Services National Law Regulations | National Quality Standard | Department of Education Victoria – Complaints Policy and Guidance for Early Childhood Services | Children, Youth and Families Act 2005 (Vic) – including mandatory reporting | Child Wellbeing and Safety Act 2005 (Vic) – Child Safe Standards and Reportable Conduct Scheme | Commission for Children and Young People Victoria – Child Safe Standards and Reportable Conduct Scheme guidance | Victorian Ombudsman – Complaint Handling Good Practice Guide | Victorian Child Safe Standards (Commission for Children and Young People) | ACECQA – NQF Child Safe Culture Guide | Australian Privacy Principles (OAIC) | Commonwealth Ombudsman – Better Practice Complaint Handling Guide (2023) | Office of the Victorian Information Commissioner – Privacy and Data Protection Act 2014 (Vic) complaint guidance

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy, a related procedure or child safety, including after any responses to incidents, disclosures or suspicions of harm or risk of harm. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July, 2026 Date for next review: July, 2027

Complaint Handling Policy

APPENDIX A

ROLES AND RESPONSIBILITIES – Complaint handling

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*
Ensure that our service's complaint handling system, policies and procedures are appropriate in practice, best practice, align with the Child Safe Standards and comply with all relevant legislation
Ensure that our service has child-focused policies and procedures in place for complaints handling (including those involving harm or risk of harm to a child) and managing complaints about children exhibiting harmful sexual behaviours
Ensure we display the name and telephone number of the person to whom complaints may be addressed in a position so that it is clearly visible to anyone from the main entrance
Ensure this Complaint Handling Policy and Procedure is in place and available for inspection
Communicate this Complaint Handling Policy and Procedure to staff, children, families and communities in a clear, age-appropriate, accessible and culturally safe way
Take reasonable steps to ensure our Complaint Handling Policy and Procedure is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children. Report allegations of reportable conduct and breaches of our Codes of Conduct (including inappropriate conduct or any sexual misconduct by staff)
Ensure that investigations into complaints are managed in a thorough, fair, impartial, culturally sensitive, prompt and professional manner. Ensure that there is regular communication to the people involved in a complaint investigation during the investigation and they are provided with a timely outcome. Ensure that we document and keep records of complaints, investigations and outcomes in line with our legal obligations and our policies and procedures
Regularly review this Complaint Handling Policy and Procedure in consultation with children, families, communities and staff.
Notify families at least 14 days before changing this Complaint Handling Policy and Procedure if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*
Support the approved provider to ensure that our service's complaint handling system, policies and procedures are appropriate in practice, best practice, align with the Child Safe Standards and comply with all relevant legislation

Implement this Complaint Handling Policy and Procedure
Communicate this Complaint Handling Policy and Procedure to staff, children, families and communities in a clear, age-appropriate, accessible and culturally safe way
Take reasonable steps to ensure our Complaint Handling Policy and Procedure is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children. Report any allegations of reportable conduct and breaches of our Codes of Conduct (including inappropriate conduct or any sexual misconduct by staff) you are aware of
If responsible for investigating complaints, manage them in a thorough, fair, impartial, culturally sensitive, prompt and professional manner. Regularly communicate to the people involved in a complaint investigation during the investigation and provide them with a timely outcome. Document and keep records of complaints, investigations and outcomes in line with our legal obligations and our policies and procedures
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families changes according to legislation and our policies and procedures

Educators / other staff responsibilities (not limited to)
Follow this Complaint Handling Policy and Procedure
Refer all complaints that cannot be resolved directly with the people concerned to the nominated supervisor and/or approved provider as soon as practicable
Support, and co-operate with, the nominated supervisor and or/approved provider in their investigations
Do not get involved in complaints that do not concern you (not ethical or can make the complaints process more difficult)
Do not raise complaints with an external complaints body, such as a court or Tribunal, without using our procedures and appeal process first
Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children and breaches of our Code of Conduct (including inappropriate conduct, sexual misconduct or reportable conduct by staff)
Report any issues with our complaint management policies and procedures to the appropriate person (e.g. approved provider, nominated supervisor, lead educator)
Complete necessary records when required. Provide them to the approved provider/nominated supervisor as soon as practicable
Keep all child protection matters confidential unless we are legally required to disclose
Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

Complaint Handling Policy

Follow our Complaint Handling Policy and Procedure
Raise any concerns or complaints and report any concerns about children's safety and wellbeing
Be aware of, and raise any complaints in line with, this Complaint Handling Policy and Procedure
Co-operate with staff in their investigations
Do not get involved in complaints that do not concern you (not ethical or can make the complaints process more difficult)
Do not raise complaints with an external complaints body, such as a court or Tribunal, without using our procedures and appeal process first

Complaint Handling Policy

APPENDIX B

Procedure - Complaint Handling

INTRODUCTION

- This procedure applies to our Complaint Handling Policy
- It is our child safe procedure for managing complaints and concerns from children, families, the community and staff. It describes the steps we will take to manage any complaint or concern we receive
- We are committed to ensuring complaints are dealt with in a timely, transparent, professional, confidential, thorough and impartial manner, and that affected parties are advised of the outcome and their rights of appeal. We are also committed to ensuring our process is child-focussed and accessible
- 'Staff,' unless indicated otherwise, refers to approved provider, persons with management or control, the nominated supervisor, paid employees, volunteers, students, and third parties (e.g. contractors, casual staff) who perform work on our behalf

When to use this procedure

- If you are a child, parent, family member, community member, staff member (including volunteers and students) or visitor who has a complaint or concern
- If you are a staff member who receives a complaint
- If you are a staff member who is managing and/or investigating a complaint
- If you are a staff member who is the subject of a complaint
- Complaints or concerns might be about (for example):
- Dissatisfaction with our service's or dealings with individuals
- Serious incidents
- Allegations of physical or sexual abuse or misconduct by a staff member, contractor, student, volunteer or another individual associated with our service
- Breaches of our Child Safe Code of Conduct and/or inappropriate conduct
- Conduct in not keeping with our policies and procedures
- Incidents, allegations, disclosures and/or suspicions of harm or risk of harm to a child by adults or other children (i.e., all forms of abuse or neglect, including child exploitation or grooming (online and in-person)
- The conduct of a child at our service
- Allegations of a child exhibiting harmful sexual behaviour
- Corruption, maladministration, waste of resources
- Bullying or harassment
- Discrimination based on disability, race, ethnicity, religion, sex, intersex status, gender identity or sexual orientation
- Instances of racism – either by adults or children
- Criminal conduct

Complaint Handling Policy

- Risks that are present in our service's environment (both online and physical) and activities
- Inadequate working conditions for staff, students and volunteers
- The inadequate handling of a prior concern
- General concerns about the safety of a group of children or activity

Making a complaint

1. **Who can make a complaint**

   Anyone can raise a concern or lodge a complaint. We encourage children, families, community members and staff to raise any concerns or complaints they have. Anonymous complaints can be made but our ability to investigate them may be hampered as a result.

   Complaints and concerns can be made in any way that feels comfortable - for example, over the telephone, by email or in person. We will facilitate different ways of making complaints for people who have diverse backgrounds or needs for support. This means you can ask anyone at our service for help to make a complaint.

   Children making a complaint can talk to anyone they trust (an educator, room leader or another staff member) and they can ask a friend, parent, or other family member to help. We will help children to let us know something is wrong in any way they feel comfortable.

2. **Who to make the complaint to**

   - Minor complaints that can be easily solved can be raised directly with the person concerned. Both parties can try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should remain private, confidential, respectful and open-minded. They should not involve other staff or visitors (e.g., parents) and should take place away from children
   - Complaints that can't be resolved directly with the person concerned (for whatever reason) can be raised directly (or indirectly through another member of staff) with a more senior staff member, the nominated supervisor or the approved provider
   - Complaints can be directed to the early childhood education and care regulatory authority at any time
   - Complaints that relate to the harm or risk of harm to a child, or criminal or unlawful activity, should be reported to Child Protection or the police, and the nominated supervisor
   - Whistleblowers can contact the confidential whistleblower hotline, STOPline on 1300 304 550, <in accordance with our Whistleblower Policy

3. **Contacts**

   Nominated supervisor: Rabbi Greenbaum +61 403 490 434

   Contact details for these staff members are also displayed in our OSHC office

   Child Protection Intake Service:

- North Division intake: 1300 664 977
- South Division intake: 1300 655 795
- East Division intake: 1300 360 391
- West Division intake - metropolitan: 1300 664 977
- West Division intake - rural and regional: 1800 075 599

Police on 131 444 or 000 if there is an immediate risk to safety

Victorian Early Childhood Regulatory Authority (VECRA) on 1300 307 415 or (or via their online complaint form)

Social Services Regulator -Reportable Conduct Scheme on 1300 78 29 78 (approved provider and staff)

Receiving a complaint

1. **Receiving a complaint about harm or the risk of harm to a child**

   Child safety will be prioritised above all else if we receive a complaint, concern or disclosure about harm or the risk of harm to a child. This includes but is not limited to: abuse (e.g., physical, psychological, sexual, grooming) or neglect by another child or adult, including a staff member; a child exhibiting harmful sexual behaviours; a breach of our Child Safe Code of Conduct; inappropriate conduct or discipline by staff; and reportable conduct and reportable sexual conduct by staff member.

- We will take immediate action, including (where required):
- Calling 000 if a child is in immediate danger
- Making internal reports to management
- Making external reports, including to police where criminal conduct is suspected or child protection if there is a reasonable belief a child has suffered or is likely to suffer significant harm
- Responding to immediate risks posed by the subject the allegation, while protecting the rights of all parties
- Maintaining detailed and accurate written records.
- Staff must act even if they are unsure and have not directly observed the harm (e.g. in the case of a disclosure) but must not investigate the matter themselves once they have formed a reasonable belief that a child is at risk.
- Where staff have a significant concern for a child's wellbeing that does not reach the threshold for mandatory reporting, they must refer the matter to management to ensure the child receives the appropriate support.
- Staff must follow our Child Protection Policy to ensure we meet our obligations for responding to and reporting incidents, allegations, disclosures and suspicions of harm, risk of harm, and concerns about a child's wellbeing.

2. Receiving a complaint involving an allegation of reportable conduct
If we receive an allegation of reportable conduct, we will follow our Child Protection Policy and Procedures, which includes information on:

    - Notifying the agency responsible for administering the Reportable Conduct Scheme
    - Conducting investigations
    - Providing reports and taking action in response to any findings

3. **Receiving other complaints**

    All other complaints we receive will be recorded in our Complaints Register available in the OSHC office

    We record the following information:

    - The contact details of the person making the complaint
    - Details about the complaint (e.g., the nature, dates/times, people involved, notes on verbal discussions, written correspondence)
    - Notes on how people want the problem to be resolved and any support that might be needed for the people involved

    Complaints will be passed on to the nominated supervisor as soon as practicable.

4. **Acknowledging the complaint**

    The nominated supervisor will acknowledge the complaint within 24 hours of receiving it and provide the person who made the complaint with a contact point, idea of likely timeframes and the next steps that will be taken. This may be done by phone, in person or in writing - whichever is the most appropriate method.

5. **Reporting requirements in Victoria**

- We must report to police anything that could be a criminal offence. This includes sexual assault, physical assault, grooming offences, and producing, disseminating or possessing child abuse material. There are criminal offences relating to failing to disclose information to police about child sexual offenses and failing to protect children against the risk of sexual abuse
- Mandatory reporting laws require us to report to Child Protection reasonable beliefs a child is need of protection because they have suffered or are likely to suffer significant harm as a result of physical injury or sexual abuse and the child's parents have not, or unlikely to protect, the child. We will report all forms of child abuse, including physical, sexual, emotional or psychological harm, serious neglect and family violence
- We must make a report to Child Protection if a child between the ages of 10 and 18 is exhibiting sexually abusive behaviour and may need therapeutic treatment
- The Reportable Conduct Scheme requires the approved provider to report to the Social Services Regulator allegations of child abuse (and other child-related misconduct) made against their workers and volunteers, irrespective of whether it relates to their employment or activities at the service

- The *National Law* require the approved provider to notify the regulatory authority of notifiable incidents, including complaints about serious incidents, inappropriate conduct towards a child by staff or volunteers, any reportable sexual conduct (sexual offences and sexual misconduct) committed by staff, and any incident or allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by the service

Assessing and investigating a complaint

1. **Investigating complaints about harm or risk of harm to a child**

   Our service will not investigate any child protection matters unless instructed to do so by the relevant authorities. We will follow our Child Protection Policy and Procedures if the investigation relates to harm or risk of harm to a child, including allegations that a child is exhibiting harmful sexual behaviours.

2. **Investigating complaints involving reportable conduct**

   There are strict rules for investigating allegations of reportable conduct under the Reportable Conduct Scheme. If we are required to investigate such an allegation, we will follow our Child Protection Policy and Procedures, which outlines how we need to investigate and report on such allegations.

3. **Managing investigations**

   Any investigations conducted by our service will be managed by the nominated supervisor, who will also be responsible for giving regular updates on the progress of the investigation to everyone involved in the complaint. The nominated supervisor and/or approved provider have the option to appoint someone else to conduct the investigation, including people outside our service.

4. **Initial assessment**

   Although the steps involved will vary according to the nature of the complaint or concern, where appropriate, we will conduct an initial assessment, considering:

   - Whether a formal investigation is required (for example, it may not be warranted if the complaint arose because of a minor misunderstanding or something that can be easily resolved to the satisfaction of everyone involved)
   - Whether the complaint is outside our service's area of responsibility, i.e. should be directed to another organisation
   - Whether other people/organisations are involved in the matter
   - How feasible the suggested solution is
   - The severity, urgency and complexity
   - How to ensure everyone involved is safe (risk management)

- How to ensure the integrity of the investigation that will follow
- The impact on the person complaining, and anyone else involved
- Whether the problem might escalate

If the approved provider decides not to proceed with the investigation after initial enquiries, they will give the person making the complaint the reason/s in writing or whatever form is the most appropriate.

5. Formal investigation

Where appropriate and necessary, the nominated supervisor will conduct a formal investigation. The investigation will be:

- **Impartial** - we manage all perceived and actual conflicts of interest and have an open mind about the evidence. The findings will be objective
- **Confidential** - except where we are required to disclose personal information because it is relevant to the safety and well-being of a child, we investigate complaints in private and respect all parties' confidentiality. Note, there are safeguards in place for people who report about child protection matters (see our Child Protection Policy)
- **Transparent** - we tell the person making the complaint and the subject of the complaint what the investigation will involve. All parties will be invited to provide information and respond where appropriate. We will provide regular updates on the progress of the investigation
- **Thorough** - we look at all the circumstances and facts, gather and assess evidence
- **Supportive** - we invite everyone involved to have a support person present during an interview (e.g., to support culturally safe practices or a health and safety representative - but not a lawyer acting in a professional capacity); employees are encouraged to seek support from their union, if applicable
- **Timely** - we aim to provide a resolution in a reasonable period of time
- **Professional** - we uphold all our employment law obligations and practice best practice records management
- **Conducted safely** – to protect the safety and wellbeing of children and staff
- **Compliant with the law**

6. Risk management

The nominated supervisor will consider and manage any risks to the safety and well-being of any children or adults involved in an investigation, in line with our Child Safe Risk Management Plan and Child Protection Policy and Procedures

Once a complaint about harm or the risk of harm is raised and an investigation is underway, our service will prioritise children's rights, safety, wellbeing and best interests above all else, including employment, reputation or convenience.

This means we will assess immediate risk to children and take temporary protection action straight away if needed. These actions will be taken as protective risk-management measures and do not suggest a finding or determination.

If a complaint involves a staff member (including a contractor, volunteer or other person involved in delivering our service), we will take immediate and proportionate protection actions to ensure children's safety while the complaint is being assessed or investigated.

Protective actions may include changes to duties, supervision, access restrictions, standing down or suspensions, or other risk controls as appropriate, in line with our child safe risk management approach.

If the complaint involves another child at the service, we will ensure that a risk assessment is conducted and management plans and controls are implemented, monitored and reviewed. Actions taken will be developmentally appropriate, proportionate and non-punitive, and will aim to support children's safety and inclusion.

7. **Communication and support during an investigation**

We will keep the person making the complaint informed of progress, where appropriate and lawful. Information will be shared on a need-to-know basis to protect privacy and confidentiality.

Subjects of a complaint are treated fairly and respectfully, given procedural fairness, and are informed of concerns that relate to them, unless this would compromise safety or an investigation.

We will provide appropriate support to people involved in a complaint, including clear information about the process, opportunities to ask questions, and access to support where needed, such as interpreters, support persons or alternative communication methods.

Children will be supported in an age-appropriate way and will be included in the decision-making process, where appropriate.

If a child has been harmed or is at risk of harm, where appropriate, the approved provider and nominated supervisor follow Child Protection Policy and procedures to ensure the child and affected families receive appropriate support.

8. **Investigation report**

   After analysing the evidence, the nominated supervisor will prepare an investigation report which describes the process and findings of the investigation.

Resolving a complaint

1. **Making decisions about complaints**

   The nominated supervisor will decide on a course of action to resolve a complaint (on the advice of the relevant authorities if the matter relates to a child protection matter).

   Outcomes might be, for example: providing professional development support/training for staff; mediation; making changes to physical and online environments, adjustments to our practices, systems, policies or procedures; implementing safety and behavioural

management plans for children; performance management for staff; referrals to support services; formal staff warnings, changes of duties or termination of employment.

Where staff are found to have breached our Child Safe Code of Conduct, appropriate disciplinary action will be taken, which may include termination of their employment or engagement with our service.

Staff who break the *National Law* or *Regulations* may also face disciplinary action by the regulatory authority.

Depending on the breach, we may need to refer the matter to the police and/or another relevant authority.

In deciding the resolution, the nominated supervisor will consider:

- Any advice from relevant authorities (e.g., police, child protection authority, support services)
- Our obligations under employment law, industrial relations principles and guidelines
- Any submissions from the subject of the complaint (see procedural fairness below)
- The number of complaints against the subject of the complaint
- The number of opportunities already given to subject of the complaint person to adhere to a policy or procedure and/or change behaviour
- The seriousness of the complaint and whether it impacted the safety and welfare of children, other employees, volunteers, students or families
- Whether the complaint is reasonable

2. Procedural fairness

The nominated supervisor will give the subject of the complaint a fair hearing before making a decision that might adversely affect the subject's rights or interests.

The nominated supervisor will provide the subject of a complaint with:

- Opportunities to make submissions when there are informed: that they are the subject of an investigation; of any prosed adverse finding; and of any proposed action to be taken as a result of a finding
- Information about the investigation and reasons for their findings
- An explanation/justification for the decisions made and the proposed course of action
- A fair opportunity to directly address the issues

The nominated supervisor genuinely consider the person's responses and submissions with an open-mind and impartiality. They will make reasonable inquiries before making a decision.

3. Communicating the decision

The nominated supervisor will advise everyone who is involved of the result of the investigation and the resolution in writing and/or verbally.

4. Challenging the decision

If the person making the complaint or the subject of the complaint does not agree with the outcome of the investigation and/or the resolution, they can request a review. They will need to provide reasons for why they think either the investigation or resolution is wrong.

The nominated supervisor will consider their reasons and, depending on the circumstances, may either:

- Decide that an investigation or a change to the resolution is not warranted
- Re-investigate the complaint and/or provide an alternative resolution
- Offer an external review by a Tribunal or alternate organisation, where employees, visitors and volunteers are unhappy with the outcome. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions against workplace bullies or the Work Health and Safety (WHS) Regulator, which may investigate whether WHS duties have been contravened
- Offer information about alterative complaint resolution options, such as through the regulatory authority or ombudsman

Records and confidentiality

1. Creating and keeping accurate records

The nominated supervisor will create and retain accurate records related to concerns and complaints, in line with our record keeping and privacy policies and obligations.

Records may include correspondence, emails, phone calls, interview transcripts, incident reports, risk management plans, investigation reports and findings, decision making process, minutes from meetings, notes, submissions from those involved, reports to police or government authorities.

2. Maintaining confidentiality

We keep information our service gathers for a complaint and investigation confidential and only disclose it if we are obliged, for example, to ensure:

- Workplace safety
- The safety and well-being of a child (see our Child Protection Policy for more information) on our obligations under the Child Information and Family Violence Sharing Schemes)
- The natural justice for the person accused

We follow directions about confidentiality from the relevant authorities and ensure we comply with all relevant legislation. Anyone involved in complaint or investigation must maintain confidentiality. A failure to do so by staff, volunteers or students may result in

disciplinary action. Online records will be stored password protected file and physical records in a secure cabinet. Access will only be granted on a 'need to know' basis.

We follow our Child Protection Policy's guidance on record keeping for child protection matters - including on safeguards for reporters of harm or risk of harm to a child.

Complaint Handling Policy

APPENDIX C

RESOURCE – Summary version of Complaint Handling Procedure

We are committed to creating a safe, inclusive, and respectful environment for children, families, staff and the community. We take all complaints seriously and handle them professionally, fairly and confidentially.

Who can make a complaint?

Anyone – including children, families, community members, staff, students, volunteers and visitors – can raise a concern or complaint at any time.

What can complaints be about?

Complaints and concerns might relate to (for example):

- Our service's actions or decisions or dealings with individuals
- Allegations of physical or sexual abuse or misconduct by a staff member, contractor, student, volunteer or another individual associated with our service
- A disclosure of abuse or harm to a child (either by a child or an adult)
- The conduct of a child at our service
- Breaches of our Code of Conduct or policies
- Child safety or wellbeing concerns
- Bullying, victimisation, or harassment
- Discrimination based on disability, race, ethnicity, religion, sex, intersex status, gender identity or sexual orientation
- Instances of racism – either by adults or children
- Serious incidents
- Unlawful or inappropriate conduct or discipline by staff
- Unsafe environments or practices
- Staff conduct or working conditions
- The inadequate handling of a prior concern
- General concerns about the safety of a group of children or activity

How to raise a complaint

- Try first to resolve minor issues directly and respectfully with the person involved.
- If not resolved or if serious, speak to a senior staff member, the nominated supervisor or the approved provider.
- For serious concerns (e.g. child harm or criminal activity), contact:
    - Child Protection Intake Service:
        - North Division intake: 1300 664 977
        - South Division intake: 1300 655 795
        - East Division intake: 1300 360 391
        - West Division intake - metropolitan: 1300 664 977
        - West Division intake - rural and regional: 1800 075 599

- Police on 131 444 or 000 if there is an immediate risk to safety
- Victorian Early Childhood Regulatory Authority (VECRA) on 1300 307 415 or vecra@education.vic.gov.au
- Social Services Regulator - Reportable Conduct Scheme on 1300 78 29 78 (approved provider and staff)
- **STOPline (Whistleblower hotline)**: 1300 304 550

Contact details for senior staff are displayed at the entrance of the service

You can make a complaint in person, over the phone, by email, or with help from someone at our service. Anonymous complaints are accepted but may be harder to investigate.

What happens next?

- We will acknowledge your complaint within 24 hours and explain what happens next
- We will assess the complaint to decide whether an investigation is needed
- If required, we will conduct a fair, thorough and confidential investigation. Everyone involved can bring a support person
- We will keep you updated and supported throughout the process
- We will manage any risks to children, families and/or staff
- We will explain the outcome to you and the actions we've taken
- If you disagree with the outcome, you can request a review or external referral (e.g., Fair Work Commission, ombudsman, education and care regulatory authority)

Child safety comes first

If a complaint involves harm or risk of harm to a child, we must act and report it to authorities as required, following our **Child Protection Policy**.

Privacy and record keeping

All complaints are recorded securely and handled with respect and confidentiality. We only share information if required by law or to protect someone's safety.

We want everyone to feel safe speaking up. If you have a concern – no matter how small – please tell us. Our full Complaint Handling Policy and Procedure is available in our OSHC office.

Complaint Handling Policy

APPENDIX D

RESOURCE – Child-friendly version of Complaint Handling Procedure

Speaking up – it's okay to tell us!

We want everyone to feel safe, happy and respected. That means if something is wrong or worrying you, we want to know.

You can always talk to us – even if it feels like a small thing.

What can you tell us about?

You can talk to us if:

- Someone is being unkind or unfair
- You feel scared, hurt, or unsafe
- You see something that doesn't feel right
- You're upset about something that happened
- You think someone broke a rule or didn't do the right thing

Who can you talk to?

You can talk to any grown-up you trust – like your educator, the person who runs your room, or another staff member

You can also:

- Ask a friend to come with you
- Write it down or draw a picture
- Ask an adult you trust (like your parent or carer) to help you tell us

What will happen?

- We will listen carefully to you
- We will take what you say seriously
- We will do our best to help and make things better
- We will keep what you say private, unless we need to tell someone else to help keep you or others safe

You can always ask questions or check what's happening.

You won't get in trouble

It's always okay to tell us if something feels wrong. You won't get in trouble for speaking up – even if you're not sure.

We are here to listen, support and help you.

Your voice matters. If something is wrong – tell a trusted adult. We care about your safety and your feelings.

Dealing with Infectious Diseases Policy

Quick reference: sick children | sick staff | stopping the spread of infectious diseases |managing illness in children | fevers | excluding children and staff | exclusion periods | outbreaks | notifiable diseases | notifiable incidents | hygiene and cleaning | ventilation | NHMRC Staying Healthy Guidelines | public health regulations | protecting pregnant staff | illness records | COVID-19 rules

PURPOSE AND BACKGROUND

(1) To set out how we manage and reduce the risk of transmission of infectious diseases at our service

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with infectious diseases (s 168), including procedures to prevent infectious diseases from spreading at the service (s 88)

(3) This policy helps us to comply with the *Occupational Health and Safety Act 2004 (OHS Act)* and Victorian public health requirements

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children who are in our care, their parents, families and care providers
- Visitors to our service who carry out child-related work, including allied health support workers

DEFINITIONS

(5) The following definitions apply to this policy and related procedures:

- 'Authorised emergency contact' is a person who has been nominated by the child's parent or legal guardian to be notified in case of an emergency
- 'Exclusion period' is the time during which a child or staff member must not attend the service
- 'Infectious diseases' are illnesses caused by the spread of microorganisms (germs) – bacteria, viruses, fungi and parasites – to humans to other humans, animals or the environment, including food and water (as designated under public health laws)
- 'Notifiable disease' is a disease that must be reported to the Victorian Department of Health

- 'Outbreak' means a sudden increase in the number of cases of a disease in a specific region or area. The definition of 'sudden increase' depends on the disease and how many cases normally occur in a population. For some diseases, an outbreak can be a single case
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Guidance from our public health unit

(6) Staff are aware that they can contact the Victorian Department of Health for support and resources on managing infectious diseases

(7) Staff should always contact our public health unit for advice on: hepatitis A; Hib; measles; meningococcal disease; tuberculosis; typhoid; paratyphoid infection; whooping cough; and outbreaks of gastroenteritis

A safe environment for children, staff and visitors

(8) We take our duty of care under work health and safety laws toward children, staff and visitors seriously

(9) We take all possible measures to manage health and safety risks at our service, including by implementing and communicating to children, staff, families and visitors our best practice policies and procedures for dealing with infectious diseases

(10) We conduct regular workplace health and safety (WHS) risk assessments, which identify the hazards/risks of infectious diseases

(11) We stay informed of advice and guidance from the Victorian Department of Health

(12) We keep our emergency contact details in the NQA IT System up to date in case we need to be contacted after hours about a public health issue

(13) We have a pool of back staff available for absences due to infectious diseases

Immunisation

(14) We promote the important role vaccines play in preventing the spread of diseases and protecting staff and children against serious illnesses

(15) Our Immunisation Policy sets out the recommendations and requirements concerning immunisation for children and staff at our service

Dealing with Infectious Diseases Policy

Health and hygiene practices – preventing the spread of infectious diseases

(16) The approved provider is required to take reasonable steps to prevent the spread of infectious diseases (*National Regulations* s 88)

(17) We meet this requirement, in part, by implementing and communicating health and hygiene policies and procedures that are informed by public health laws and guidelines (as follows)

Hand hygiene

(18) We promote regular hand hygiene for staff and children as an effective way to help prevent germs being transferred from hands to other people and surfaces

(19) Staff must follow our hand hygiene procedure (in our Health, Hygiene and Cleaning Policy)

Respiratory hygiene

(20) We promote respiratory hygiene as an effective way to limit other people's exposure to germs via coughing, sneezing, mucus and breath

(21) Staff must follow our respiratory hygiene procedure (in our Health, Hygiene and Cleaning Policy)

Gloves and masks

(22) We encourage and promote using gloves and masks in certain situations to prevent the spread of germs

(23) Our service supports staff who prefer to wear masks to protect themselves and others against airborne diseases, particularly when they are indoors or when they cannot physically distance themselves from others, and when there are high levels of respiratory illnesses in the community

(24) We encourage masks for anyone who needs to attend the service while they have cold or flu symptoms (e.g., when sick parents need to deliver/collect their child)

(25) Staff must follow our gloves and masks procedure (in our Health, Hygiene and Cleaning Policy) to ensure their correct use, including for dealing with bodily fluids

Toileting hygiene

(26) We have strict toileting hygiene practices to prevent the spread of germs through faeces and urine

Dealing with wounds and body fluids

(27) We have hygienic practices to deal with wounds and spills of body fluids – urine, faeces, mucus, saliva, vomit, blood and breastmilk – to minimise the risk of infectious diseases spreading

(28) Staff must follow our body fluids spills procedure (in our Health, Hygiene and Cleaning Policy)

Contact with animals

(29) To minimise health risks, we implement good hygiene practices where children and staff have contact with animals we keep at the service or during activities that involve animals (e.g., excursions to farms or zoos, animal displays, incursions)

(30) Staff must follow our animal hygiene procedure (in our Animal and Pet Policy)

Ventilation and filtration

(31) Indoor spaces are kept well-ventilated for the safety and wellbeing of children (*Regulations* s 110), staff and visitors

(32) We promote ventilation (open windows, doors, outdoor spaces, air conditioners that bring outdoor air to indoor spaces) and filtration of air (e.g., HEPA filters, in HVAC systems) as easy and effective ways to reduce the spread of infectious diseases

(33) Staff must follow our ventilation and filtration procedure (in our Health, Hygiene and Cleaning Policy)

Cleaning and sanitising

(34) We have detailed cleaning and sanitising routines that help prevent the spread of infectious diseases

(35) Staff must follow our cleaning procedures (in our Health, Hygiene Policy and Procedures) which covers how and when to clean the various areas, spaces and items in our service

(36) Staff also must follow our cleaning procedures to ensure food safety (in our Food Safety Policy)

(37) If there is a disease outbreak at the service, the nominated supervisor/approved provider contacts our local public health unit for advice on cleaning processes

Food safety

(38) We have strict food handling procedures to reduce the risk of spreading infectious diseases

(39) Staff must follow our safe food procedures, which comply with food safety standards (in our Food Safety Policy)

Protecting vulnerable people, including pregnant staff and visitors

Immunocompromised and high-risk children and adults

(40) If a child has a medical condition or health need that puts them at greater risk of infectious diseases (e.g., immunocompromised children or children with respiratory issues), this will be

recorded in their medical management, risk-minimisation and communication plans (see our Medical Conditions Policy and Procedures) (*Regulations* s 90)

(41) Babies also have a higher risk of severe disease in some cases (e.g., whooping cough, COVID-19, RSV, flu, measles, Herpes Simplex Virus etc)

(42) Staff must follow a child's individual plans and public health guidelines for immunocompromised or high-risk children. For example, we may require or recommend that the child does not attend the service during outbreaks or that they seek advice from their doctor about taking extra precautions

(43) The nominated supervisor/approved provider must give special consideration to staff members who are more susceptible to infections or at risk of severe disease**.** They will enquire about new staff members' health needs at induction, and make reasonable adjustments to reduce the risks to vulnerable staff members (e.g., limiting exposure, changing duties, increasing ventilation of rooms, wearing masks)

Pregnant staff and visitors

(44) The following common infectious diseases pose a greater risk of harm to pregnant women and unborn children:

- Chickenpox (varicella)
- COVID-19
- Cytomegalovirus (CMV)
- Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)
- Flu (influenza)
- Hand, foot and mouth disease
- Measles
- Rubella (German measles**)**
- Toxoplasmosis
- Whooping cough (pertussis)

(45) If any of the above diseases occur at our service, the nominated supervisor will:

- Follow the exclusion periods for infectious diseases and contact our local public health unit for help, if needed
- Alert pregnant staff and visitors so that they can take precautions
- Provide information and fact sheets for pregnant staff and all families
- Advise pregnant staff and visitors to seek medical advice, where it is recommended or if they have concerns

- Ensure that our infection control procedures are being carried and that necessary adjustments are made to the work of pregnant staff

(46) Pregnant staff and visitors should be vaccinated according to their doctor's recommendations

Managing sickness at the service

(47) Parents must inform us as soon as possible if their child has or may have an infectious disease, or if their child needs to be excluded as a contact

(48) If a staff member suspects or is aware that they have an infectious disease, or if they need to be excluded because they are a contact, they must tell their room leader and the nominated supervisor or approved provider as soon as possible

Sick children and staff must not attend the service

(49) Children or staff who have a suspected or diagnosed infectious disease must stay at home, even if they only have mild symptoms

(50) Parents should inform an educator (a) if medication has been administered to their child in the past 24 hours to treat the symptoms of what might be an infectious disease, and (b) of the cause of the symptoms, if it is known**.** This information should be communicated the first time the child attends the service after the medication has been administered

We follow our procedures if someone becomes sick at the service

(51) If a child becomes sick while they are at our service, we follow our infectious diseases procedures (attached) and our procedures in our Incident, Injury, Trauma and Illness Policy

(52) The child's educator must contact the child's parent or emergency contact by phone as soon as possible

(53) Sick children should be picked up from our service by their parent or an authorised nominee as soon as possible

(54) Staff who become sick at work should tell their supervisor/nominated supervisor and go home as soon as possible

(55) Sick children and staff who are waiting to be collected should isolate from others and follow our hand and respiratory hygiene procedures (in our Health, Hygiene and Cleaning Policy)

(56) We follow the appropriate cleaning and hygiene procedures (in our Health, Hygiene and Cleaning Policy) if anyone has been unwell at our service

(57) Staff call an ambulance (000) if a child or adult at our service has serious symptoms

Exclusion from the service

We enforce exclusion periods for sick children and staff

(58) Children and staff who have a suspected or diagnosed infectious disease may be excluded from our service (i.e., not allowed to attend) for the period during which they are or might be infectious

(59) Under the regulation 111 of *Public Health and Wellbeing Regulations 2019*, we must not allow a child to attend our service if we have been told that the child is infected with a disease that requires them to be excluded, or if we have been informed that the child is a contact of a person with an infectious disease that requires contacts be excluded

(60) The law also requires a parent to inform us if their child has an infectious disease or is a contact of someone with an infectious disease that requires contacts be excluded

(61) The exclusion periods are listed in our Exclusion Periods for Infectious Diseases table (attached), which is informed by Schedule 7 of the *Public Health and Wellbeing Regulations,* Victorian Health guidelines and and NHMRC's Staying Healthy Guidelines (6th Edition 2024)

(62) Staff must follow our exclusion of children and staff procedure (attached)

(63) Fees are still payable during exclusion periods

(64) In most cases, exclusion is based on symptoms, not a formal medical diagnosis. Parents and educators will use their best judgement to assess whether a child is probably infectious and therefore must be excluded according to our procedures

(65) When a child has been excluded, we communicate with their parents about why the child has been excluded, for how long the child is excluded, and when the child can return to the service

(66) In some cases, before a child or staff member who has been sick can return to the service, we may need a medical certificate that confirms they are no longer infectious

(67) If there is disagreement about exclusion or returning to the service after illness, the nominated supervisor will consult with our local health unit when deciding an outcome

(68) Additional public health recommendations and exclusion periods may apply for some diseases and outbreaks

(69) We may be compelled to report to a relevant authority any enrolled child who has or might have contracted a vaccine preventable notifiable disease

(70) Staff and families should be aware that the Victorian Chief Health Officer may direct the approved provider/nominated supervisor to exclude a child who is considered to be at substantial risk of contracting a vaccine-preventable disease (e.g., in the case of a non-immunised child)

Excluding contacts

(71) Contacts of individuals with infectious diseases are usually not excluded. However, the exclusion of contacts may be required or recommended for some diseases in certain cases (such as when a contact is non-immunised, immunocompromised or pregnant – see above section and our Immunisation Policy)

(72) The nominated supervisor/approved provider will refer to the exclusion periods for contacts and follow advice from our public health unit

Dealing with outbreaks

(73) If a disease outbreak occurs or is suspected at our service, we should contact our local public health unit for advice

(74) We must notify our local public health unit if we have a suspected outbreak of gastroenteritis (see below 'Notifications - notifiable diseases' section)

(75) Depending on the situation, during outbreaks we may need to:

- Be more stringent with exclusion periods and criteria
- Clean more thoroughly and/or more often
- Close our service for a short time to stop the spread of infection

(76) Outbreaks that pose a risk to the health, safety or wellbeing of children must be reported to the regulatory authority (see below section 'Notifications')

(77) We may need to exclude non-immunised children during outbreaks of vaccine preventable diseases (see our Immunisation Policy)

(78) We may be directed by the government to close part or whole of our service during an outbreak

COVID-19 requirements in Victoria

(79) To prevent the spread of COVID-19 at our service, staff, families and visitors are reminded to stay and home if they are unwell and show symptoms, get tested for COVID-19, and practice good hand and respiratory hygiene

(80) If a staff member or a child tests postive to COVID-19, we follow our exclusion procedure and notify the parents of other children in our service that there is a case

(81) Staff should isolate until 5 days after the date of a positive test and until resolution of acute symptoms of COVID-19. They should not attend our service during this time. After the isolation periods has ended, staff should also wear a face mask for 7 days after a positive test if they are indoors or unable to physically isolate at our service

(82) Staff who are close contacts (i.e., they live with someone who has COVID-19 or have spent more than 4 hours in a residential setting with a case during their infectious period) should test reguarly and stay home if they have symptoms, wear a mask for 7 days while at the service. Social contacts (spent more than 2 hours in an indoor space with a case or had 15 minutes of face-to-face contact) should test for COVID-19 if they develop any symptoms and stay at home until well

(83) We do not need to report positive cases to the regulatory authority if there are no risks to the health and safety of children and our service can operate as usual

Notifications (including 'notifiable diseases')

(84) Staff must follow our infectious disease notification procedure (attached)

We must notify parents if their child becomes sick at the service

(85) The approved provider must ensure that a parent of a child is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child becomes ill at our service (*National Regulations* s 86), according to our Incident, Illness, Injury and Trauma Policy

We must notify parents of any occurrences of infectious diseases at the service

(86) The approved provider must ensure that the parent or an authorised emergency contact of each child at our service is notified of the occurrence of an infectious disease, as soon as practicable (*National Regulations* s 88)

(87) The approved provider must display a notice stating that there has been an occurrence of an infectious disease at the service premises (*National Regulations* s 173)

We must report 'notifiable diseases' to the Victorian Department of Health

(88) The approved provider must, as soon as possible and within 24 hours**,** notify our local public health unit if an outbreak of gastroenteritis is suspected (2 or more related cases)

We must report work health and safety 'notifiable incidents' to WorkSafe Victoria

(89) The approved provider must ensure that notifiable incidents are reported immediately to WorkSafe Victoria, including: a work-related death, serious illness or a potentially dangerous incident

(90) A serious illness is one that requires immediate treatment in hospital as inpatient in a hospital, and includes any illnesses related to carrying out work that involves providing treatment or care to a person, involves contact with human blood or body substances, or involves handling or contact with animals

We must make necessary reports to the regulatory authority

(91) The approved provider must report to the regulatory authority via the NQA IT system within 7 days:

- **Any circumstance arising at our service that poses a risk to the health, safety or wellbeing of a child or children attending the service** (*National Regulations* ss 175, 176) (e.g., an outbreak or a child being hospitalised because of an infectious disease)
- **Any change to the hours and days of operation of our service** (*National Regulations* ss 175, 176). For example, if we need to close a room or the whole service temporarily due to an outbreak

Record keeping

(92) If a child becomes ill while they are in our care, staff make a record according to our incident, illness, injury and trauma policy and procedures (*National Regulations* s 87)

(93) If we notify the public health unit about an infectious disease, staff record when and where the notification was sent, and which staff member made the notification

(94) Health records are managed according to our record keeping, privacy and confidentiality policies

(95) We may need to disclose health records to officers from relevant authorities (such as the health department or the regulatory authority)

PRINCIPLES

(96) The safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to prevent the spread of infectious diseases

(97) Our policies and procedures are based on the latest guidelines and recommendations from health authorities, and we comply with the relevant laws, regulations and standards

(98) We communicate with staff, families, children and government authorities to manage and mitigate risks, ensuring that everyone is informed and contributing to a safe environment

(99) Staff are trained and resourced to be able to deal with infectious diseases and to role model good hygiene practices

(100) Children are helped to take increasing responsibility for their health and physical wellbeing. Infection control awareness, hygiene, and protectives practices are included in our education programming and planning

(101) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks

POLICY COMMUNICATION, TRAINING AND MONITORING

(102) This policy and related documents can be found the OSHC office

(103) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Dealing with Infectious Diseases Policy and related documents

(104) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Dealing with Infectious Diseases Policy and related documents

(105) The approved provider runs a professional development program for each staff member, which covers this policy

(106) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(107) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

(108) At enrolment, families are given access to our Dealing with Infectious Diseases Policy and related documents

(109) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
s 172	Offence to fail to display prescribed information
S 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
s 77	Health, hygiene and safe food practices
s 85	Incidents, injury, trauma and illness policies and procedures
s 86	Notification to parents of incident, injury, trauma and illness
s 87	Incident, injury, trauma and illness record
s 88	Infectious diseases
s 90	Medical conditions policy
s 103	Premises, furniture and equipment to be safe, clean and in good repair
s 109	Toilet and hygiene facilities
s 110	Ventilation and natural light
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act / Regulation / Standard	Description
Work Health and Safety Act 2011	Describes the primary duty of care to people in the workplace
Australia New Zealand Food Standards Code	Covers food safety requirements
Privacy Act 1988	Principal act protecting the handling of personal information

Public Health and Wellbeing Act 2008 (Vic) *Public Health and Wellbeing Regulations 2019 (Vic)*	Laws and regulations covering infectious disease management, including exclusion periods and notifiable diseases
Victoria food safety laws	Covers the safe handling of food, including the Australian Food Safety Code

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

My Time, Our Place (MTOP) V2.0

MTOP Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
Families and communities are informed and involved in promoting child safety and wellbeing
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Dealing with Infectious Diseases Policy

Key Policies	Child Safe Environment Policy | Immunisation Policy| Cleaning, Health and Hygiene Policy | | Incident, Injury, Trauma and Illness Policy | Physical Environment Policy | Work Health and Safety Policy | Enrolment Policy | Food Safety Policy | Immunisation Policy | Medical Conditions Policy | Sand Pit Policy | Head Lice Policy | Animal and Pet Policy
Procedures	Roles and Responsibilities – Dealing with Infectious Diseases (attached) | Dealing with Infectious Diseases Procedures (attached) | Health, Hygiene and Cleaning, Procedures (in Health, Hygiene and Cleaning Policy) | Food Safety Procedures (in Food Safety Procedures) |Medical management plans (in Medical Conditions Policy) | Incident, Injury, Trauma and Illness Procedures (in Incident, Injury, Trauma and Illness Policy)
Resources	Exclusion Periods for Infectious Diseases (attached) | Head Lice Treatment (in Head Lice Policy)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | A guide to the management and control of gastroenteritis outbreaks in children's centres: VIC Health | NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 6th edition |Public Health and Wellbeing Act 2008 | Public Health and Wellbeing Regulations 2019 |Exclusion periods for primary schools and children's services - Victorian Department of Health |Disease information and advice - Victorian Department of Health

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July 2026 Date for next review: July 2027

Dealing with Infectious Diseases Policy

APPENDIX A

ROLES AND RESPONSIBILITIES – Dealing with infectious diseases

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to: • Take every reasonable precaution to protect children from harm and hazards likely to cause injury • Take reasonable steps to prevent the spread of infectious diseases • Notify parents or authorised emergency contacts of any occurrence of an infectious disease • and display a notice stating that there has been an occurrence of an infectious disease at the service premises
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for infectious diseases are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this Dealing with Infectious Diseases Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our Dealing with Infectious Diseases Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene
Ensure that vulnerable children and adults (including pregnant women) are given special consideration regarding the risk of infectious diseases. Act on advice from our local health unit about exclusion recommendations for vulnerable children and staff where necessary
Ensure that parent/s are notified as soon as practicable, but not later than 24 hours after the occurrence, if their child becomes ill while at our service
Ensure staff and families are following the exclusion periods according to our obligations
Report notifiable diseases to our local health unit, notifiable incidents to our safe work agency, and prescribed information to regulatory authority
Ensure we make and store records concerning infectious diseases according to our policies and obligations, including for privacy and confidentiality
Regularly review this Dealing with Infectious Diseases Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Dealing with Infectious Diseases Policy if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Support the approved provider to:

- take reasonable steps to prevent the spread of infectious diseases
- notify parents or authorised emergency contacts of any occurrence
- and display a notice stating that there has been an occurrence of an infectious disease at the service premises

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for infectious diseases are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Dealing with Infectious Diseases Policy and related procedures

Take reasonable steps to ensure our Dealing with Infectious Diseases Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Notify and liaise with the approved provider, staff, health authorities and parents about the occurrence of infectious diseases at our service, where necessary

Enforce exclusion periods for staff and children according to this policy and our obligations

Contact parent/s/authorised emergency contact of a child who shows symptoms of an infectious disease while at our service. Ask parents to collect their child as soon as possible. Ensure educators follow our incident, injury, trauma and illness policy and procedures

Ensure that vulnerable children and adults (including pregnant women) are given special consideration regarding the risk of infectious diseases. Act on advice from our local health unit about exclusion recommendations for vulnerable children and staff where necessary

Ensure we make and store records concerning infectious diseases according to our policies and legal obligations, including for privacy and confidentiality

Organise a pool of regular relief educators to cover educators who are absent due to illness

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this Dealing with Infectious Diseases Policy and related procedures, including for hygiene, ventilation, managing sick children and exclusion recommendations and periods
If a child shows symptoms of an infectious disease while at the service, notify the child's parent/authorised emergency contact and the nominated supervisor immediately, and follow our procedure for managing illness in children. Ask parent/authorised emergency contact to collect their child as soon as possible.
Notify the nominated supervisor as soon as practicable if a parent tells you that their child has a suspected or diagnosed infectious disease. Explain/reinforce to parents our exclusion procedure and exclusion periods
Don't come into work if you are sick. Notify your room leader and the nominated supervisor/approved provider if you have a suspected or diagnosed infectious disease (or need to exclude because you are a contact). Follow our exclusion procedure and stay away from our service for the exclusion period. If requested, supply a medical certificate confirming you are okay to return to work
If you get sick at work, notify your room leader and the nominated supervisor/approved provider as soon as practicable, and go home straight away. Isolate from others and practice good hygiene if you are waiting to be collected
Record illnesses/infectious diseases in children and yourself according to our policies
Model and teach children about good hand and respiratory hygiene practices
Discuss any specific needs you have related to managing infectious diseases with the nominated supervisor or approved provider, especially if you are pregnant, immunocompromised, or have other health considerations
Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health and infection control

Families responsibilities (not limited to)
If your child is unwell, notify our service and do not bring your child in until they are well. Follow our Exclusion Procedure and keep your child away for the minimum period of exclusion
Collect your child – or have an authorised emergency contact collect your child - as soon as possible if they become ill while at our service

Dealing with Infectious Diseases Policy

Notify our service as soon as practicable if your child has a diagnosed infectious disease or needs to exclude because they are a contact of someone with an infectious disease
Notify our service if medication has been administered to your child in the past 48 hours to treat symptoms of a suspected or diagnosed infectious disease; and of the cause of the symptoms, if known. This should be communicated the first time the child attends the service after the medication has been administered
If requested, provide a medical certificate to confirm your child is okay to return to our service after an illness
Discuss any specific needs your child has related to managing infectious diseases with the nominated supervisor. Work with the nominated supervisor and educators to implement a medical management, communication and risk minimisation plans if your child has a medical condition, including any plans/practices for protecting against and managing infectious diseases
If you are sick with a suspected or diagnosed infectious disease, please do not attend our service unless necessary. If you do have to attend (e.g., to collect or drop off your child), please liaise with our service so that an educator can meet you outside with your child. Please wear a mask and wash your hands/use hand sanitiser if you come inside while you are sick
Model good hand and respiratory hygiene to your child, and help them to wash/sanitise their hand when they enter or leave our service

APPENDIX B

Dealing with Infectious Diseases Procedures

Introduction

- These procedures apply to our Dealing with Infectious Diseases Policy
- Related procedures are located in our Health, Hygiene and Cleaning Policy and Food Safety Policy
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' includes volunteers, students and third parties defined in the scope of the Dealing with Infectious Diseases Policy

Attachments

- Appendix C – Exclusion of Children and Staff Procedure
- Appendix D – Infectious Disease Notification Procedure
- Appendix E – Exclusion periods for Infectious Diseases table

Dealing with Infectious Diseases Policy

APPENDIX C

PROCEDURE – Exclusion of children and staff

When to use this procedure

- When a child or staff member gets sick / shows symptoms of an infectious disease
- When a child or staff member is diagnosed with an infectious disease
- When a child or staff member needs to be excluded because of an infectious disease (including contacts who need to be excluded)

Determine the need for exclusion

1. Exclude based on symptoms - if an infectious disease is suspected, but not diagnosed, assess symptoms and exclude if required
2. Exclude based on a known infectious disease - if you know the condition, use the Exclusion Periods for Infectious Diseases (table attached) to determine how long the child or staff member needs to be excluded from the service
3. Exclude contacts - refer to the Exclusion Periods for Infectious Diseases table for specific conditions that may require contacts of a person who has an infectious disease to be excluded

Assess the symptoms

1. Assess whether the symptoms have a known non-infectious cause. For example:
    - Chronic asthma causing an ongoing cough
    - Allergies or chronic sinusitis causing runny nose, cough, sore throat, watery eyes, rash
    - Diarrhoea caused by a flare of a chronic, non-contagious illness, such as Crohn's Disease, Irritable Bowel Syndrome
    - Skin rash caused by eczema
    - Lingering cough or snotty nose after known respiratory illness
    - Nausea due to emotional upset
    - Headache from dehydration
2. Determine whether symptoms are new. Those that have been present for a long time may not be infectious
3. Evaluate the symptoms together (e.g., a cough, runny nose and a fever is probably infectious; a cough on its own may not be)
4. Consider general wellness, such as energy levels and appetite. New lethargic or tired symptoms are more likely to be caused by an infectious disease

5. Refer to table on the next page for guidance:

COMMON SYMPTOMS	EXCLUSION GUIDELINES	ADDITIONAL GUIDANCE
DIARRHOEA OR VOMITING	Exclude	Depending on the cause, usually exclude for 24 – 48 hours after symptoms stop – refer to exclusion periods table
EYE DISCHARGE (PUS OR SEVERE WATERINESS)	Exclude	Usually exclude until discharge stops - refer to 'Conjunctivitis' exclusion periods table
FEVER (>38°C)	Exclude	Normal temperature is between 36.5-38.0 degrees Usually exclude until temperature remains normal and they have no other symptoms that require exclusion – refer to exclusion periods table If a child has gone home with a fever but their temperature is normal the next morning, they can return to our service (so long as they have no other symptoms that require exclusion) If the child wakes in the morning with a fever, they should stay at home
RASH	Exclude if a rash develops rapidly or is combined with fever or other concerning symptoms	Usually exclude until other symptoms have resolved - refer to exclusion periods. Rash alone may not require exclusion.
RESPIRATORY SYMPTOMS (E.G., COUGH, SORE THROAT, RUNNY OR BLOCKED NOSE, SNEEZING)	May need to exclude	Usually exclude until symptoms resolve – refer to exclusion periods. If a child or staff member has a lingering cough after they have recovered from a respiratory infection, but they are feeling well and their other symptoms have resolved, they do not need to be excluded
ITCHY SKIN / ITCHY SCALP	Usually only exclude if combined with fever or other concerning symptoms	Itchy skin caused by non-infectious skin conditions such as eczema or psoriasis, burns, allergic reactions will not need exclusion Refer to exclusion periods for parasites or infections that cause itchiness To ensure the health and comfort of all children and adults at our service, an educator may discreetly and respectfully examine a child's head if they suspect the child has head lice. This will be done in a way which does not embarrass the child or infringe their right to privacy and confidentiality. If head lice are found, refer to exclusion periods

Inform parents and staff members

1. Inform the parent/s or staff member of the exclusion period
2. Provide clear instructions on when the child or staff member can return to the service and if they will need a medical certificate to clear them first
3. Provide fact sheets and advise parents or staff to get medical advice, if required

Manage concerns and disagreements

1. If there is a disagreement or a concern about the exclusion, refer to the nominated supervisor
2. The nominated supervisor should try to resolve the disagreement or provide more information in the first instance
3. If necessary, the nominated supervisor will consult with our local health unit when deciding how to proceed with the exclusion

Document and notify where necessary

1. If the child has become sick while they are in our care at the service, create an incident, injury, trauma and illness record (see Incident, Injury, Trauma and Illness Policy)
2. Notify families and staff according to our infectious disease notification procedure (attached)
3. Notify authorities according to our infectious disease notification procedure
4. Keep records of notifiable diseases and notifiable incidents, including which staff member made the report and to whom the report was made

Seek medical or public health advice

1. Contact our local public health unit:
    - Where required
    - If you are unsure or if there is disagreement about whether to exclude a child or staff member, or for how long and under what conditions
    - For advice during outbreaks or suspected outbreaks

Dealing with Infectious Diseases Policy

APPENDIX D

PROCEDURE – Infectious disease notification

When to use this procedure

- When there is an occurrence of an infectious disease at the service
- When there is an occurrence of a notifiable disease at the service
- When there is a notifiable incident at the service, caused by an infectious disease
- When any circumstance arising at our service poses a risk to the health, safety or wellbeing of a child or children attending the service as a result of an infectious disease
- When there is any change to the hours and days of operation of our service

Notify the parent of a child who becomes ill at our service

1. Educators/nominated supervisor call the parent or authorised emergency contact of a child who becomes ill at our service as soon as possible

Notify families and staff of the occurrence of an infectious disease

1. The nominated supervisor or another designated staff member:
    - Must tell parents as soon as possible of the occurrence of an infectious disease via phone, email, in person, or written notice
    - Must place a notice in a prominent position near the front door to notify parents that there has been an occurrence of the infectious disease
    - Must not identify the child/ren with the infectious disease
    - Can provide information about the infectious disease to staff and families, such as fact sheets and links to websites

Notify authorities, if required

1. The nominated supervisor/approved provider must report:
    - **Notifiable diseases** - as soon as possible and within 24 hours, our local public health unit an outbreak of gastroenteritis is suspected (2 or more related cases)
        - Contact the Victorian Health Department by phone on 1300 651 160 (24/7). A notification forms is available at: https://www.health.vic.gov.au/infectious-diseases/notifiable-infectious-diseases-conditions-and-micro-organisms
    - **Notifiable incidents** - immediately to WorkSafe Victoria including a work-related death, serious illness or a potentially dangerous incident
        - A serious illness is one that requires immediate treatment in hospital as inpatient in a hospital, and includes any illnesses related to carrying out work that involves providing treatment or care to a person, involves contact

with human blood or body substances, or involves handling or contact with animals

- Call WorkSafe Victoria on 13 23 60

- **Any circumstance arising at our service that poses a risk to the health, safety or wellbeing of a child or children attending the service** must be reported within 7 days to the regulatory authority via the NQA IT System (for example, an outbreak or a child being hospitalised because of an infectious disease)
- **Any change to the hours and days of operation of our service** must be reported within 7 days to the regulatory authority via the NQA IT System (for example, if we need to close a room or the whole service temporarily due to an outbreak

APPENDIX E

RESOURCE - Exclusion table for infectious diseases (Victoria)

Sources:

- Schedule 7 - Public Health and Wellbeing Regulations (2019)
- Chapter 3 of the Australia New Zealand Food Standards Code
- NHMRC's Staying Healthy 6th Edition

Contacts are people who have been in contact with the person who is sick, but who have no symptoms; if they have symptoms, they should follow the same guidance as the person who is sick.

Staff should contact Victorian Department of Health if they need advice about these exclusion periods

Note: an outbreak of gastroenteritis is defined as two or more related cases

* Legislated mandatory exclusion periods

Condition	Exclusion of person who is sick	Exclusion of contacts
Asthma	Not excluded	Not excluded
Bronchiolitis	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time sor • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to local public health unit for advice if there are several children and staff with respiratory symptoms at the service.	Not excluded
Bronchitis	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	• the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to local public health unit for advice if there are several children and staff with respiratory symptoms at the service	
Chickenpox (varicella)*	Must exclude until all blisters have dried – this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Cold sores (*herpes simplex*)*	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot maintain these practices (for example, because they are too young), must exclude until the sores are dry Cover sores with a dressing, if possible	Not excluded
Common cold	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	Not excluded
Conjunctivitis*	Must exclude until discharge from the eyes has stopped	Not excluded
COVID-19	Exclude until 5 days after the date of the positive test result and until resolution of acute symptoms (e.g., runny nose, sore throat, cough, shortness of breath, fevers, chills and/or sweats) – Victorian Health advice	Not excluded Refer to Infectious Diseases policy for more information

Condition	Exclusion of person who is sick	Exclusion of contacts
	Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service.	
Croup	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Diarrhoeal illness* Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (Entamoeba histolytica), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens	In an outbreak of gastroenteritis, must exclude until there has not been vomiting or a loose bowel movement for 48 hours. In all other diarrhoeal illness, must exclude until there has not been vomiting or a loose bowel motion for 24 hours. Food handlers must not handle food if they may still be infectious. NHMRC recommends that food handlers do not handle food until they have been symptom free for 48 hours. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify our public health unit if an outbreak of gastroenteritis is suspected	Not excluded
Diphtheria*	Must 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 Chief Health Officer

Dealing with Infectious Diseases Policy

Condition	Exclusion of person who is sick	Exclusion of contacts
Ear infection	NHMRC recommends not excluded unless associated with other concerning symptoms	Not excluded
Fifth disease (slapped cheek syndrome, erythema infectiosum, human parvovirus B19)	Not excluded	Not excluded
Flu (influenza) and flu like illnesses*	Must exclude until well	Not excluded unless considered necessary by Chief Health Officer
Fungal infections of the skin or scalp (ringworm*, tinea, athlete's foot)	Exclude until the day after starting appropriate antifungal treatment (ringworm is a mandatory exclusion)	Not excluded
Glandular fever (Epstein–Barr virus, infectious mononucleosis)	Not excluded	Not excluded
Hand, foot and mouth disease*	Must exclude until all blisters have dried	Not excluded
Head lice*	Must exclude until the day after appropriate treatment has started	Not excluded
Hepatitis A*	Must exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness. Talk to our public health unit for advice Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious. Notify our public health unit if an outbreak of gastroenteritis is suspected	Not excluded Talk to our public health unit for advice
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Hepatitis E	NHMRC recommends excluding until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded Talk to our public health unit for advice

Condition	Exclusion of person who is sick	Exclusion of contacts
	Notify our public health unit if an outbreak of gastroenteritis is suspected	
Hib (*Haemophilus influenzae* type b)*	Must exclude until 48 hours after initiation of effective therapy	Not excluded Talk to our public health unit for advice
HIV (human immunodeficiency virus)	Not excluded	Not excluded
Human metapneumovirus	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	Not excluded
Impetigo (school sores)*	Must exclude until appropriate treatment has started Sores on exposed skin must be covered with a watertight dressing	Not excluded
Leprosy*	Must be excluded until approval to return has been given by the Chief Health Officer	Not excluded
Measles*	Must exclude for at least 4 days after the rash appeared	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 exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial other than meningococcal meningitis)*	Must exclude until well	Not excluded
Meningitis (viral)	NHMRC recommends excluding until person is well	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
Meningococcal infection*	Must exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Molluscum contagiosum	Not excluded	Not excluded
Mosquito-borne diseases (Barmah Forest virus, Chikungunya virus, Dengue virus, Zika virus, Japanese encephalitis, malaria, Murray Valley encephalitis virus, Ross River virus, West Nile virus – including Kunjin virus)	Not excluded Talk to our public health unit for advice	Not excluded
Mumps*	Must exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Pneumococcal disease	NHMRC recommends excluding until person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Pneumonia	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	Not excluded
Poliovirus infection*	Must exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Roseola (exanthum subitum, sixth disease)	Not excluded	Not excluded
RSV (respiratory syncytial virus)	NHMRC recommends that if a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	• the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can return to the service Talk to our local public health unit for advice if there are several children and staff with respiratory symptoms at the service	
Rubella (German measles)*	Must exclude until the person has fully recovered or for at least 4 days after the rash appears	Not excluded Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice
Scabies* and other mites causing skin disease	Exclude until the day after starting appropriate treatment (scabies is a mandatory exclusion)	Not excluded
Severe Acute Respiratory Syndrome (SARS)*	Must exclude for at least 14 days from onset. Re admit after receiving medical certificate of recovery	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)*	Must exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer Food handlers must not handle food if they may still be infectious The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice from a medical practitioner that the person is no longer infectious.	Not excluded
Shingles (zoster infection)	NHMRC recommends excluding children until blisters have dried and crusted. Adults who can cover the blisters are not excluded (they are excluded if blisters cannot be covered)	Talk to public health unit about pregnant women and anyone who is immunocompromised.
Staph infection (*Staphylococcus aureus*)	NHMRC recommends excluding until the person has received antibiotic treatment for at least 24 hours and feels well Food handlers must not handle food if they may still be infectious. The Food Safety Code clause 16(3) states that once a person is excluded from handling food because they have or are reasonably suspected to have a foodborne disease, their employer may only allow then to resume handling food after receiving advice	Not excluded

Condition	Exclusion of person who is sick	Exclusion of contacts
	from a medical practitioner that the person is no longer infectious.	
Streptococcal sore throat (incl. Scarlet Fever)*	Must exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Thrush (candidiasis)	Not excluded	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Trachoma (*Chlamydia trachomatis* eye infection)	NHMRC recommends excluding until antibiotic treatment has started **and** Talk to our local public health unit for advice	Talk to our public health unit for advice
Tuberculosis (TB)*	Must exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded Talk to our public health unit for advice about screening, antibiotics and TB clinics
Typhoid (incl. paratyphoid fever)*	Must exclude until cleared by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer
Warts	Not excluded	Not excluded
Whooping cough (pertussis)*	Must exclude until at least 5 days after starting appropriate antibiotic treatment, or for at least 21 days from the onset of coughing if the person does not receive antibiotics	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

Delivery and Collection of Children Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	99	Children leaving the education and care service premises
	158	Children's attendance record to be kept by approved provider

Aim

To ensure the safety and wellbeing of children at all times.

Related Policies

Acceptance and Refusal of Authorisations Policy
Child protection Policy
Enrolment Policy
Excursion Policy
Family Law and Access Policy
Fees Policy
Incident, Injury, Trauma and Illness Policy
Infectious Disease Policy
Transport Policy

Implementation

The Nominated Supervisor, educators, staff and volunteers will adhere to the following procedure at all times to ensure the safety of children. Educators and staff will also remind parents/guardians of the dangers of leaving other children unattended in vehicles and encourage them to bring those children with them when dropping off or collecting a child enrolled at the service.

Children and families will not be allowed to enter our building for education and care prior to the advertised operating hours of the service as we are not licensed to accept children before this time.

Arrival:

- All children must be signed in by their parent or person who delivers the child to our service. If the parent or other person forgets to sign the child in they will be signed in by the nominated supervisor or an educator.
- An educator will greet and receive each child to ensure the child is cared for at all times.
- Educators will assess the health and wellbeing of each child. Children who are unwell, including those who have symptoms of an infectious disease, or an injury which prevents them from

participating in activities, or an injury which a doctor has or would likely say means the child must be excluded from care (eg a head injury) will not be permitted to attend until a letter of clearance is provided by a doctor

Departure:

- All children must be signed out by their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out they will be signed out by the nominated supervisor or an educator.
- Children can only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Authorisations from parents or authorised nominees must be made in writing, unless parents or authorised nominees are unable to collect the child before the service closes (eg in an emergency). In this case educators may accept verbal authorisation for an alternate person who can be adequately identified to collect the child
- Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises, including authorisation to go on an excursion (please refer Excursion Policy).
- No child will be released into the care of an unauthorised person. If the person becomes aggressive or violent and will not leave the premises the Nominated Supervisor or educator will:
    - ensure the safety of all children and adults at the service, and implement lockdown procedures if required
    - ring the police on 000.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date.
- No child will be released into the care of anyone not known to educators. Parents must give prior notice where:
    - the person collecting the child is someone other than those mentioned on the enrolment form (eg in an emergency) or
    - there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.

  If educators do not know the person by appearance, the person must be able to produce some photo identification. If staff cannot verify the person's identity they will be unable to release the child into that person's care
- If a parent appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to collect their child, they will:
    - discuss their concerns with the parent, if possible without the child being present
    - suggest they contact another parent or authorised nominee to collect the child
    - inform the police of the circumstances, the person's name and vehicle registration number if the parent insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child, but must consider their obligations under the relevant child protection laws
- If an authorised nominee, or person authorised by a parent or authorised nominee, appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take

responsibility for the child, they will not let the child leave with the person. They will contact the parent and advise that another person needs to collect the child

- If a child has not been collected by the time we are due to close the service, the Nominated Supervisor will:
    - (again) attempt to contact the parents or other authorised nominees
    - leave a voicemail or SMS message on the parent's phone if they do not answer advising he or she will wait up to 30 minutes before ringing the police or Child Protection Hotline
    - wait for 30 minutes and, if the parents or authorised nominee has not arrived, ring the police or Child Protection Hotline for guidance on the appropriate action to take.
- At the end of each day educators will check all beds/rest areas and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes (refer Lock Up Policy).
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

Delivering children to and from school

Educators will deliver children to, or collect children from school if parents authorise the child to leave the premises for this purpose. When delivering or collecting children from school educators will:

- ensure ratios continue to be maintained at the service at all times
- ensure children moving between the service and school are adequately supervised at all times
- deliver children inside the school premises (eg ensure children are inside the school fence before leaving)
- collect children from an agreed area inside the school premises
- take steps to account for any child they expect to collect after school who is not present by ascertaining from the school office and/or classroom teacher whether the child attended that day, what their movements were after school eg whether they were they collected by a parent, phoning parents if child missing, and phoning the police if child not with parents and can't be accounted for.

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: <July 2026> **Date for next review: <July 2027>**

Delivery and Collection of Children Policy

Sources

Education and Care Services National Regulations 2011
My Time Our Place
National Quality Standard
Occupational Health & Safety Act 2004

Emergency Management and Evacuation Policy and Procedures

National Quality Standard

Element	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
	6.2.3	Community engagement - The service builds relationships and engages with its local community.
	7.1.2	Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

National Law

Section	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards

National Regulations

Regs	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment
	168(2)(e)	Policies and procedures in relation to emergency and evacuation including the matters set out in regulation 97
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures

Aim

In the event of an emergency at the service, we aim to manage the situation in a rehearsed, timely, calm and safe manner to secure the safety of each person at the service. Emergencies may require us to evacuate, lock out or lock down the premises. The safety and wellbeing of each child and adult at the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

Definitions

"Authorised nominee" - a person who has been given permission by a parent or family member to collect the child from the service. Source: National Law (Section 170)

"Parent" - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, 'parent' does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

"Direct Egress" - means the ability to move and directly exit to an assembly area that is at the same level as the education and care service and is outside the service premises and away from the building. This does not include travelling through sets of stairs (including fire isolated stairwells), busy occupied areas, traffic or other hazards, or obstructions. Source: ACECQA Guide to the NQF

"Emergency" - an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: ACECQA Guide to the NQF

"Emergency drill/rehearsal" - a process to rehearse the possible emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and test the adequacy of the emergency response. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Emergency Services" - includes ambulance, fire brigade, police and state emergency services. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Evacuation diagram/plan" - an evacuation plan is used where it is deemed necessary to evacuate the immediate area ore building. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Evacuation route" - Continuous path of travel (including exits, public corridors) from any part of a building to a safe place. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Harm" - Physical or mental injury; hurt. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Hazard" - a danger or risk, even though often foreseeable. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Lock Down"- a security measure taken during an emergency to prevent people from leaving or entering a premises until the threat or risk has been resolved. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Lock Out" - a security measure taken during an emergency to prevent people from entering a premises until the threat or risk has been resolved. Source: ACECQA Policy Guidelines: Emergency and *Evacuation*

"Multi-storey building" - a building with more than two storeys, including the ground floor. Each level of a split-level storey (or mezzanine), is counted as one storey. For these purposes, the ground floor is the first storey, the first floor is the second storey, and so forth. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Risk" - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Risk assessment" - assessing the risk means working out how likely it is that a hazard will harm someone and how serious the harm could be. Source: ACECQA Risk assessment template: Excursions

Intersection with other policies

Bushfire or Grassfire Policy

Bush Kindy Policy
Child Safe Policy
Emergency Service Contact Policy
Enrolment and Orientation Policy
Lockdown Policy
Incident, Injury and Trauma and Illness Policy
Administration of Authorised Medication Policy
Death of a Child Policy
Medical Conditions Policy
Physical Environment (Workplace, Learning and Administration) Policy

Implementation

Our service has strict measures and procedures in place to ensure the safety, health and well-being of children, staff and visitors during emergencies and evacuations. Specifically, we:

- Conduct thorough risk assessments in line with the *National Regulations*
- Follow best practice emergency planning and management, namely the Australian Standard AS3745:2010 Planning for emergencies in facilities, as well as guidance from ACECQA and regulatory authorities
- Have a comprehensive *Emergency Management Plan* that includes clear procedures for dealing with a range of emergencies
- Have an *Emergency Communication Procedure*
- Conduct quarterly emergency drills for evacuations and other emergencies
- Have defined roles and responsibilities for staff, volunteers, students and families
- Train staff, volunteers and students on our policies and procedures, both at induction and at regular intervals
- Communicate our emergency policies and procedures to the children and families
- Ensure that our emergency equipment – such as fire extinguishers, blankets, Emergency Kits – are maintained and tested according to instructions
- Monitor and audit compliance and strive for continual improvements to our practices.

Risk assessments

We will conduct a risk assessment of potential emergencies that are relevant to our service at least once every 12 months and soon as practicable after becoming aware of any circumstances that may affect the safe evacuation of children from our service. A record of each risk assessment conducted will be kept, in line with our regulatory obligations.

We will ensure that children are protected from risks, and that any newly identified risks are communicated to the nominated supervisor and approved provider as soon as practicable. The approved provider must ensure that any necessary updates are made to this *Policy and Procedure.*

Risk assessment areas to consider

Risk assessments must identify and assess the risks of potential emergencies and specify how the risks will be minimised and managed.

Possible emergencies including:

- Natural disasters such as earthquake, flood, bush fire, extreme weather and storms
- Personal injuries and threats, suspicious mail, siege, bomb scare
- Chemical spills, biohazards, fire, gas leak, explosion.

Potential hazard during emergencies including:

- Heavy items falling particularly if they are stored high
- Hazardous materials leaking
- Communication/power outages or live wires
- Debris blocking preventing safe evacuation
- Structural damage to buildings.

Emergency Management Plan

Our *Emergency Management Plan* will be based on all identified risks and includes appropriate responses including evacuation, lockdown, lockout and shelter-in-place, and drill and training schedules. Where appropriate, we will consult with local emergency services (e.g., fire, police, ambulance), local government, community leaders and other relevant agencies for advice about issues like evacuation routes, assembly points and accessibility for adults or children with special needs.

Our Emergency Management Plan will include:

- Emergency contact details for people who have specific roles or responsibilities
- Contact details for local emergency services
- A description of how we will alert people to an emergency, e.g., siren/bell
- Emergency procedures (see **Appendix A***)*. We may discuss our procedure - for example, evacuation point/route and alternatives - with local emergency services, community leaders and/or other relevant authorities, or access their online resources to ensure our procedures are robust, and accessible for adults or children with special needs
- How we will assist any child or person with special needs
- An Evacuation Diagram (see below for details) based on service floor plans showing the location of fire equipment, emergency exits and assembly points
- Processes to ensure staff are trained in our emergency procedures
- Processes we will follow after an incident

- Procedures we will follow to test the Emergency Management Plan and familiarise children and staff with the Plan

Evacuation Diagram

The Evacuation Diagram of the floor or area will include the following elements and will be at least A4 size:

- Title, e.g. Evacuation Diagram
- Designated exits in green
- Hose reels, hydrants, extinguishers, fire blankets in red
- "You are here" location
- Location of assembly area(s) including shelter in place location (stated pictorially or in words)
- Location of communication equipment in red
- Legend with the symbols used
- Date Diagram completed and when it will be reviewed
- If the Diagram includes additional elements, including those listed below, it will be at least A3 size:
- Direction of North
- Paths of travel in green
- Location of First Aid Kits
- Location of Hazardous Chemicals
- Emergency information (e.g., phone numbers, procedures).

Displaying information from the Emergency Management Plan

Relevant information from the Emergency Management Plan is displayed prominently at our service to ensure it can be easily identified and is accessible to all educators, staff, visitors, volunteers and families. Relevant information includes:

- Emergency service telephone numbers which will be displayed near telephones
- Evacuation procedures and diagrams which will be displayed near each exit. The Evacuation Diagram will be displayed at a height not less than 1200 mm and not more than 1600. It will also be oriented correctly in relation to the emergency exit, the 'You are here' point and the assembly area(s).

Emergency and Evacuation Procedures

Staff, volunteers and students will implement the *Emergency and Evacuation Procedures* during an emergency to protect children, each other and visitors to our service, and to ensure compliance with all regulations.

The following procedures are detailed at **Appendix A**:

- **Emergency Evacuation procedure**
- **Lockout procedure** (see the separate *Lockdown Policy* for our Lockdown Procedure)
- **Shelter-in-Place procedure**
- **Emergency response procedures** (what to do in specific emergencies: fire, severe weather, storms, flooding, pandemic, bomb/chemical threat, major external and internal emissions/spills, earthquake, medical emergencies, intruder/personal threat.

Emergency Communication Procedure

Our Emergency Communication Procedure is at **Appendix B.**

The approved provider will ensure there is access to reliable communication channels in the event of an emergency by maintaining access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment) at all times.

The main telephone is located at the main school office. If there is a complete loss of electricity and the telephones are not available, a mobile phone will be available and ready to use at all times to ensure educators can make emergency contact.

Emergency Kit

We have full access to the emergency kit provided in the main school office.

Emergency and evacuation rehearsals

The service will add to each child's sense of security, predictability and safety, and ensure all educators and staff are familiar with our emergency procedures, by conducting evacuation drills at least **every three months**.

If necessary, the nominated supervisor will prepare a risk assessment to identify and manage risks that may arise in emergency drills and evacuation points.

The nominated supervisor will develop a schedule for conducting drills for the different types of emergencies identified in the *Emergency Management Plan* and will diarise to ensure these are completed. All rehearsals and drills will be recorded and available for inspection.

The drills will:

- Take place at various times of the day and week (rather than always on a Tuesday at 10am, for example) to ensure all children and staff members get the opportunity to rehearse. Rehearsals may also be conducted when families are present to help them become familiar with the emergency procedures. All persons present at the service during the evacuation drill must participate
- Be documented and assessed against specific outcomes

- Be immediately followed by a debriefing session, if possible, to identify any improvements that may be made. Any training needs will be identified, and action will be taken to implement the relevant training

Information sharing, training and monitoring

The nominated supervisor will include the *Emergency Management and Evacuation Policy and Procedures* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews.

At orientation, parents will be provided with the *Emergency Management and Evacuation Policy and Procedures*. Staff and family can access the risk assessments we conduct. Where appropriate, visitors will also be made aware of the emergency response procedures.

Our *Emergency Management Plan* will be tested every quarter and reviewed at least annually and as soon as practicable after an emergency event. Other scheduled training for all staff, students and volunteers will take place regularly, e.g., how to use fire extinguishers, fire blankets and other emergency equipment, communication arrangements, identifying assembly points and the location of emergency equipment, first aid arrangements and how to turn off the electricity and gas supplies. All new staff, students and volunteers will receive training during their induction and refresher training will take place at least annually. (Note – our *Incident, Injury, Trauma and Illness Policy* describes our service's training arrangements for First Aid).

We will use informal games and discussions to familiarise children with our evacuation and emergency procedures as well as regular rehearsals.

The approved provider and nominated supervisor will monitor staff to ensure they are following our policies and procedures for emergencies and evacuations. They will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and procedures.

We will keep a record of all actual and rehearse emergencies, training and risk assessments, which can be accessed by staff, volunteers and families.

Roles and responsibilities

Responsibilities	**Role**
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure children are adequately supervised at all times.	Approved Provider Nominated Supervisor

• Ensure that our service has policies and procedures in place for emergencies and evacuations that address specific areas set out in *the National Regulations - i.e.,* this *Emergency Management and Evacuation Policy and Procedures* will be in place. • Ensure our procedures set out instructions for what to do in an emergency and include an emergency and evacuation floor plan.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the *Emergency Management and Evacuation Policy and Procedures,* including by: • Providing information, training and other resources and support • Providing this *Policy* at induction • Clearly defining and communicating roles and responsibilities for implementing this *Policy* • Communicating changes to routines and policies • Monitoring and auditing of staff practices (including through spot checks) and addressing non-compliance quickly • Regularly reviewing this *Policy* The *Policy* must also be available for inspection.	Approved Provider (ultimate responsibility) Nominated Supervisor
Notify families at least 14 days before changing *Emergency Management and Evacuation Policy and Procedures* if the changes will: • Affect the fees the charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
• Ensure risk assessments are conducted to identify potential emergencies, in accordance with regulations and having regard to all the areas covered in Risk Assessment section of this *Policy*. • Ensure a risk assessment is conducted at least once every 12 months and as soon as practicable after becoming aware of any circumstance that may affect the safe evacuation of children from our service and update our policies and procedures accordingly. • Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children and each other. • Keep a record of all risk assessments conducted.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that procedures are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the *Emergency Management and Evacuation Policy and Procedures.* Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).	Approved Provider Nominated Supervisor Educators and Families
Implement the *Emergency Management and Evacuation Policy and Procedures.*	Nominated Supervisor
Be aware of legal obligations, and understand and follow the *Emergency Management and Evacuation Policy and Procedures.*	Educators and other staff Volunteers
Be aware of *Emergency Management and Evacuation Policy and Procedures* and follow the directions of staff if present during a rehearsal or real emergency or evacuation	Families
Ensure that a copy of the Emergency Management Plan and Evacuation Diagram and instructions are displayed in a prominent position near each exit at our premises.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure emergency equipment is maintained and tested according to instructions and easily accessible	Approved Provider (ultimate responsibility) Nominated Supervisor
Keep up-to-to date emergency contact lists in each room in our service	Nominated Supervisor
Provide up-to-date contact details and emergency contact details	Families

• Ensure that the emergency and evacuation procedures are rehearsed every 3 months with staff, volunteers and children present, and under the guidance of the nominated supervisor. • Keep a record of all rehearsals carried out. • Ensure that all educators are trained in the procedures and know their roles and responsibilities and the evacuation points.	Approved Provider (ultimate responsibility) Nominated Supervisor
Participate in emergency and evacuation procedures if present at the service when they are occurring.	Nominated supervisor Educators and other staff Families Visitors
Communicate the emergency procedures with children and families.	Nominated Supervisor Educators and other staff Volunteers
Complete attendance records when delivering or collecting child	Families

Sources

Australian Standard 3745-2010 Planning for Emergencies in Facilities

Education and Care Services National Regulations
National Quality Standard
Work Health and Safety Act 2011
Work Health and Safety Regulations 2011
Fact Sheet Emergency Plans – Safe Work Australia
Guide to Developing an Emergency Management Plan for Early Childhood Services, Victorian Government
ACECQA - Emergency and Evacuation Policy Guidelines
ACECQA – Multi-Storey Buildings: Evacuations and Approvals
My Time, Our Place (MTOP)

Review

The policy will be reviewed annually and when there are changes that could or do affect the safety of children and adults during an emergency or evacuation (such as renovations or changes to the number of staff or children). The review will be conducted by approved provider, nominated supervisor, employees, families and committee members.

Last reviewed: <July 2026> **Date for next review: <July 2027>**

Appendix A

Emergency Evacuation Procedure

Use this procedure for on-site and off-site evacuations. On-site evacuations may occur when it is necessary to evacuate the building but not the entire service premises.

Refer *Bushfire and Grassfire Policy* and *Emergency Evacuation and Shelter in Place Procedures in case of bushfire or grassfire*.

Nominated supervisor should advise neighbouring businesses/homes of emergency ASAP if possible, e.g., by phone or visiting business/home.

1. If there's a fire, staff member who's first on scene immediately
    - sounds alarm, e.g., sounds bell/whistle every 5 seconds for 1 minute and says an evacuation (not practice) is taking place and extinguishes fire if safe/time to do so
    - calls 000
    - advises nominated supervisor
2. For other emergencies requiring evacuation employees or volunteers advise nominated supervisor who sounds alarm and says an evacuation (not practice) is taking place and calls 000
3. For fire emergencies
    - nominated supervisor turns off gas and electricity supplies if appropriate and safe
    - staff close all doors and windows
4. All educators on breaks return to their room to help evacuate children to assembly area
    - if children are outside, evacuation may occur from there if this is the safest option
    - if only some children outside, educators/room leader will immediately decide who is responsible for evacuating children who are inside and outside
5. Room leaders advise which educators in room will
    - evacuate mobile children
    - evacuate infants and toddlers in evacuation cots if necessary
    - help children and adults who cannot walk by most appropriate method which has been previously discussed, e.g., evacuation cots, wheelchairs, physical assistance
6. Educators evacuate children to assembly area
    - wherever possible use the stairs NOT the lifts in a multi-storey building unless the stairs are unsafe. Never use lifts if there's a fire
    - conduct head count so aware if all children accounted for
    - locate child if there is time to do so and this won't risk safety of other children/adults

    Educators must acknowledge room leader's directions.
7. Nominated supervisor advises which educators/staff will check toilet, kitchen, playrooms, cot rooms and outside areas for children and adults and guide remaining children and visitors to the on-site/off-site assembly point.

Educators/staff must acknowledge nominated supervisor's directions.

8. Designated educators/staff evacuate toilet, kitchen, playrooms, cot rooms and outside areas to assembly area
9. Nominated supervisor collects children's and staff attendance sheets, visitor register and the Emergency Kit including medications before leaving centre (must include parent/emergency contact phone numbers)
10. Nominated supervisor locks door if there is immediate danger inside building
11. Nominated supervisor advises neighbouring businesses/homes of emergency, e.g. by phone or visiting business/home if this has not already occurred
12. Educators check all children in their groups are present at assembly area using attendance sheets and report any absences to Nominated Supervisor as soon as possible
13. Nominated supervisor checks all educators, staff and visitors are present at assembly area
14. Nominated supervisor advises emergency services immediately if any child or adult is missing and follows their advice
15. Educators and staff supervise and reassure children
16. Educators and staff support children, staff and visitors who are injured and apply first aid if required - first aid applied by employees with current first aid qualifications
17. Educators and staff follow instructions from emergency services
18. Nominated supervisor and educators contact parents/emergency contacts to tell them what has and will happen by the most appropriate method in the situation, e.g., via service website, email, answering machine, telephone calls, phone texts
19. Nominated supervisor ensures no-one leaves assembly point until emergency services give all clear

After emergency

20. Nominated supervisor ensures children or adults who are injured receive medical attention if required
21. Nominated supervisor and educators contact parents/authorised nominees to collect children if required by the most appropriate method in the situation, e.g., via service website, email, answering machine, telephone calls, phone texts
    - tell parents/authorised nominees any relevant information, e.g., building damaged and unsafe, evacuation point, areas to avoid, parking instructions
22. Nominated supervisor ensures educators stay on duty to care for and supervise children (after rostered hours if necessary) until families or relief staff arrive
23. Nominated supervisor implements following where parents/emergency contacts cannot be contacted, or are unable to get to the centre, to collect their child:
    - contact parents/emergency contacts and authorised nominees every 15 minutes where previous attempts to make contact have been unsuccessful
    - ensures there are sufficient numbers of service staff available (including relief staff) to adequately care for and supervise each child

- ensures child is never left alone with any adult unknown to staff, or not assisting in managing the emergency or child's care in a professional capacity
- contact the police or Child Protection Services for advice if emergency is over and service staff are unable to stay with the child any longer

24. Complete *Incident, Injury, Trauma and Illness Record* for children who have suffered an injury or trauma
25. Get parent/authorised nominee to sign *Incident, Injury, Trauma and Illness Record* and give them a copy
26. File original *Record* in child's file and record summary details in the *Incident, Injury, Trauma and Illness Register*, including time notified to Education and Care Regulatory Authority if relevant
27. Approved provider notifies Education and Care Regulatory Authority of serious incident within 24 hours through NQS ITS and records summary details in the *Serious Incident Register*, including time notified to Regulator if relevant
    - File acknowledgement with *Incident Record* in child's file
28. If service closes approved provider reports closure and reason within 24 hours to:
    - CCS Assessments CCSAssessments@dese.gov.au
    - Education and Care Regulatory Authority
    - any third-party software provider

    Advise these agencies when service reopens.
29. Approved provider notifies WorkSafe Victoria as soon as possible about **work related incidents** including:
    - death of a person
    - a person needing medical treatment within 48 hours of being exposed to a substance
    - a person needing immediate treatment as an in-patient in a hospital
    - a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment)

See WorkSafe Victoria for more information.

30. File notification in WHS Register
31. Debrief after emergency, review emergency plan and procedures, and implement any improvements to policy and procedures
32. Record improvements in QIP

Lockdown Procedure

Refer to *Lockdown Policy*

Lockout Procedure

The following *Lockout Procedure* will be used when an internal immediate danger is identified and it is determined that children should be excluded from buildings for their safety. The nominated supervisor:

- Activates lockout procedures
- Announces lockout with instructions about what is required. Instructions may include nominating staff to:
- Lock doors to prevent entry
- Check the premises for anyone left inside
- Obtain Emergency Kit.
- Contacts emergency services on 000
- Goes to the designated assembly area
- Checks that children, staff and visitors are all accounted for.

Actions after lockout

- Determine if there is any specific information staff, children, parents and visitors need to know (e.g., areas of the facility to avoid)
- Ensure any children, staff or visitors with medical or other needs are supported
- Follow up with any children, staff or visitors who need support.
- Prepare and maintain records and documentation.
- Undertake operational debrief to review the lockout and procedural changes that may be required.
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy.*

Shelter-in-place Procedure

Refer *Bushfire and Grassfire Policy* and *Emergency Evacuation and Shelter in Place Procedures* in case of bushfire or grassfire.

The following *Shelter-in-place Procedure* will be considered when an event takes place outside of the children's service and emergency services determine the safest course of action is to keep children and staff inside a designated building in the children's service until the external event is handled.

If a shelter-in-place action is determined, the nominated supervisor:

- Activates shelter-in-place procedures
- Moves all children, staff and visitors to the pre-determined shelter-in-place area
- Obtains emergency kit
- Notifies parents/families if the shelter-in-place is going to extend beyond the services hours of operation
- Notifies Education and Care Regulatory Authority of incident as set out in our I*ncident, Injury, Trauma and Illness Policy*.

Emergency response procedures (specific emergencies)

FIRE

All staff will remain calm and report the outbreak of fire immediately to the nominated supervisor who will:

- Activate the fire alarm
- Phone **000** to notify the fire brigade
- Extinguish the fire **(if safe to do so)**
- Implement evacuation procedures if threat exists and close all doors and windows
- Check that all areas have been cleared
- Check children, staff and visitors are accounted for
- Notify Education and Care Regulatory Authority of incident as set out in our I*ncident, Injury, Trauma and Illness Policy*.

BUSHFIRES/GRASS FIRES

Refer Bushfire or Grassfire Policy

SEVERE WEATHER /STORMS AND FLOODING

The nominated supervisor will direct educators and staff to:

- Store or secure loose items external to the building, such as outdoor furniture
- Secure windows (close curtains & blinds) and external doors. If necessary, tape windows and glass entrances. Utilise boards and sandbags if required
- Protect valuables and disconnect electrical equipment – cover and/or move this equipment away from windows
- (During a severe storm) remain in the building and ensure they and children keep away from windows. Restrict the use of telephone landlines to emergency calls only
- Tune in to ABC radio, if possible, to follow any emergency instructions
- Report to the nominated supervisor regarding the status of children, staff and visitor safety.

After the storm passes, the nominated supervisor will evaluate the need to evacuate if uncontrolled fires, gas leaks, or structural damage has occurred as a result of the storm.

PANDEMIC

The approved provider and nominated supervisor will:

- Ensure basic hygiene measures are in place including the display of hygiene information
- Provide convenient access to water and liquid soap and/or alcohol-based sanitiser
- Educate staff and children about covering their cough to prevent the spread of germs
- Stay alert and follow any instructions issued by Health authorities
- Be prepared for multiple waves
- Ensure spaces are well-ventilated – open windows if safe to do so or through mechanical air ventilation

- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

BOMB/CHEMICAL THREAT

The nominated supervisor will implement the following procedures:

- If a bomb/chemical threat is received by telephone:
  - **stay calm**
  - **do not** hang up
  - refer to the bomb threat checklist.

- If a bomb/chemical threat is received by mail:
  - avoid handling of the letter or envelope
  - place the letter in a clear bag or sleeve
  - inform the Police immediately.

- If a bomb/chemical threat is received electronically or through the service's website:
  - do not delete the message
  - contact police immediately.

- Ensure doors are left open.
- **Do not** touch any suspicious objects found.
- If a suspicious object is found or if the threat specifically identified a given area, then evacuation may be considered.
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

Bomb/substance threat checklist

This checklist should be held by persons who regularly accept incoming telephone calls.

KEEP CALM

CALL TAKER		CALL TAKEN	
Name		Date/Time:	
Telephone #		Duration of call	
Signature		Number of caller	

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

Complete the following for a SUBSTANCE THREAT

QUESTIONS	RESPONSES
When will the substance be released?	
Where is it?	
What does it look like?	
When did you put it there?	
How will the substance be released?	
Is the substance a liquid, powder or gas?	
Did you put it there?	

CHARACTERISTICS OF THE CALLER	
Sex of caller	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc)	

BACKGROUND NOISE	
[ ] Music	[ ] Local call
[ ] Machinery	[ ] Long Distance Call
[ ] Aircraft	[ ] Other (specify)

Speech (fast, slow etc)	
Dictation (clear, muffled, etc)	
Manner (calm, emotional, etc)	
Did you recognise the voice?	
If so, who do you think it was?	
Was the caller familiar with the	

LANGUAGE	
[ ] Abusive	[ ] Taped
[ ] Well Spoken	[ ] Irrational
[ ] Incoherent	[ ] Message read by caller
[ ] Other (Specify)	

EXACT WORDING OF THREAT

ACTIONS	
REPORT CALL TO:	
ACTIONS:	

MAJOR EXTERNAL EMISSIONS/SPILL (includes gas leaks)

The nominated supervisor will:

- Call the Fire Brigade on 000
- Turn off gas supply
- If there is a gas leak onsite, notify the gas provider (number can be found on the emergency numbers and key contacts page)
- Implement evacuation procedures
- Check staff, children and visitors are accounted for
- Await 'all clear' or further advice before resuming normal children's services activities
- Notify Education and Care Regulatory Authority of incident as set out in our I*ncident, Injury, Trauma and Illness Policy*
- Notify WorkSafe Victoria if required.

INTERNAL EMISSION/SPILL (e.g., cleaner's storeroom)

The nominated supervisor will:

- Move staff/children away from the spill to a safe area
- If safe to do so, direct staff to clean the spill. Personal Protective Equipment should be worn as per the requirements of the Material Safety Data Sheet
- Contact the Fire Brigade if the nature of the emission/spill is unknown or it is unsafe to manage
- Notify WorkSafe Victoria if required.

EARTHQUAKE

- Don't panic.

If outside:
The nominated supervisor will instruct staff and children to:

- Stay outside and move away from buildings, streetlights and utility wires.
- DROP, COVER and HOLD
    - DROP to the ground
    - Take COVER by covering their head and neck with your arms and hands
    - HOLD on until the shaking stops.

If inside:
The nominated supervisor will instruct staff and children to:

- Move away from windows, heavy objects, shelves etc.
- DROP, COVER and HOLD
    - DROP to the ground
    - Take COVER by getting under a sturdy table or other piece of furniture or go into the corner of the building covering their faces and head in their arms
    - HOLD on until the shaking stops.

After the earthquake the nominated supervisor will:

- Evaluate the need to evacuate if there are uncontrolled fires, gas leaks or structural damage to the building
- Instruct educators, staff and children to watch out for fallen trees, power lines, and stay clear of any structures that may collapse
- Ask educators and staff about the status of staff, children and visitor safety.
- Arrange medical assistance where required
- Instruct educators and staff to help others if possible
- Tune in to ABC radio, if possible, to follow any emergency instructions.

If there is damage to the facility and it is OK to do so, the nominated supervisor may take notes and photographs for insurance purposes.

MEDICAL EMERGENCY

- Check for any threatening situation and remove or control it (if safe to do so)
- Remain with the casualty and provide appropriate support
- Notify First Aid Officer and the nominated supervisor
- Notify the ambulance by dialling '000'
- The nominated supervisor will designate someone to meet and direct the ambulance to the location of the casualty
- Do not leave the casualty alone unless emergency help arrives
- Do not move the casualty unless exposed to a life-threatening situation.
- Refer "Administration of First Aid" in our *Incident, Injury, Trauma and Illness Policy*.

INTRUDER/PERSONAL THREAT

- Notify the nominated supervisor who will request assistance from the police by dialling '000'
- Do not do or say anything to the person to encourage irrational behaviour
- Initiate action to restrict entry to the building if possible and confine or isolate the threat from building occupants
- The nominated supervisor will determine if evacuation or lockdown is required. Evacuation only should be considered if safe to do so.

Appendix B

Emergency Communication Procedure

The approved provider will ensure there is access to reliable communication channels in the event of an emergency by maintaining access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment) at all times.

The main telephone is located in the main school office. If there is a complete loss of electricity and the telephones are not available, a mobile phone will be available and ready to use at all times to ensure educators can make emergency contact.

The nominated supervisor will, *where possible:*

- Listen to local radio stations (e.g., local ABC station) during emergencies to access current information about the situation.
- Ensure that families are provided with current information about an emergency situation, the actions taken to protect their child, and what actions families should take, through an accessible communication channel such as social media, service website, SMS or email. Multiple channels may be used to assist the flow of information
- Ensure that current information about any service closure due to the emergency is provided through the same communication channels.
- Ensure current information about families' emergency contact details is maintained. This may include families' phone numbers, email addresses and social media accounts. The nominated supervisor will regularly remind families through service communications to update their contact details if required.

Appendix C

Emergency Drill/Exercise 'Observer' Record

Item	Yes ✓	No ✓
Were emergency services briefed on exercise prior to exercise being started?		
Did the person discovering the emergency alert the other occupants?		
Was the alarm activated?		
Was the emergency service notified promptly?		
Did staff direct persons from the building/site per the evacuation procedures?		
Were isolated areas searched?		
Was the evacuation logical and methodical?		
Did someone take charge? If yes, who?		
Did occupants act as per instructions?		
Was a roll call conducted for:		
Children		
Staff		
Visitors (including contractors and volunteers)		
Was someone appointed to liaise with the emergency service/s?		
Was someone appointed to liaise with the parents/community?		
Was the emergency service given the correct information?		
Did anyone re-enter the premises before the "all clear" was given?		
Did anyone refuse to leave the building/site?		

Area of Emergency plan tested by current exercise:

Appendix D

Risk assessment template for emergencies

This is an example taken from the Victorian Guide to Developing an Emergency Management Plan - refer for further information and written example

1. Identified Hazard	2. Description of Risk	3. Current control measures implemented at our early childhood service	4. Risk Rating			5. Treatments to be Implemented	6. Revised Risk Rating after implementing Treatments		
			A Consequence	B Likelihood	C Risk Level		A Consequence	B Likelihood	C Risk Level
Only include in your EMP those hazards that are applicable to your early childhood service *The examples provided below are not intended to be exhaustive.*		*Only include in this column those controls that have actually been implemented in your early childhood service.* *If you choose to use any of the examples below, make sure the wording describes the situation in your workplace.*				*Measures to be taken by our early childhood service to eliminate or reduce impact of the risk*			

Excursion Policy

Aim

To ensure all appropriate measures are taken to ensure children enjoy safe excursions into their community.

Implementation

Our educators recognise that excursions and regular outings offer a fun way of connecting children with their community, contribute to their sense of belonging and provide endless opportunities to extend children's learning. Information gained during excursions can be used to plan ongoing activities and experiences that may last days or weeks as learning about one thing leads to new and exciting discoveries about related or different topics.

Excursions also allow educators to demonstrate how their practice is shaped by meaningful engagement with the community.

Children's health, safety and wellbeing during excursions and regular outings is a priority. Children will only be taken on an excursion or regular outing if we have appropriate authorisation and they will always be conducted in ways that minimise and address any risks identified in our risk assessments.

Risk Assessments

Safety during excursions is a priority. The Nominated Supervisor or educators will always complete a risk assessment to identify, assess and remove or reduce risks the excursion may pose to the safety, health and wellbeing of and each child before children are transported unless the arrangement is a 'regular outing (ie a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances and risks are substantially same on each outing) and a risk assessment has been completed within the last 12 months. The risk assessment will cover:

- Any risk that the excursion may pose to the safety, health and wellbeing of any child and identify how these risks will be managed and minimised (this may include sun protection considerations)
- Proposed route and destination
- Any water hazards and associated risks
- Means of transport and child restraint/seat belt requirements
- The process for entering and exiting the service premises or destination, and procedures for embarking and disembarking transport, including how each child will be accounted for
- Number of educators and children (and ratio)
- Whether extra adults are required for supervision/safety -educator to child ratios are minimum requirements. You may discuss supervision strategies at a staff meeting eg sourcing high viz vests and ropes which children can hold on to
- Any special skills required
- Proposed activities

- Proposed duration
- Any specific health care needs or medical conditions that need to be managed
- Items that should be taken

The Nominated Supervisor will update risk assessments for regular outings and obtain new authorisations from parents/guardians when circumstances that may affect the arrangements change, including for example:

- weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- changes in routes for example because of road works
- the numbers and vulnerabilities of children.

Authorisations for Excursions

Authorisation for a child to be taken on an excursion must be given by a parent or other person named in the child's enrolment record as having authority to authorise the excursion unless the arrangement is a 'regular outing and there's an authorisation which is less than 12 months old. The authorisation will include:

- Child's name
- If it's a regular outing, a description of when the child is to be taken on the regular outings
- If it's not a regular outing, the date of the excursion
- Destination and proposed activities
- if transport involved, the means of transport, and any requirements for seatbelts or safety restraints under the relevant state/territory law
- How long the child will be away from the centre
- Expected number of children attending
- Expected ratio of educators to children
- Expected number of additional adults who will be attending
- Items child required to bring from home for excursion
- Advice risk assessment available at service.

Excursion Procedure

The Nominated Supervisor and educators will always implement the Excursion Procedure to eliminate or minimise any risks associated with an excursion and ensure compliance with all Regulations.

Related Policies

Acceptance and Refusal of Authorisations Policy
Emergency Management and Evacuation Policy
Incident Injury Trauma and Illness Policy
Physical Environment Policy (Sun Safety and Water Safety)
Staffing Arrangements Policy
Transport Policy

Sources

National Quality Standard

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
6.2.3 Community engagement – The service builds relationships and engages with its community
7.1.2 Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3 Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Education and Care Services National Law

165 Offence to inadequately supervise children

Education and Care Services National Regulations

4 Definitions (Regular Outing)
89 First aid kits
99 Children leaving the education and care service premises
100 Risk assessment must be conducted before excursion
101 Conduct of risk assessment for excursion
102 Authorisation for excursion
168(2)(g) Education and care services must have policies and procedures dealing with excursions, including procedures complying with regulations 100 to 102

Tools

Excursion Procedure
Excursion - ACECQA Risk Assessment Template
Authorisation - Excursion
Authorisation - Excursion Regular Outing
Excursion Checklist Nominated Supervisor
Excursion Checklist Educators
Excursion Evaluation

Review

The policy will be reviewed annually by the Approved Provider, Supervisors, Employees, Families and any committee members.

Last reviewed: July 2026 **Date for next review: July 2027**

Fees Policy

NQF

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

Aim

Parents fully understand fee payment procedures and requirements, and pay their child care fees on time.

Related Policies

Enrolment Policy
Orientation for Children Policy
Privacy and Confidentiality Policy

Implementation

Fees

Our child care fees are outlined in our fee schedule which is available from our office. We will advise eligible families if we can access any Government funding which may reduce the fees they're required to pay.

Please note our fees may change from time to time. We will notify families in writing at least 14 days before we change our fees or the way in which we collect them.

Fees must be paid on time.

Fees may also be payable during any period when the service closes in response to a local emergency eg fire, flood. Potential emergencies which may affect our service are considered in our service risk assessment for potential emergencies, and covered in our emergency response procedures (refer Emergency Management and Evacuation Policy.)

Child Care Subsidy

Child Care Subsidy is available to all families who are Australian Residents if the child meets immunisation requirements and parents meet eligibility requirements. Entitlement is determined by an activity test which determines the number of hours of subsidised care to which families are entitled. Combined family income is used to determine the subsidy percentage. Income thresholds change each financial year. Current thresholds are available from the Department of Human Services website. See servicesaustralia.gov.au/ . See 'Activity Level and Subsidised Care.'

Hours of activity per fortnight	*Maximum number of hours of subsidy per fortnight*
8 hours to 16 hours	36 hours
More than 16 hours to 48 hours	72 hours
More than 48 hours	100 hours

A broad range of activities meet the activity test requirements, including paid work, self-employment, unpaid work in a family business, active job hunting, volunteering or studying. You can also include reasonable travel time to and from a place of activity to the centre. In two parent families, both parents must meet the activity test, and subsidy hours are calculated on the lower number where parents have different levels of activity.

There are exemptions for parents who legitimately cannot meet the activity test requirements.
Low-income families who do not meet the activity test can access 24 hours of subsidised care per fortnight under the Child Care Safety Net. Families who do not meet the activity test but have a preschool-age child attending preschool are eligible for 36 hours of subsidised care per fortnight. People with disability or impairment, including those who receive Disability Support Pension or an invalidity service pension or who have been diagnosed by a registered medical practitioner or clinical psychologist as impaired to a significant degree may be exempt from the activity test.
Families who need more than their available hours of subsidised care per fortnight due to exceptional circumstances can also apply to Centrelink for additional hours.

The Additional Child Care Subsidy may be available to help support:
- families needing help to support their children's safety and wellbeing
- grandparents on income support who are primary child-carers
- families in temporary financial hardship
- families moving to work from income support

Families can claim Child Care Subsidy or Additional Child Care Subsidy online by signing into their myGov and completing a claim. If eligible, the Subsidy will be paid directly to the service on families' behalf and we will reduce the fees owed. This can occur after our service enters families' enrolment information online, and families confirm their enrolment information through their myGov account. Until Child Care Subsidy details are available, families will need to pay full fees.

Child Care Subsidy may not be paid by the Government in certain situations and families will be required to pay full fees for the period involved. These include:
- non-attendance for 14 weeks in a row
- for any days before a child attends the service for the first time.
- for any days in the final attendance period after a child last physically attends the service.

Absences
Families are entitled to receive Child Care Subsidy for up to 42 days where their child is absent, for example due to illness, public holidays, local emergencies and parental leave. Evidence to support

these absences is not required. Additional absence days may be available if they meet the situations outlined in the Family Assistance Law and there is evidence to support these.

Statements of Entitlement
We will issue fortnightly Statements which include child/children's full name/s, date of care, date of payment, daily and weekly hours of care, absences, hourly fees and hourly and daily fee totals and the number of hours fees were reduced (eg by Child Care Subsidy) and total reduction amount. (Parents' My Gov accounts will also have how much care families have received and how much Child Care Subsidy has been paid.)

Invoices
Invoices for the amount of fees payable in a period will be issued every two weeks. If families pay more than the fee amount required at the time, change will not be given but will be credited to the family's account.

Receipts
Families will be provided with receipts once invoices have been paid.

Overdue Fees
The Nominated Supervisor will issue a **Friendly Fee Reminder** letter to any family who is one week late paying their fees**. If families are having difficulty making fee payments they should immediately speak with the** approved provider or nominated supervisor to discuss fee payment arrangements. Information provided by families will be treated as strictly private and confidential.

In cases of non-payment of fees, where the service is unable to contact families about the debt, or families do not meet agreed arrangements for repayment of the debt and ongoing payment of fees:

- bond payments will be applied to outstanding debt amounts and
- the Nominated Supervisor may immediately suspend or terminate the child's place at the service. Families will be advised of this action in writing.

Where families do not meet agreed payment plans, and an outstanding debt remains, the Nominated Supervisor may use their discretion to engage a third-party agency to recover the outstanding amount. The cost of this action may be added to the debt owed.

Sources

Bryant, L. (2009). Managing a Child Care Service : A Hands-On Guide for Service Providers. Sydney: Community Child Care Co-Operative.
Education and Care Services National Law and Regulations
Family Assistance Law

Review

The policy will be reviewed annually by:

- Management
- Employees
- Family Members
- Interested parties

Reviewed: July 2026 **Date for next review: July 2027**

First Aid Policy

Quick reference: first aid | incidents | injuries | trauma | serious incidents | head injuries | NQA IT System notifications | duty of care | risk management | | incident, injury, trauma and illness record | record keeping | privacy and confidentiality | emergency response | non-serious incidents | medical emergencies | ambulance procedure | authorisations | hazard | harm | medication | serious injuries | broken bones | anaphylaxis | asthma attack | seizure | managing unwell children

PURPOSE AND BACKGROUND

(1) To set out how we meet the first aid needs of children in our care and staff in our workplace

(2) This policy is required under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with health and safety matters relating to the administration of first aid (s 168(2)(a)(iv))

(3) This policy also helps us to comply with work health and safety laws, including the First Aid in the Workplace Compliance Code

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children in our care, their parents, families and care providers
- Visitors to our service who carry out related work, including allied health support workers

(5) It applies to all physical environments of our service (including off-site e.g., during excursions or travel)

(6) First aid for anaphylaxis, diabetes and asthma is also covered in our Medical Conditions Policy

DEFINITIONS

(7) The following definitions apply to this policy and related procedures:

- 'Approved first aid qualification', 'approved anaphylaxis training' and 'approved emergency asthma management training' means a qualification approved by the regulatory authority

- ‘Emergency’ means an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response)
- ‘Emergency contact’ is a person who has been nominated by the child’s parent or legal guardian to be notified in case of an emergency
- ‘Emergency services’ - includes ambulance, fire brigade, police and state emergency services
- ‘First aid’ is the immediate care provided to a person who is suffering an illness or injury
- ‘Injury’ means any physical damage to the body caused by violence or an incident
- ‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital
- ‘Medical emergency’ means an injury or illness that is acute and poses an immediate risk to a person’s life or long-term health (e.g., a seizure, acute asthma attack, an anaphylactic response, choking or aspiration, major injuries, broken bones or lacerations, poisoning, chest pain or pressure, sustained or significant knock, serious head injury, loss of consciousness, sudden severe pain, uncontrolled bleeding, hyperventilation, fainting, difficulty breathing, coughing or vomiting blood, uncontrolled bleeding)
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Serious incidents’ are defined in our Incident, Injury, Trauma and Illness Policy
- ‘Staff’, unless otherwise indicated, refers to approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Duty of care

(8) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and any hazard likely to cause injury (*National Law* s 167)

(9) We must support and protect each child’s health and safety, including by:

- Promoting and implementing effective illness and injury management and hygiene practices (National Quality Standard 2.1.2)
- Developing plans to manage incidents and emergencies with relevant authorities, and practicing and implementing these plans (National Quality Standard 2.2.2)

(10) The approved provider must also discharge their duty of care to staff and others at our service under work health and safety laws – including by providing first aid

First aid procedures

(11) Relevant staff must follow our first aid procedure (attached) if a child or another adult has a sudden illness, injury or trauma while they are at our service that requires the administration of first aid

(12) They must also follow any other relevant procedure related to first aid (e.g., for managing medical conditions, illnesses, injuries, emergencies, evacuations, infectious diseases, and maintaining records, authorisations, health, hygiene, work health and safety)

(13) Staff (including volunteers and students) will be given instruction and training at induction and at regular intervals as part of their ongoing training program on all the procedures they need to implement

First aid risk assessment

(14) When we are determining our first aid needs, we must consider all relevant matters to ensure that we have the right first aid equipment, facilities and training for staff

(15) The approved provider will ensure we conduct regular first aid risk assessments that cover:

- The size and location of our service (e.g., access, number of floors, distance to nearest hospital and medical service, outdoor environment)
- The number and composition of staff, children and others at the service (e.g., ratios, ages of children, medical conditions, disabilities or mobility needs, languages spoken)
- Injuries, illnesses and incidents (e.g., in the last 12 months, trends)
- Nature of the work and the nature of hazards (e.g., children's activities, manual handling, hazardous chemicals, special events, excursions, travel and transport)

(16) The risk assessments will be used to inform our procedures and decisions about additional training or competencies for staff; the number, contents and location of kits and first aid equipment; and our equipment maintenance protocols

(17) When making decisions on our first aid needs, the approved provider must consult staff, and will consult families, children and external specialists (where appropriate)

First aid training and qualifications

(18) As a minimum, the approved provider must ensure that each of the following persons are in physically present - and immediately available in an emergency – at all times and at any place where children are in our care (including in off-site locations such as during excursions, travel, transport) (*National Regulations* s 136(1)):

- At least one staff member or one nominated supervisor who holds a current approved **first aid qualification**
- At least one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis management training**
- At least one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training**

(19) The same person may hold one or more of the above qualifications

(20) Relevant staff will also receive regular hands-on training to administer first aid according to any specific treatment needs of adults or children in our care (e.g., for diabetes management devices such using as blood glucose meters, insulin pumps, syringes, pens or epilepsy seizure first aid)

(21) The approved provider or nominated supervisor will use ACECQA's 'qualification checker' to make sure that the qualification is an approved one

(22) The nominated supervisor will ensure that staff rosters include the minimum number of staff with current approved first aid qualifications (including for anaphylaxis and emergency asthma management)

(23) The approved provider must ensure that a record of any approved first aid training completed by a staff member is kept on their staff record (*National Regulations* s 147)

First aid training frequency

(24) First aid trained staff must attend training on a regular basis to keep their qualifications current as follows (*National Regulations* s 136(4A):

- CPR training – at least annually
- First aid qualifications – at least every three years
- Anaphylaxis management training – at least every three years
- Emergency asthma management training - at least every three years

(25) The nominated supervisor will record and track expiry/validity dates of staff qualifications, and schedule refresher training for staff when it is due

First aid kits – requirements

(26) The approved provider must ensure that our first aid kits are adequate in number for the number of children in our care, suitably equipped, and easily recognisable and readily accessible to adults, considering the design of our service (*National Regulations* s 89)

(27) Under work health and safety laws, first aid kits must be accessible to staff whenever they are they are at work – even if they are not caring for children at the time

First aid kits - contents

(28) The approved provider will use our first aid risk assessment and guidance from a reputable authority (e.g., St John Ambulance, Safe Work Australia) to inform the contents of our first aid kits

(29) Our first aid kit must:

- Not contain paracetamol (Panadol)
- Be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of our service
- Include resources for the immediate treatment of injuries, including:
    - Cuts, scratches, punctures, grazes and splinters
    - Muscular sprains and strains
    - Minor burns
    - Amputations and/or major bleeding
    - Broken bones
    - Eye injuries
    - Shock
- Be maintained in proper condition and the contents replenished as necessary
- Display emergency telephone numbers, and the name, photograph (if possible), phone number and location of the nearest first aid trained staff (or other appropriate information for those staff who have mobile workplaces)

(30) The nominated supervisor will ensure that all first aid items and equipment in our kits meet any applicable Australian Standard, are not expired, and are bought from a reputable supplier

First aid kits – design

(31) Our first aid kits will:

- Be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- Where possible, be fitted with a carry handle and internal compartments
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- Contain a list of contents (inventory)

First aid kits – location and accessibility

(32) The approved provider will ensure that our first aid kits:

- Are on hand wherever children are present, including on excursions, during travel and transport, in outdoor areas, for special events and during emergency evacuations
- Are not locked, but are kept out of reach of children
- Are accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury or illness occurring (if relevant)

(33) To help people to find our first aid kits, we will display prominent, well-recognised first aid signs, which comply with AS 1319:1994 – Safety Signs for the Occupational Environment, wherever first aid kits are located

General use anaphylaxis and asthma response kits

(34) In addition to our standard first aid kits, we will keep a general use emergency kit containing medication and equipment to manage anaphylaxis or asthma attacks

(35) Our emergency anaphylaxis and asthma kits will be stored unlocked and out of reach of children in main school office

(36) It will be readily accessible to staff wherever we are caring for children, including during excursions, special events, outdoors, travel, transport and emergency evacuations - even if there are no children enrolled with these conditions

First aid kits - restocking and maintaining

(37) The nominated supervisor is responsible for ensuring that each first aid kit and general use anaphylaxis and asthma response kit:

- Contains all the required quantities of items according to its inventory list
- Items are in working order, have not deteriorated and are within their expiry dates, and that sterile products are sealed and have not been tampered with
- Are in their correct location with prominent signage
- Contents and locations are still appropriate considering our recent incident, injury, trauma, and illness data (for both children and adults)

(38) The nominated supervisor will audit:

- The first aid kits after each use and at least once every 12 months
- **T**he general use anaphylaxis and asthma kits after each use and at least once every 3 months

(39) The nominated supervisor will sign and date the inventory checklist after each audit

Other first aid equipment

(40) The approved provider will consider whether, aside from our first aid kits, any other first aid equipment is needed to treat specific medical conditions of children or staff

Emergency telephone

(41) Staff must always have access to an emergency telephone or similar form of communication to contact emergency services and parents (*National Regulations* s 89) (refer to our Emergency and Evacuation Policy)

Providing first aid information

(42) The approved provider must provide staff with relevant and accessible information about how to protect the health and safety of themselves and others at our service, including information and instructions on first aid

(43) Inductions and ongoing training for staff, volunteers and students will cover the following first aid information:

- The location of first aid kits, equipment and facilities
- The names and rooms of first aid trained educators and staff
- Our first aid policy and related procedures
- First aid needs of any children with a medical condition (as covered in their medical management plan), if relevant
- First aid needs of the staff member, volunteer or student, if relevant (note, this information will only be shared with other staff members with the person's consent, or to meet our duty of care)

(44) Information, instruction and training must also be provided if there are any changes to our first aid policy or related procedures, medical management plans of individual children, the location of first aid equipment or facilities, or to the names, location or contact details of first aid trained staff

(45) Our educational program for children will cover basic, age-appropriate first aid (e.g., common injuries; applying bandages, icepacks, band-aids; what to do in an emergency)

First aid signage

(46) The approved provider must ensure that first aid facilities and equipment are adequately signposted, and that the telephone numbers of emergency services and details to assist staff to locate first aid trained staff are displayed (names, telephone numbers, locations, and - if possible - photographs)

(47) Signs should comply with AS 1319 Safety Signs for the Occupational Environment (e.g., white cross on a green background)

(48) We will display first aid posters and instructions in prominent locations (e.g., posters and info sheets for DRSABCD action plan, CPR, ASCIA action plan for anaphylaxis, choking, burns, bites and stings, nose bleeds, electric shock etc)

(49) We will display an emergency services contact card near our phone

Reviewing first aid needs

(50) The approved provider will ensure that our first aid arrangements are regularly reviewed in consultation with staff and families at least annually and/or when there are staff or other relevant changes (e.g., relocation, renovation, new legislation)

(51) Reviews will cover:

- Our first aid procedure
- The quantity, contents and location of our first aid kits and equipment
- First aid training, skills and knowledge – whether we have enough trained staff and whether their training is current
- Whether first aid trained staff and emergency contact details are up to date
- The nature of incidents occurring at the service
- Whether we need a first aid room
- The results of risk assessments we have conducted

(52) The nominated supervisor will assess each first aid trained staff's skills and knowledge in their regular performance evaluations and, if there are gaps, arrange further training

(53) When we introduce a new activity, practice, or environment, or a new hazard is identified, the approved provider will ensure our first aid risk assessment is reviewed to confirm that our arrangements are still suitable

(54) We must rehearse our first aid procedures as part of our regular emergency and evacuation rehearsals, which must be held at least once every three months (see Emergency Management and Evacuation Policy)

(55) The approved provider will use the data we collect on incidents, injuries, traumas and illnesses to inform our first aid policy and procedures. Any serious incident or a pattern of minor incidents or injuries will trigger a review of our first aid arrangements

First aid reporting and record keeping

(56) If there is an incident, injury, trauma or illness involving a child while they are in our care, we must notify the child's parent/emergency contact, and complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours) (*National Regulations* s 87)

(57) We may also need to notify the regulatory authority and/or work health and safety regulator, depending on the circumstances (e.g., serious incidents, notifiable incidents). For details refer to our Incident, Injury, Trauma and Illness Policy

(58) If an incident involves harm or risk of harm to a child – such as physical of sexual abuse – staff must report it following our Child Protection Policy

(59) The approved provider must also ensure that we also keep a record of incidents involving staff and other adults at our service. 'Notifiable incidents' must be reported to our work health and safety regulator within a set time. For details refer to our Work Health and Safety Policy

(60) We must keep on a child's enrolment record written parental authorisation for the approved provider, nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and the transportation of the child by an ambulance service (*National Regulations* s 161)

(61) If we administer medication to a child, including as part of first aid, staff must complete a medication record and store it on the child's record for 3 years after the child's last day at the service. For details refer to our Administration of Medication Policy

PRINCIPLES

(62) The health, safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to protect children from harm and hazards

(63) We are well equipped to administer first aid in the event of injury or illness

(64) Staff understand their roles and responsibilities for first aid, emergency management, notifications and reporting. They have current training and first aid information at hand

(65) Our first aid kits and equipment are appropriate to our service, prominently displayed and systematically monitored and reviewed to ensure they are suitably equipped

(66) We communicate with staff, families, children and government authorities about our first aid arrangements, ensuring that everyone is informed and contributing to a safe environment

(67) Children are helped to take increasing responsibility for their health and physical wellbeing. Basic first aid is included in our education programming and planning

(68) We regularly review and update our first aid arrangements, policies and procedures to make sure they still reflect current best practices and address changed or new hazards

POLICY COMMUNICATION, TRAINING AND MONITORING

(69) This policy and related documents can be found in the office

(70) The approved provider and nominated supervisor provide information, training and other resources and support regarding the First Aid Policy and related documents

(71) All staff (including volunteers and students) are formally inducted. They are access to review, understand and formally acknowledge this First Aid Policy and related documents

(72) The approved provider runs a professional development program for each staff member, which covers this policy and related procedures

(73) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(74) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(75) At enrolment, families are given access to our First Aid Policy and related documents

(76) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
s 136	First aid qualifications
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
Work health and safety legislation	Describes the primary duty of care to people in the workplace

Privacy Act 1988	Principal act governing the handling of personal information
State/territory based child safety and child protection legislation	Covers child safe standards/principles, reporting obligations, preventing harm or risk of harm to children
State/territory-based health laws, including health records	Covers exclusion periods for infectious diseases, notifications and record keeping requirements

National Quality Standard

Standard / Element	Concept	Description
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

My Time, Our Place (MTOP) V2.0

Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Child Safe Organisations

Most relevant principles
Families and communities are informed and involved in promoting child safety and wellbeing
Processes to respond to complaints and concerns are child focused
Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies — Child Safe Environment Policy | Child Protection Policy | Cleaning, Health and Hygiene Policy | Work Health and Safety Policy | Enrolment Policy | Medical Conditions Policy | Sand Pit Policy | Governance and Management Policy | Dealing with Infectious Diseases Policy | Staffing

	Arrangements Policy | Excursions Policy | Transport Policy | Incident, Injury, Trauma and Illness Policy | Safe Arrival of Children Policy | Sleep and Rest Policy | Emergency Management and Evacuations Policy | Immunisation Policy | Recruitment, Induction and Training Policy | Administration of Medication Policy | Authorisations Policy
Procedures	Roles and Responsibilities – First Aid (attached) | First Aid Procedure (attached) |First Aid Kit Procedure (attached) | Incident, Injury, Trauma and Illness Procedures including: Standard Incident Notification and Record Keeping Actions, Medical Emergencies Procedure, Managing an Unwell Child | Emergency and Evacuation Plan and Procedures (in Emergency and Evacuation Policy) | Excursion Procedure | Transport Procedure | Safe Arrival of Children Procedure (in Safe Arrival of Children Policy) | Notifiable incident reporting and record keeping (Work Health and Safety Policy)
Resources	St John Ambulance fact sheets in English and other languages

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Model Code of Practice: First Aid in the Workplace | Compliance code: First aid in the workplace (Victoria) | Staying Healthy 6th edition NHMRC | Work Health and Safety laws | Public health laws | Child Safety laws and principles | St John Ambulance and Australian Red Cross resources | Kidsafe Australia | ACECQA Administration of First Aid Policy and Procedure Guidelines

POLICY INFORMATION

Approval	Rivki Presen
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July 2026 Date for next review: July 2027

APPENDIX A

ROLES AND RESPONSIBILITIES – First aid

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for first aid are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this First Aid Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our First Aid Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure that we meet the minimum requirements described in this policy for the number of first approved current aid trained staff (including staff who have undertaken current approved anaphylaxis training and current emergency asthma management training)
Ensure a record of training is kept on the nominated supervisor and relevant staff members' record
Ensure risk assessments are conducted to identify and assess any risks related to first aid, in line with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection
Ensure our first aid kits, equipment and facilities are monitored, accessible and prominently displayed, suitably equipped, and adequate in number for the size and scope of our service. Ensure staff (incl. volunteers and students) know where the kits are kept and that emergency services contact cards, and the names, locations and telephone numbers of first aid trained staff are prominently displayed with first aid kits and telephones
Ensure we meet our work health and safety obligations for first aid, including to provide immediate and effective first aid to staff and others who are injured or have become ill at our service, to report notifiable incidents, and to record incidents of first aid administered in the workplace
Ensure staff follow our policies and procedures record keeping and incident notifications
Regularly review this First Aid Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this First Aid Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for first aid are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this First Aid Policy and related procedures
Take reasonable steps to ensure our First Aid Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Support the approved provider to meet the minimum requirements for first approved current aid trained staff (including staff who have undertaken current approved anaphylaxis training and current emergency asthma management training). Support the approved provider to maintain records of training on staff records. Ensure that the minimum number of first aid trained staff are rostered on, including for excursions, transport and travel, special events etc
Support the approved provider to conduct risk assessments to identify and assess any risks related to first aid, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection
Monitor and review our first aid kits, equipment and facilities to ensure they remain accessible and prominently displayed, suitably equipped, and adequate in number for the size and scope of our service. Tell staff (incl. volunteers and students) where the kits are kept and display emergency services contact cards, and the names, locations and telephone numbers of first aid trained staff with first aid kits and telephones
Support the approved provider to meet our work health and safety obligations for first aid, including to provide immediate and effective first aid to staff and others who are injured or have become ill at our service, to report notifiable incidents, and to record incidents of first aid administered in the workplace
Implement our policies and procedures for record keeping and incident notification
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this First Aid Policy and related procedures, including for the administration of first aid, incident, injury, trauma or illness, cleaning and hygiene, medical emergencies, safety checks, administration of medication, managing sick children, exclusion recommendations and periods, and emergency responses
Only administer first aid if you are trained and it is safe to do so. Call 000 if the situation is serious
Notify parents and complete an incident, injury, trauma and illness record as required as soon as practicable and within 24 hours
Notify the nominated supervisor or approved provider as a matter of urgency of any serious incidents involving children
Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety, health or well-being of children. Report any concerns or new/changed risks to the nominated supervisor (via your room leader / supervisor as appropriate)
Keep your training, skills and knowledge for child safety and wellbeing (including, where relevant, first aid, medication administration, emergency and evacuation procedures) up-to-date
If you use supplies in a first aid kit, notify the nominated supervisor so they can be restocked
Make sure you have access to a first aid kit and our general use emergency anaphylaxis and asthma kit readily at hand anywhere you are working (on site and off-site), including on excursions, while transporting or travelling with children, or during special events
Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)
Keep your contact details up-to-date. Keep your emergency contact list up-to-date
Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma or injury to the child
Collect your child – or have an authorised emergency contact collect your child - as soon as possible <and within 1 hour> if they become ill or injured while at our service
Provide authorisations in your child's enrolment form for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service
Notify our service about any medical conditions, health needs or allergies in your child. Keep us up to date if there are any changes to your child's health or medical conditions (see Medical Conditions Policy and Dealing with Infectious Diseases Policy)

APPENDIX B

PROCEDURE – First aid

When to use this procedure

- When a child, staff member (including volunteers and students) or visitor experiences an illness, injury, trauma or medical episode that requires first aid, e.g:
    - Incidents involving visible injury, significant pain, illness, or physical trauma
    - Medical episodes such as allergic reactions, asthma attacks, seizures, fainting or breathing difficulties
    - Dental accidents or injuries
    - Minor injuries (e.g. cuts, bruises, sprains) that require assessment and first aid
    - Unresponsive individuals or those showing signs of serious illness or distress

NOTE:

- For medical emergencies relating to asthma, anaphylaxis, epilepsy and diabetes staff must also follow our Medical Conditions Policy
- For administering medication during an emergency, staff must also follow our Administration of Medication Policy

Only staff members who have a current approved first aid qualification should administer first aid, and only if it is safe to do so. However, untrained staff can offer basic help in an emergency

1. Identify, assess and immediately respond to any situation requiring first aid
2. Remove or control any immediate hazards, and take any other protective measures for yourself and others (if safe to do so)
3. Follow DRSABCD action plan - DANGER, RESPONSE, SEND FOR HELP, AIRWAY, BREATHING, CPR, DEFIBRILLATE
4. If a child or adult is in immediate danger, call 000 for an ambulance and implement relevant emergency procedures (e.g., managing a medical emergency, emergency management or evacuation)
5. Respond to the needs of the child or adult according to:
    - Your training - do not act above your first aid qualifications or competence
    - Any medical management plans in place
6. Ensure that all children are adequately supervised at all times
7. Inform the nominated supervisor as soon as is practicable and urgently if the matter is serious
8. Reassure the injured or ill person. Keep them calm and as comfortable as possible
9. Move person to a quiet comfortable area if appropriate
10. Administer the appropriate first aid based on your training and the circumstances – follow St John Ambulance First Aid Fact Sheets https://stjohn.org.au/first-aid-facts, if relevant (see list of current fact sheets at end of this procedure)

11. Do not give food, drink or medication unless authorised and appropriate. Note, staff are authorised to administer medication to children who are experiencing anaphylaxis or an asthma attack
12. Wear disposable gloves if there is a risk of contact with bodily fluids
13. Practice hand and respiratory hygiene and clean up any body spills according to our body spills procedure (in our Health, Hygiene and Cleaning Policy)
14. Stay with the person, continually monitoring and reassuring them, until they are stable or emergency services arrive
15. Note the time and the nature of all the first aid actions you take
16. Notify the child's parent/emergency contact or the adult's emergency contact:
    - Immediately if emergency services have been called or the child or adult needs medical attention from a registered medical practitioner
    - Immediately if the child needs to be collected from our service, in which case ask the parent/authorised nominee to collect the child within <1 hour>, or
    - Otherwise, as soon as practicable and on the same day (must be within 24 hours)
17. Tell the parent/emergency contact what has happened, what we did in response and whether the child should see a doctor
18. Complete an incident, injury, trauma and illness record without delay (must be within 24 hours)
19. Nominated supervisor and approved provider must follow our standard actions for incident notifications and records (in our Incident, Injury, Trauma and Illness Policy), including:
    - Notify the regulatory authority and any other relevant authorities, where applicable (e.g., serious incidents or allegations of serious incidents) and within the set period of time
    - Record in the incident, injury, trauma and illness register
    - Keep records on the child's enrolment record and store securely until the child is 25 years old, or 45 years if it relates to child abuse
20. Tell the nominated supervisor which first aid products were used during the incident so they can be restocked
21. Clean up following our Health, Hygiene and Cleaning procedures, except where we may be required to preserve a site pending investigations by police or the work health and safety regulator – in which case, cordon off the site, do not clean and do not allow unauthorised access
22. Nominated supervisor must follow our first aid kit procedure
23. Approved provider must ensure that risk assessments and first aid arrangements are reviewed in consultation with staff and families according to our First Aid Policy

The following St John Ambulance first aid fact sheets are available to download at https://stjohn.org.au/first-aid-facts:

DRSABCD Action Plan | AED maintenance checklist | Anaphylaxis - using an Anapen | Anaphylaxis - using an EpiPen | Asthma attack | Bat bites and scratches | Bites and stings | Burn or scald | Choking adult / child (over 1 year) | Choking infant (under 1 year) | Concussion | CPR adult | CPR infants | Diabetic emergency | Dog bite | Electric shock | Epileptic seizure | Eye injuries | Fainting | Febrile convulsion | First aid kits | Fracture and dislocation | Frostbite | Heart attack | Heat-induced illness | How to handwash | Hypothermia | Nosebleed | Poisoning | Recovery position | Rescuing a drowning person | Severe bleeding | Shock | Smoke or embers in eyes | Snake bite | Spider bites | Spinal and neck injury | Sprain and strain | Stroke | Vertigo (dizziness)

The Australian Red Cross has a first aid fact sheet for someone with a tick bite

available at https://www.redcross.org.au/firstaid/basics/ including:

The Australian Dental Association has first aid information for dental accidents and injuries available at https://teeth.org.au/dental-trauma

ASCIA's First Aid Plan for Anaphylaxis is available to download at
https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis

National Asthma Council of Australia factsheet for an asthma attack is available to download at
https://www.nationalasthma.org.au/asthma-first-aid

APPENDIX C

PROCEDURE – First aid kits

When to use this procedure

- When preparing new first aid kits
- When checking and monitoring existing first aid kits
- When restocking first aid kits
- When evaluating and reviewing existing first aid kit arrangements and contents

The nominated supervisor or a nominee is responsible for implementing this procedure, but the approved provider is ultimately responsible for ensuring our first aid kits meet our legal obligations under the *National Regulations* and work health and safety laws

1. Conduct a risk assessment to determine arrangements for first aid kits, including:
    - How many we need considering the size and layout of our service, and the number and profile of our children and staff
    - The type of supplies we are likely to need in each kit considering the types of injuries or illnesses that might occur at our service
    - The location of each kit
    - What signage we need
    - How staff (including volunteers and students) will access the kits

2. Prepare a first aid contents checklist for each kit
    - Use guidelines from reputable authorities such as Safe Work Australia's 'First Aid in the Workplace Code of Practice'
    - Assess whether first aid kits need to include resources to treat outdoor injuries such as insect, plant stings, snake bites
    - Make sure to adapt the kits to our specific needs, but each one must contain resources for the immediate treatment of injuries, including:
        - Cuts, scratches, punctures, grazes and splinters
        - Muscular sprains and strains
        - Minor burns
        - Amputations and/or major bleeding
        - Broken bones
        - Eye injuries
        - Shock
    - Also include instructions for providing first aid, incl. CPR flow chart

- Do not include paracetamol (Panadol) or aspirin

3. Also prepare a general use anaphylaxis and asthma emergency kit checklist including:
    - Adrenaline injectors (Anapen and EpiPen) and an ASCIA First Aid Plan for Anaphylaxis
    - Asthma reliver medication, volume spacer devices, compatible children's face masks (to use on small children), asthma first aid instructions

4. Source kit supplies
    - Purchase items from reputable supplier to ensure the standard of products
    - Check sterile items are intact and sealed, and that items with expiry dates are still current

5. Ensure the design and construction of the kits are appropriate
    - Constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
    - Where possible, fitted with a carry handle and internal compartments
    - Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
    - Contain a list of contents (inventory)
    - Photos, names, locations and telephone numbers of first aid trained staff

6. Determine the location of the kits based on our service's specific needs
    - There should be at least one kit on each floor of multi-level services, but more may be required depending on the number of children and staff per floor
    - Include a kit in any work vehicle, including buses
    - Ensure we have a kit available for excursions, special events, outdoor activities, transport, travel, emergencies and evacuations

7. Ensure kits are accessible and prominently displayed
    - Not locked away
    - Readily accessible to adults, but out of reach of children
    - Alert people to each kit's location by displaying an easily recognisable sign that complies with AS 1319:1994 – Safety Signs for the Occupational Environment

8. Display first aid signs, instructions, and contact details for first aid trained staff and emergency services
    - Emergency services contact card near a phone line

- Names, telephone numbers, location, and photographs (if possible) of all first aid trained staff
- Display first aid posters and instructions in prominent locations (e.g., posters and info sheets for DRSABCD action plan, CPR, ASCIA action plan for anaphylaxis, choking, burns, bites and stings, nose bleeds, electric shock etc)
- Signs should comply with AS 1319 Safety signs for the occupational environment (e.g., white cross on a green background)

9. Remind staff to notify the nominated supervisor after first aid products have been used so kits can be restocked

10. Diarise audits of the contents and location of first aid kits as follows:
    - First aid kits after each use and at least once every 12 months
    - General use anaphylaxis and asthma kits after each use and at least once every 3 months

11. When auditing, check each first aid kit and general use anaphylaxis and asthma response kit:
    - Contains all the required quantities of items according to its inventory list
    - Items are in working order, have not deteriorated and are within their expiry dates, sterile products are sealed and have not been tampered with
    - Is in its correct location
    - Contents and locations are still appropriate considering our recent incident, injury, trauma, and illness records
    - Sign and date the inventory checklist list after each audit

12. Safely dispose of expired/unsterile products - e.g., medicines through the 'Return of Unwanted Medicines' program; other items place in bag, tie and place in outside bin which children cannot access

Governance and Management Policy

Quick reference: statement of philosophy | governance and management | leadership | service approval conditions | risk management systems | financial governance | child care subsidy administration | fit and proper staff | educational leadership | development of professionals | roles and responsibilities | reporting relationships | summary of key staff roles and responsibilities | delegations | management systems | administration systems | confidentiality and records management systems | complaints management system | documented policies and procedures | prescribed information to be displayed and notified | continuous improvement | regular self-assessment | Quality Improvement Plan (QIP) paramount consideration | child safety

PURPOSE AND BACKGROUND

(1) To set out how our service is governed and managed, how we meet a wide range of requirements and ensure quality processes, procedures and practices for effective and ethical leadership and management

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for the governance and management of the service (s 168(2)(l))

(3) It helps us to meet the objectives and principles of the Approved Learning Framework and National Quality Standard Area 7 (Governance and Leadership)

SCOPE

(4) This policy applies to:

- The approved provider
- Persons involved in the management or control of our service (PMCs)
- The nominated supervisor
- Staff, including educators, administrative and support staff
- Volunteers, students, contractors

(5) It informs families, visitors and the broader community about the governance and management arrangements of our service

DEFINITIONS

(6) The following definitions apply to this policy and related procedures:

- 'Approved provider' is the legal entity that is approved to operate our service. . Note, the regulatory authority may deem a provider to be a 'related provider' of an approved provider if where they share persons of management or control in criteria. The regulatory authority then has the same functions and powers in relation to a

related provider as it does for the approved provider. References in this policy to the approved provider may apply to related providers

- 'Continuous improvement' means ongoing improvement in the provision of quality education and care services
- 'Fit and proper person' has specific assessment criteria in the *National Law* and in Commonwealth Family Assistance Law, including consideration of a person's history of compliance with the law, criminal history, working with children checks, bankruptcy or insolvency, financial circumstances, tax record, medical conditions, management capabilities, and any sanctions or suspensions upon them (check links provided for details)
- 'Fraud' means dishonestly obtaining a benefit, or causing a loss, by deception or other means
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Persons with management or control (PMC)' are individuals responsible for managing the delivery of our service or who have authority, responsibility or significant influence over the planning, direction or control over the activities or the delivery of the service (i.e., people in executive or management roles, such as members of the board or management committee, partners of a partnership, people in management positions)

  A nominated supervisor, person in day-to-day, centre directors or other staff who hold other 'operational' management positions are not automatically PMCs unless they also meet the definition above
- 'Staff', unless indicated otherwise, refers to approved provider, persons with management or control, the nominated supervisor, paid employees, volunteers, students, and third parties (e.g., contractors, casual staff) who perform work on our behalf

POLICY STATEMENT

Legal structure and governance model

(7) Our service is operated by Chabad Lamplighters Limited which holds provider approval under the *Education and Care Services National Law*

(8) The Board is responsible for the governance of our service

(9) Our constitution reflects our legal structure

(10) The governance model supports strategic planning, financial oversight, legal compliance and leadership of our service

(11) The approved provider must ensure our service complies with all the conditions of service approved under the *National Law* s 51, including not exceeding the maximum number of children specified, holding the required insurance, and meeting the health, safety, wellbeing, education and development needs of children

Our philosophy and purpose

(12) Our philosophy is on view and available to all

(13) Our statement of philosophy must guide all aspects of our operations, including our decisions, policies, educational program and practices (National Quality Standard 7.1.1)

(14) We will regularly critically reflect on and review our statement of philosophy in consultation with staff, children, families and the community to make sure it continues to reflect their understanding of our service's role

(15) We will include our statement of philosophy in staff inductions and when enrolling new families

Commitment to effective and ethical governance and leadership

(16) Our governance must support the operation of a quality service that is child safe (National Quality Standard 7.1) that ensures the safety, health and wellbeing of children in our care, and meets their educational and developmental needs (*National Law* s 51)

(17) Our governance and management systems will contribute to a safe, ethical, respectful, honest, inclusive and supportive work and learning environment, in which diversity is celebrated and reflected in our staff profile, educational program and daily routines

(18) The approved provider must ensure that periodic meetings and reviews of our operations – including quality assurance and strategic, financial, legal and operational risk management - are conducted and documented

(19) We will provide staff, children, families and the wider community with opportunities to have a say in what happens at our service (see our Family and Community Partnership Policy)

(20) Our leaders shape our culture, ensure legal compliance and support continuous improvement

(21) We must have effective leadership to build and promote a positive organisational culture and professional learning community (National Quality Standard Area 7.2)

(22) The approved provider and other service leaders must:

- Act honestly, lawfully and in the best interests of children, our service and our community
- Be aware of, and comply with, the *Education and Care Services National Quality Framework*, other relevant laws, and our own policies and procedures
- Have the appropriate qualifications, experience and integrity for their role

- Not use or disclose any confidential or commercially sensitive information for their personal or financial benefit
- Strive to continually improve our operations, program and practices

Child safety is embedded in our governance, leadership and culture

(23) Child safety is at the core of our governance, leadership and culture

(24) We will promote our *Statement of Commitment to Child Safety and Wellbeing*, and champion and model a child safe culture at all levels in our service

(25) The safety, rights and best interests of children must be the paramount consideration in any action or decision made by staff (see definition) in relation to the operation of our service and the delivery of education and care to children (*National Law s 2A*)

(26) Management, educators and staff must be aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect (National Quality Standard 2.2.3)

(27) Staff must follow our Child Safe Environment Policy and uphold our Child Safe Code of Conduct at all times

(28) The approved provider and nominated supervisor must oversee the policies, procedures, risk management, supervision, HR processes, training, reporting, communication and monitoring systems we have in place to keep children safe from harm or the risk of harm

(29) The approved provider and nominated supervisor will regularly review and report on our performance in child safety matters as part of our continuous improvement practices. Child safety is a standing agenda item at staff, management, board, and committee meetings

Leaders and staff must be fit and proper persons

(30) Everyone leading or working for us must be safe, suitable and legally allowed to be in their job

(31) The approved provider, PMCs, and persons responsible for the day-to-day operations must demonstrate they are 'fit and proper' persons (see definition) to be involved in managing or controlling our service (*National Law* s 12) (*Family Assistance Law*)

(32) The approved provider must ensure that:

- The nominated supervisor and person/s in day-to-day charge satisfy the minimum requirements related to fitness and propriety (*National Regulations* ss 117B-C)
- Educators, persons with management or control, and persons responsible for the day-to-day operations have the background checks required under *Family Assistance Law*
- All staff (including contractors, volunteers and students) are screened and verified as safe, suitable and not prohibited to work with children in an education and care

service. They must all hold a valid, non-prohibited working with children check or a Victorian Institute of Teaching registration unless they are exempt under the law

- Staff (including volunteers and students) complete recognised child protection training and child safety training (*National Law* s 162A, 162B), and are made aware of, understand and can explain current child protection laws and any obligations they have under them (*National Regulations* s 84)
- We continue to check and maintain accurate records about the fitness and propriety of the approved provider, PMCs, staff, volunteers and students according to our procedures
- We notify the regulatory authority and the Australian Department of Education if there is any change relevant to whether the approved provider/PMCs are fit and proper persons within 7 days (*National Law* s 174, *Family Assistance Law*)
- We provide information to the regulatory authority and Australian Department of Education, on request, for their assessment as to whether a person involved in our service is a fit and proper person (*National Law* s 14, *Family Assistance Law*)
- We notify the appropriate authorities (e.g., regulatory authority, Australian Department of Education, child protection services, working with children check unit, Commission for Children and Young People etc) within the required time of any relevant changes to the suitability of a staff member, volunteer or student (e.g., working with children checks, charges or convictions, incidents etc)
- We comply with any suspension notices, supervision notices, prohibition notices, training notices or enforceable undertakings issued by the regulatory authority to the approved provider, nominated supervisor, staff or volunteers**.** The approved provider makes reasonable enquiries about whether current and prospective staff are subject to any such notices

(33) See attached prescribed notifications lists, and our child safe Recruitment, Induction and Training Policy and Child Safe Risk Management Plan for more detail

Roles and responsibilities

(34) Having clear expectations for staff about their roles and responsibilities ensures accountability, and better teamwork, morale and performance

(35) We must ensure that roles and responsibilities are clearly defined, understood, and support effective decision-making and operation of our service (National Quality Standard 7.1.3)

(36) The approved provider must display the name of each nominated supervisor in a place where it is clearly visible from the main entrance of our premises (*National Law* s 172)

(37) Staff roles and responsibilities must be documented in position descriptions, policies and procedures

(38) All staff (including relief staff, volunteers and students) will have a formal induction which will cover their individual obligations under relevant laws, the Approved Learning Framework, and relevant policies and procedures

(39) Ongoing staff will participate in a professional development program to increase their skills and knowledge, and reinforce their understanding of their role and responsibilities

(40) The approved provider and nominated supervisor must regularly and systematically monitor and appraise staff performance

(41) For efficiency, accountability and transparency, staff will report directly to the immediate supervisor who supports and oversees their work

(42) Staff must follow our Staff Communication Policy, which sets out how information about work will be shared with and among staff

High level summary of key staff roles and responsibilities:

Role	*Areas of responsibility*
Approved provider	The approved provider is the legal entity that is approved to operate our service and is legally responsible for managing our service, including compliance, strategic direction, risk management, financial performance, developing policy and procedures, communications and consultation, health and safety, staffing and recruitment, and documentation
Persons with management or control (PMC)	PMCs are responsible for managing the delivery of our service, including making or contributing to making decisions that affect the whole, or a substantial part, of our service or our financial position A PMC has the same legal responsibilities as the approved provider and must exercise due diligence to ensure that the approved provider has complied with all legal obligations, including putting into place effective governance systems and operational processes
Nominated supervisor	The nominated supervisor is responsible for effectively supervising and managing our service, including our day-to-day operations, implementing policies and procedures, overseeing the educational program, staffing and recruitment, communications and consultation, health, safety and wellbeing, and documentation
Persons in day-to-day charge	The person in day-to-day charge is the point of contact for families and staff, and has the same legal responsibilities as a general educator at our service
Responsible persons	A responsible person is responsible for the operation of our service, either: • The approved provider or a PMC (if the approved provider is not an individual) • A nominated supervisor • A person in day-to-day charge At least one responsible person must be physically present at our service at all times we are caring for and educating children (*National Law* s 162)
Educational leader	The educational leader is responsible for leading the development and implementation of the educational program and practices (aligned with the Approved Learning Framework) and for promoting a culture of continuous improvement
Early childhood teacher	Early childhood teachers are responsible for carrying out educational and care activities
Educators	Educators implement our educational program, carry out routine care and supervision, ensure the health, safety and wellbeing of children

Administrative staff	Administrative staff have a range of responsibilities. Depending on their role, these may include management, bookkeeping and accounts, reporting, enrolments, record keeping, data management, IT, function coordination, organising meetings, communications and customer service
Support staff (e.g., kitchen, maintenance, cleaning)	Support staff responsibilities vary according to their role, but they support our service to maintain a safe, clean and hygienic environment, and contribute to our effective operation
Volunteers and students	May be present at our service and do work on our behalf under supervision, but do not count towards educator to child ratios

Decision-making

(43) If an action or decision concerns a child or children, their safety, best interests and rights must be placed above all else.

(44) All high-level financial business decisions are made by the approved provider/PMCs, including: determining our hours and days of operation; deciding on staff structures and approving recruitment; creating or terminating Child Care Subsidy enrolments; and making decisions about business closure, changes in our premises or major renovations

(45) Procurement decisions must consider any child safety risks posed by third party contractors, facilities, suppliers or providers. Procurement decisions that are deemed to be a high risk to children's safety must be made by the approved provider

(46) Decisions are generally made individually by those who have the authority or in consultation with relevant staff members

(47) Decisions must be made by in line with the relevant policy and procedure (if one is in place)

(48) Our decision-making processes must be documented and align with professional, ethical and quality standards

(49) Unlawful discrimination, bias or the misuse of power will not be tolerated

(50) Conflicts of interest must be disclosed and any person with a conflict (actual, potential or perceived) must not be involved in any related decision-making

(51) Significant decisions or changes to our service must be documented, communicated and made in consultation with families, staff and any other interested parties

Delegation of authority

(52) For our efficient and lawful operation, certain roles and responsibilities will be delegated

(53) The approved provider/persons with management or control (PMCs) may delegate appropriate authority to the nominated supervisor and other staff for our day-to-day operations, curriculum leadership, administrative functions, and policy implementation

(54) The approved provider/PMCs must not delegate authority for:

- Approving strategic plans, annual budgets, financial reports or statements, policies, annual reports
- Appointing or dismissing persons with management or control, the nominated supervisor or the educational leader, or
- Making purchases or agreements that exceed specified limits

(55) When delegating responsibilities, we must ensure that the staff member has the necessary qualifications and experience, understands their responsibilities, and is legally allowed to have the delegation

(56) Staff who are delegating roles and responsibilities will:

- Choose an appropriate person for the task/s, taking into consideration their current skills, workload and professional development program
- Clearly communicate the task/s and timing for completion
- Check that the staff member can do the task/s with the information and resources they have
- Have positive and open lines of communication with the staff member, in case of any issues
- Where appropriate, get formal agreement (e.g., in written position descriptions, delegation agreements)

(57) Delegation of responsibilities does not absolve the approved provider/PMCs from overseeing and being accountable for the outcomes of the delegated tasks

Delegations under the *National Quality Framework*

(58) The approved provider or nominated supervisor may place a person in 'day-to-day charge' of the service to be the point of contact for families and staff, if the person: agrees to the role in writing; is over 18 years old; is a 'fit and proper person'; and has the knowledge, understanding and ability to effectively supervise and manage our service (*National Regulations* s 117B)

(59) The approved provider must ensure that a 'responsible person' is present at the service at all times we are caring for children. The role of responsible person may be delegated to the nominated supervisor or a person in day-to-day charge

(60) The approved provider must designate a suitably qualified and experienced educator, co-ordinator or other person as 'educational leader' to lead the development and implementation of our educational program (*National Regulations* s 118)

(61) The delegation for these roles must be agreed to in writing, documented according to our record keeping procedures, and available for inspection by the regulatory authority on request

Educational leadership

(62) Strong educational leadership ensures our curriculum delivers the best outcomes for children's learning and development

(63) The approved provider must appoint a suitably qualified and experienced individual as educational leader (*National Regulations* s 118)

(64) The educational leader must be supported and lead the development and implementation of the educational program and assessment and planning cycle (National Standard 7.2.2), as detailed in our Education, Curriculum and Learning Policy

(65) The approved provider must take reasonable steps to ensure that staff who have a role in educating children at our service hold the required qualifications

Development of professionals

(66) Staff growth and development are foundational to our ability to deliver quality care and education

(67) Staff performance must be regularly evaluated, and individual plans must be in place to support their learning and development (National Standard 7.2.3)

(68) The approved provider must take reasonable steps to ensure that staff who are responsible for managing staff development follow our HR policies and procedures, including our Recruitment, Induction and Training Policy

(69) The approved provider and nominated supervisor must ensure that all staff have or are working towards completing any mandatory study or training for their role, including refresher training

(70) Staff members will have individual performance plans and programs of professional development in place that are tailored to their individual needs, interests and goals

(71) Staff performance will be formally appraised and documented:

- At 3 months of their start date in a role
- At least once every 12 months, thereafter, and
- Throughout the year with informal 'check-ins' between staff members and their team leader

(72) Each staff member's performance will be assessed against their job description, the ECEC Code of Ethics, our Child Safe and Staff Codes of Conduct, our statement of philosophy, and the relevant areas of the National Quality Standard

(73) We will celebrate the skills and achievements of staff with children, families and other staff members

(74) We will have an employee support program for staff who are experiencing difficulties either at home or at work. The program will link staff to suitable support (e.g., counselling,

mediation, coaching, mentoring) and/or facilitate adjustments to their working arrangements (where possible)

Financial governance

(75) The protection of the safety, rights and best interests of each child and the children at our service must prevail over the financial interests of the approved provider and other fiduciary duties owed by PMCs

(76) Sound financial management ensures we remain solvent, viable and compliant with the law

(77) The approved provider must ensure that we comply with all relevant financial and accounting laws, regulations and standards, and must take reasonable steps to prevent and eliminate corruption and fraud at our service

(78) The approved provider is responsible for approving the annual budget and for reviewing financial reports to ensure our service remains financially sustainable and solvent

(79) The nominated supervisor and administrative staff may be delegated responsibility for recording payments and expenses, preparing financial reports, processing payroll, invoicing families, and authorising petty cash and operational expenses within their authorised limit

(80) The approved provider must take reasonable steps to ensure that staff who have financial responsibilities implement any related policies and procedures, and that they use our budgeting and accounting system to manage income and expenses, including fees paid, grants and subsidies, wages, supplies and other operating costs

(81) We must administer and use all government funding according to funding conditions

(82) The approved provider must take prompt and appropriate action if there is a breach or concern about financial misconduct, corruption or fraud at our service

Child Care Subsidy governance and administration

(83) The approved provider must ensure that we administer the Child Care Subsidy (CCS) according to the requirements under *Family Assistance Law*, including meeting all obligations for enrolment reporting, attendance data, record keeping, paying gap fees electronically, and ensuring all claims and payments are accurate and lawful

(84) Decisions about Child Care Subsidy (CCS) enrolments, attendance records and fee reporting are made by the nominated supervisor or an approved delegated staff member, under the oversight of the approved provider

(85) The approved provider must ensure that we manage and communicate our fees according to the *National Regulations* and *Family Assistance Law*, including having a fee policy in place (s 160(3)(k)), and keeping a record of a formal agreement for fees with families (a Compliant Written Arrangement) (*Family Assistance Law*)

(86) The approved provider must take reasonable steps to ensure that staff who are administering the CCS are trained to implement our Fees Policy and Enrolment Policy, and

that they use approved CCS software to manage enrolment and attendance reporting, fee processing, and managing absences

(87) The approved provider must ensure that all claims and payments are accurate and lawful, and that staff are adequately monitored for compliance via regular internal audits of weekly session reports

(88) Errors or problems with CCS administration will be dealt with promptly and the nominated supervisor will notify the Australian Government Department of Education about relevant matters as required (see attached list of prescribed notifications)

(89) The approved provider must ensure that any allegation or suspicion of fraud or non-compliance with the fee or CCS systems is investigated, and that appropriate action is taken in line with our HR policies where appropriate, including measures to prevent non-compliance or misconduct in the future

(90) Staff may use the Australian Government's Get Early Childhood Compliance Knowledge Online (Geccko) online learning platform to understand their compliance obligations

Insurance

(91) Appropriate insurance is essential to protect our service, staff, children and families

(92) The approved provider must ensure that our service is appropriately insured.

(93) The approved provider must keep evidence of our public liability insurance on the premises, ready for inspection by the regulatory authority (*National Regulations* s 180)

(94) The approved provider must review our insurance annually and ensure we continue to have adequate coverage for the level of risk

(95) The approved provider must ensure that any incidents that may result in an insurance claim are reported promptly and managed in line with our procedures

(96) The approved provider must not enter into a contract or be party to a contract of insurance or other arrangement that indemnifies staff against payment of fines for contraventions of the *National Law* or *Regulations* (*National Law* s 295A - Victoria)

Management systems

(97) We must have systems in place to manage risk and enable the effective management and operation of a quality service that is child safe (National Quality Standard 7.1.2).

(98) The approved provider must ensure that all of our management systems operate in compliance with all relevant legislation, including the *National Quality Framework, Family Assistance Law, Privacy Act 1988 (Cth*), *Fair Work Act 2009 (Cth*) and other employment laws, equal opportunity and anti-discrimination laws, health regulations, child safety/protection legislation, and work health and safety laws

(99) We will have detailed policies and procedures set out how we use and maintain a range of paper-based and electronic management systems (see Management system cross reference table attached)

(100) The approved provider and nominated supervisor will ensure that staff are adequately trained and equipped to use our systems, and that they have access to adequate technology resources

(101) The approved provider or nominated supervisor will periodically audit our systems to check for compliance and take any corrective actions, if required

(102) We will provide opportunities for staff to give feedback about our systems in staff meetings and policy reviews

Documented policies and procedures

(103) Policies and procedures are vital documents to guide and direct our operations, and ensure consistency and compliance

(104) The approved provider must ensure that we have adequate policies and procedures in place for any matter prescribed under an applicable law, including those required under the *National Regulations* s 168 (see list attached)

(105) The approved provider must take reasonable steps to ensure that the nominated supervisor, staff members (including volunteers) follow our policies and procedures (*National Regulations* s 170), including through:

- Clear and accessible communication
- Systemised induction, training and monitoring
- Regular policy reviews and updates
- Monitoring and responding to non-compliance, and
- Adequate resources and practical support

(106) Our policies and procedures must be readily available and accessible (*National Regulations* s 171), including to families

(107) The approved provider must ensure that our policies and procedures are regularly reviewed, in consultation with staff, children, families and the community, to ensure they continue to:

- Be effective
- Align with best practice and current legislation
- Be informed by our statement of philosophy, risk management and quality improvement activities
- Support high quality practice across our service

(108) The approved provider is responsible for approving policies and procedures

(109) The approved provider must ensure that parents are notified at least 14 days in advance - or as soon as practical if the changes are urgent to protect safety, health or wellbeing of a child - before making any change to a policy or procedure required under s 168 if the change:

- May have a significant impact on the service's provision of education or care to any child at the service, or
- Will affect the fees charged or the way fees are collected (*National Regulations* s 172)

Record of service's compliance

(110) Our service must keep a record of our compliance with the National Quality Framework (National Regulations reg 167, containing details of any:

- Compliance direction or compliance notice issued to the approved provider of the service
- Suspension of service approval (other than by voluntary application)
- Amendment to service approval made by the regulatory authority

(111) We must make the record available to any person upon request and keep it at our premises (*National Regulations* reg 177(3)(b))

(112) Our service's compliance and quality history must be clearly and visibly displayed in the prescribed form at the main entrances to our premises (*National Law* ss 172(3)(4) - Vic)

National Law and Regulations to be available

(113) We must be transparent and open about our service's legal obligations

(114) The approved provider must ensure that a copy of the *National Law and Regulations* is kept available at our premises for the use of the nominated supervisor, other staff, volunteers and students, families and anyone else who uses our service (*National Regulations* s 185)

Prescribed information to display and report

(115) We must display particular information at our service and report specific information to families and government authorities

(116) The approved provider must ensure that we:

- Display the information prescribed in the *National Law* (s 172) *and Regulations* (s 173) in a prominent location at the entrance to our service (see list attached)
- Notify the regulatory authority and families of prescribed information within the required time (see list attached) (*National Law* ss 173, 174) (*National Regulations* ss 174-176)

- Notify the Australian Government about the prescribed matters under *Family Assistance Law* within the required time (list attached)
- Make any other mandatory reports or notifications to the relevant authority where and when required (e.g., Australian Tax Office, Work Safe, child protection agencies)

(117) The approved provider must take reasonable steps to ensure that staff make the required notifications and reports according to our policies and procedures, and that they use reporting and notification systems to track due dates, and make and store records

(118) The approved provider and nominated supervisor will display in staff areas an up-to-date list of due dates and required notifications

Attendance and enrolment records

(119) Accurate records of attendance and enrolment are essential for health and safety, administration and compliance

(120) The approved provider must take reasonable steps to ensure staff implement our Fees Policy, Enrolment Policy, Delivery and Collection Policy, Acceptance and Refusal of Authorisation Policy, Medical Conditions Policy and Record Keeping Policy

(121) These policies set out how we keep records of attendance and enrolment according to the requirements in the *National Regulations* and *Family Assistance Law*

(122) Enrolment records must be reviewed at least annually and linked to individual learning and care plans

(123) Our enrolment and attendance records will be linked to related systems (e.g., staffing, fees, medical management, emergency plans, and waitlists)

Record-keeping, including confidentiality, storage and technology

(124) Accurate and secure record-keeping and data management are vital for an efficient and lawful operation

(125) The approved provider must take reasonable steps to ensure that staff implement our record keeping, confidentiality, privacy and storage related policies, and that they use our records management systems (paper-based and electronic) according to our procedures

(126) Our Record Keeping Policy and Privacy and Confidentiality Policy set out how we manage the prescribed enrolment records and other documents required under s 177 of the *National Regulations*

(127) Staff must keep the following information confidential and stored securely: any prescribed enrolment or other document; personal information about children, families and staff; incidents and reportable information (e.g., mandatory reports, complaints, details of illnesses or injuries); sensitive organisational or operational information (e.g., security, internal investigations, financial records); and any other information classified as confidential by law

(128) The approved provider must ensure that technology and devices are secure, maintained and managed in such a way that keeps children safe from harm or the risk of harm, and protects data and privacy, in line with all relevant legislation and standards and our Technology and Device Use Policy

Continuous improvement and self-assessment

(129) Quality improvement is an ongoing process that everyone contributes to

(130) We must have an effective self-assessment and quality improvement process in place (National Quality Standard 7.2.1)

(131) The approved provider must ensure that our current quality improvement plan (QIP) is kept on the premises and is made available for inspection by the regulatory authority and, on request, to parents of current and prospective enrolled children (*National Regulations* s 31)

(132) The approved provider must review and revise our QIP at least annually and at any time on request to the regulatory authority (*National Regulations* s 56)

(133) We will use our QIP as a dynamic document that is regularly updated for continuous assessment against the National Quality Standard. It will be a true and accurate reflection of our service

(134) We will incorporate what we have learnt through regular self-assessments into our QIP, which will then guide our practices and program delivery

(135) We will use ACECQA's template to conduct our self-assessments

(136) The approved provider and nominated supervisor will coordinate a 'whole of service' self-assessment process that involves staff, families, children and our broader community

(137) Staff must document the self-assessment and planning process (e.g., reflective documentation for staff, meeting minutes, feedback from families and children, progress notes)

(138) The approved provider must take reasonable steps to ensure staff follow our Complaint Handling Policy and Procedure, which covers how our complaint processes support continuous improvement

PRINCIPLES

(139) The safety, rights and best interests of children is the paramount consideration in our decisions and actions

(140) We uphold the values of transparency, collaboration, integrity, ethics, fairness and respect in our decision making and communication

(141) We have effective child safe management systems for all areas of our operation

(142) We have clear roles and responsibilities, and individuals are supported and accountable for their actions and decisions

(143) We strive for continuous improvement to our service and outcomes for children. We have the systems and culture in place so that everyone is contributing to regular self-assessment and critical reflection

(144) We comply at all times with relevant laws, regulations and standards

(145) We celebrate diversity, and have an inclusive and accessible workplace and learning environment

(146) Leadership provides the guidance to make our programs and practices match our philosophy

(147) The health, safety and wellbeing of children, staff, families and visitors is our number one priority

POLICY COMMUNICATION, TRAINING AND MONITORING

(148) This policy and related documents are available

(149) The approved provider and nominated supervisor will provide information, training and other resources and support regarding the Governance and Management Policy and related documents

(150) All staff (including volunteers and students) will have a formal induction which will cover relevant information in our Governance and Management Policy and related documents

(151) We will run a professional development program for each staff member, which covers relevant aspects of this policy

(152) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They will be communicated during staff inductions and in ongoing training

(153) The approved provider and nominated supervisor will monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(154) At enrolment, families are access to our Governance and Management Policy and related documents

(155) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 2A	Paramount consideration – safety, rights and best interests
s 13	Matters to be taken into account in assessing whether fit and proper person
s 14	Regulatory Authority may seek further information
s 21	Reassessment of fitness and propriety

s 51	Conditions on service approval
s 162	Offence to operate education and care service unless responsible person is present
s 162A	Child protection training
s 162B	Child safety training
s 169	Offence relating to staffing arrangements
s 172	Offence to fail to display prescribed information
s 173	Offence to fail to notify certain circumstances to Regulatory Authority
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
s 29	Condition on service approval – insurance
s 31	Condition on service approval – quality improvement plan
s 55	Quality improvement plans
s 56	Review and revision of quality improvement plans
s 73	Educational program
s 84	Awareness of child protection law
ss 77 – 102F	Part 4.2 – Children's health and safety (applicable sections)
ss 103 - 110	Physical environment – Centre-based services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
ss 117A – 117C	Minimum requirements for persons in day-to-day charge and nominated supervisors
s 120	Educators who are under 18 to be supervised
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child rations – centre-based services
s 126A	Illness or absence of a qualified educator who is required to meet the relevant educator to child ratio
s 136	First aid qualifications
ss 145 – 152B	Staff and educator records – centre-based services
s 155	Interactions with children
s 156	Relationships in groups
s 157	Access for parents
s 158	Children's attendance record to be kept by approved provider
s 160	Child enrolment records to be kept by approved provider
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 167	Record of service's compliance
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 174	Time to notify certain circumstances to Regulatory Authority
s 174A	Prescribed information to accompany notice
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records
s 185	Law and regulations to be available

Other applicable laws and regulations

Name	Description
Work Health and Safety Laws	Describes the primary duty of care to people in the workplace
Privacy Act 1988	Principal act governing the handling of personal information
Fair Work Act 2009	Minimum standards for employment conditions
Family Assistance Law	Regulates administration of the Child Care Subsidy
Children's Services Award 2010	Covers employment conditions and wages in the children services and early childhood industry
State/territory-based child safety and child protection laws	Covers obligations for child safety and protection in governance and management of prescribed organisations

National Quality Standard

Standard / Element	Concept	Description
7.1	Governance	Governance supports the operation of a quality service that is child safe
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

My Time, Our Place (MTOP) V2.0 - all outcomes are relevant

National Principles for Child Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture

RELATED DOCUMENTS

Key Policies and procedures	All our policies and procedures are relevant to the governance and management of our service
Resources	Names and contact details for key roles template (attached) | National Law and Regulations required information to display (attached) | Management system cross reference table (attached) National Laws and Regulations prescribed notifications (attached) | Family Assistance Law prescribed notifications (attached) | Policies and procedures required (National Regulations s 168) (attached) | Australian Government's Get Early Childhood Compliance Knowledge Online (Geccko)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Family Assistance Law and Australian | Department of Education online resources for CCS and Child Care Provider Handbook April 2025| Work health and safety legislation and guidelines| ASX Corporate Governance Principles and Recommendations | ACECQA Policy and Procedure Guidelines for Governance and Management | Australian Institute of Company Directors Governance Principles | Early Childhoold Australia Code of Ethics | Child Safe Standards / Principles

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July, 2026 Date for next review: July, 2027

APPENDIX B

RESOURCE – Management system cross reference table

MANAGEMENT SYSTEM	KEY RELATED POLICIES AND PROCEDURES	KEY REFERENCES
EDUCATIONAL PROGRAM AND PRACTICE	Education, Curriculum and Learning Policy Staffing Arrangements Policy	National Law s 168 - Offence relating to required programs *National Regulations* Part 4.1 and National Quality Standard Area 1 – Educational program and practice *National Regulations* Part 4.4 – Staffing arrangements National Standard 7.2.2 – Educational leadership
CHILDREN'S HEALTH, SAFETY AND WELLBEING (INCLUDING CHILD SAFE STANDARDS/PRINCIPLES)	Child safe policies (including Child Safe Environment, Child Safe Risk Management Plan, Child Safe Code of Conduct and Child Protection Policy) Health, Hygiene and Cleaning Policy Food Safety Policy Nutrition and Dietary Requirements Policy Sun Protection and Heat Safety Policy Tobacco, Vape, Drug and Alcohol Policy Sleep and Rest Policy Incidents, Injuries, Trauma and Illness Policy First Aid Policy Dealing with Infectious Diseases Policy Administration of Authorised Medication Policy Medical Conditions Policy Emergency Management and Evacuation Policy Delivery and Collection of Children Policy Excursions Policy Safe Arrival of Children Policy Transport Policy	*National Law 2A* – Paramount consideration *National Law s 165* – Offence to inadequately supervise children *National Law s 166* – Offence to use inappropriate discipline *National Law* s 166A – Offence to subject a child to inappropriate conduct *National Law s 167* – Offence relating to protection of children from harm and hazards *National Regulations* Part 4.2 and National Quality Standard Area 2 – Children's health and safety Child Safe Standards/National Principles for Child Safe Organisations and state/territory-based child safety laws State/territory health and safety laws
PHYSICAL ENVIRONMENT	Physical Environment Policy Child Safe Environment Policy Health, Hygiene and Cleaning Policy Environmental Sustainability Policy Access and Inclusion Policy CCTV Policy	*National Regulations* Part 4.3 – Physical environment National Quality Standard Area 3 – Physical environment Privacy Act 1998 (Cth) and state/territory workplace surveillance laws related to CCTV
STAFFING ARRANGEMENTS	Recruitment, Induction and Training Policy Staffing Arrangements Policy Staff Code of Conduct Volunteers and Students Policy	*National Law s 169* – Offence relating to staffing arrangements *National Law s 170* – Offence relating to unauthorised persons on education and care services premises

MANAGEMENT SYSTEM	KEY RELATED POLICIES AND PROCEDURES	KEY REFERENCES
	Staff Communication Policy Relevant HR Policies	*National Law s 171* – Offence relating to direction to exclude inappropriate persons National Regulations 4.4 and National Quality Standard Area 4 – Staffing arrangements Commonwealth and state/territory employment laws, awards and regulations, including the Fair *Work Act 2009 (Cth*), Childrens Services Award, superannuation requirements, work health and safety legislation, equal opportunity and anti-discrimination laws, working with children check and child safety/protection obligations
RELATIONSHIPS WITH CHILDREN	Positive Relationships for Children Child Safe Environment Policy	*National Regulations* Part 4.5 and National Quality Area QA5 – Relationships with children
PARTNERSHIPS WITH FAMILIES AND COMMUNITIES	Families and Communities Partnerships Policy	*National Regulations Part 4.6 and National Quality Area QA6* – Collaborative partnerships with families and communities
FEES AND CHILD CARE SUBSIDY	Fees Policy Enrolment Policy	*Family Assistance Law*
WORK HEALTH AND SAFETY	Work Health and Safety Policy	Work health and safety laws Anti-discrimination laws
CONFIDENTIALITY AND RECORD-KEEPING	Record Keeping Policy Privacy and Confidentiality Policy	*National Regulations ss 173-177, 181 -184* *Privacy Act 1988 (Cth)*
INFORMATION AND TECHNOLOGY	Technology and Device Use Photography and Video Policy Social Media Policy Record Keeping Policy Privacy and Confidentiality Policy CCTV Policy	*National Law Part 6A – Devices in Education and Care Services* *National Regulations* s 168(2)(ha) Privacy Act 1988 (Cth) Family Assistance Law Australian Cyber Security Centre Guidelines National Model Code for ECEC State/territory workplace surveillance laws related to CCTV
COMPLAINTS MANAGEMENT	Complaint Handling Policy Child Protection Policy (for harm or risk of harm to a child)	Child Safe Standards/National Principles for Child Safe Organisations and state/territory-based child safety laws
FINANCIAL MANAGEMENT	Financial management procedures	ATO obligations, general business, financial and accounting laws and standards
INSURANCE	Insurance risk register and risk management plan	*National Law s 295A (Vic)* *National Regulations* ss 29, 180
CONTINUOUS IMPROVEMENT	Quality Improvement Plan Self-assessment tools	*National Regulations* ss 55-56

APPENDIX C

RESOURCE – Policies and procedures required (*National Regulations* s 168)

Source: National Regulations s 168

Policies and procedures are required in relation to the following—

(a) health and safety, including matters relating to—

(i) nutrition, food and beverages, dietary requirements; and

(ii) sun protection; and

(iii) water safety, including safety during any water-based activities; and

(iv) the administration of first aid; and

(v) sleep and rest for children, including the matters set out in regulation 84B;

(b) incident, injury, trauma and illness procedures complying with regulation 85;

(c) dealing with infectious diseases, including procedures complying with regulation 88;

(d) dealing with medical conditions in children, including the matters set out in regulation 90;

(e) emergency and evacuation, including the matters set out in regulation 97;

(f) delivery of children to, and collection of children from, education and care service premises, including procedures complying with regulation 99;

(g) excursions, including procedures complying with regulations 100 to 102;

(ga) if the service transports or arranges transportation of children other than as part of excursions, transportation including procedures complying with Division 7 of Part 4.2 of Chapter 4;

(gb) the safe arrival of children who travel between an education and care service and any other education or early childhood service within the meaning of regulation 102AA, including the matters set out in regulation 102AAB;

(h) providing a child safe environment, including matters relating to the promotion of a culture of child safety and wellbeing within the service;

(ha) the safe use of digital technologies and online environments at the service, including –

(i) the taking, use, storage and destruction of images and videos of children being educated and care for by the service; and

(ii) obtaining authorisation from parents to take, use and store images and videos of children being educated and cared for by the service; and

(iii) the use of any optical surveillance devices at the service; and

(iv) the use of any digital device issued by the service; and

(v) the use of digital devices by children being educated and cared for by the service;

(i) staffing, including—

(i) a code of conduct for staff members; and

(ii) determining the responsible person present at the service; and

(iii) the participation of volunteers and students on practicum placements;

(j) interactions with children, including the matters set out in regulations 155 and 156;

(k) enrolment and orientation;

(l) governance and management of the service, including confidentiality of records;

(m) the acceptance and refusal of authorisations;

(n) payment of fees and provision of a statement of fees charged by the education and care service;

(o) dealing with complaints, including matters relating to—

(i) the provision of a complaint handling system at the service that is child focused; and

(ii) the management of a complaint that alleges a child is exhibiting harmful sexual behaviours

APPENDIX D

RESOURCE – *National Law and Regulations* required information to display

Provider approval

- Name of the approved provider
- Provider approval number
- Any conditions on the provider approval

Service approval

- Name of the education and care service
- Service approval number
- Any conditions on the service approval

Nominated supervisor

- Name of each nominated supervisor

Service rating (National Quality Framework services)

- Current rating levels for each quality area under the National Quality Standard
- Overall rating of the service

Compliance and quality history

- Covering the required period of compliance history in the form prescribed by the regulatory authority

Service or temporary waivers

- The regulations or elements of the National Quality Standard that have been waived
- Duration of the waiver
- Whether the waiver is a service waiver or temporary waiver

Service operation

- Hours and days of operation
- Name and position of the responsible person in charge at any given time
- Name and phone number of the person that can be contacted that complaints may be addressed
- Name of the educational leader (National Quality Framework services)
- Contact details of the Regulatory Authority

Health and safety

If applicable:

- A notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
- A notice stating that there has been an occurrence of an infectious disease at the service

APPENDIX E

RESOURCE – *National Law and Regulations* prescribed notifications

Source: ACECQA website

Reference	Type of Notification	Responsibility	Timeframe
Change to information about approved provider			
Section 173(1)(a)	Notice of change in name of approved provider	Approved provider	Within 14 days
Section 173(1A)	If an approved provider is a body corporate, it must notify if 50 per cent or more of the approved provider's ownership or voting rights is acquired	Approved provider	Within 7 days
Section 174(1)(b) Regulation 175(1)(a)	Change to address, principal office* or contact details of approved provider	Approved provider	Within 7 days
Section 174(1)(a)	Any change relevant to approved provider's fitness and propriety	Approved provider	Within 7 days
Section 173(1)(b)	Notice of any appointment or removal of a person with management or control of service	Approved provider	Within 14 days
Section 174(1)(b) Regulation 175(1)(b)	The appointment of receivers or liquidators to the approved provider or any matters that affect the financial viability and ongoing operation of the service	Approved provider	Within 7 days
Section 39(2)	Death of approved provider	Nominated supervisor or person in day to day control	Within 7 days of the death
Section 306(5)	If an approved provider is a trust, the trust must notify the identity of the trustee	The trust	Within 30 days after the scheme commencement day
Section 38(1)	Surrender of provider approval	Approved provider	No specified timeframe
Change to information about education and care service			
Section 173(1)(c)	A failure to commence operating within 6 months (or within the time agreed with the regulatory authority) of being granted a service approval	Approved provider	Within 14 days
Section 173(2)(a) Regulation 174(1)	Suspension or cancellation of a working with children card or teacher registration of a nominated supervisor, or disciplinary proceedings of a nominated supervisor under an education law	Approved provider	Within 14 days

Reference	Type of Notification	Responsibility	Timeframe
Section 174(2)(c) Regulation 175(2)(a)	Any change to the hours and days of operation of the service	Approved provider	Within 7 days
Section 56(1) Regulation 35	Adding nominated supervisor(s)	Approved provider	At least 7 days prior to commencement (or, if 7 days is not possible, as soon as practicable but no more than 14 days after commencement)
Section 56A	Change of a nominated supervisor's name or contact details	Approved provider	No specified timeframe
Section 173(2)(b)	A nominated supervisor is no longer employed or engaged by the service, is removed from the role or withdraws consent to the nomination	Approved provider	Within 7 days
Section 173(2)(c)	Any proposed change to the premises	Approved provider	Within 7 days
Sections 59 and 173(2)(f) Regulations 36 & 37	Intention to transfer service approval	Transferring approved provider and receiving approved provider	At least 60 days before transfer, except in WA, which is at least 42 days before the transfer
Section 59A	Delay to transfer of service approval* * Note this requirement is not yet applicable in WA	Transferring approved provider and receiving approved provider	As soon as practicable
Section 68	Confirmation of transfer taking effect, specifying the date of transfer	Transferring approved provider and receiving approved provider	Within 2 days after transfer
Section 173(2)(d)	Ceasing to operate the education and care service	Approved provider	Within 7 days
Section 86(1)	Surrender of service approval	Approved provider	No specified timeframe
Section 174(2)(c) Regulation 175(2)(ab)	Any change to the ages of children being educated or cared for by a centre-based service	Approved provider	Within 7 days
Section 174(2)(c) Regulation 175(2)(ac)	Any change to the nature of education and care offered by a centre-based service	Approved provider	Within 7 days
Regulation 175(2)(f)	The first time a centre-based service provides, or arranges, for the transportation of children	Approved provider	Within 7 days

Reference	Type of Notification	Responsibility	Timeframe
Regulation 175(2)(g)	The final time a centre-based service provides, or arranges, for the transportation of children	Approved provider	Within 7 days
Regulation 174B	Any reportable sexual conduct committed by relevant staff members (including volunteers and students) (Vic)	Approved provider	Within 24 hours
Approval in principle (ACT and VIC only)			
Section 114	Material change to approval in principle or environment surrounding the proposed service premises	Approval in principle holder	No specified timeframe
Section 118	Transfer of approval in principle	Transferring approval in principle holder and receiving approval in principle holder	No specified timeframe
Incidents and Complaints			
Section 174(2)(a) Regulation 12(a)	Serious incident - Death of a child	Approved provider	As soon as practicable, but within 24 hours
Section 174(2)(a) Regulation 12(c)	Serious incident - Any incident involving serious illness of a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital	Approved provider	Within 24 hours of the incident or of becoming aware of the incident
Section 174(2)(a) Regulation 12(b)	Serious incident - Any incident involving serious injury or trauma to a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital, or a reasonable person would consider that the child would require urgent attention from a registered medical practitioner	Approved provider	Within 24 hours of the incident
Section 174(2)(a) Regulation 12(d)	Serious incident - Any emergency for which emergency services attended	Approved provider	Within 24 hours of the incident
Section 174(2)(a) Regulation 12(e)(i) and 12(e)(ii)	Serious incident - A child appears to be missing or cannot be accounted for or appears to have been removed from the premises in a manner that contravenes the National Regulations	Approved provider	Within 24 hours of the incident
Section 174(2)(a) Regulation 12(e)(iii)	Serious incident - A child is mistakenly locked in or out of the premises or any part of the premises	Approved provider	Within 24 hours of the incident

Reference	Type of Notification	Responsibility	Timeframe
Section 174(2)(b) Regulation 12	Any complaint alleging that: - a serious incident has occurred or is occurring at an education and care service (refer to Serious Incidents outlined in table above), or - the National Law has been contravened	Approved provider	Within 24 hours of the complaint
Section 174(2)(c) Regulation 175(2)(b)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period	Approved provider	Within 24 hours of the incident
Section 174(2)(c) Regulation 175(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service	Approved provider	Within 7 days
Section 174(2)(c) Regulation 175(2)(d)	Any incident where the approved provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service	Approved Provider	Within 24 hours
Section 174(2)(c) Regulation 175(2)(e)	Allegations that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service	Approved Provider	Within 24 hours
Section 174(2)(c) Regulation 123(5) Regulation 175(2)(ca)	The centre-based service is educating and caring for extra child/ren due to an emergency	Approved Provider	Within 24 hours
Notification to parents			
Regulation 172	Policies and procedures: Parents must be notified before making a change to a policy or procedure required under regulation 168 or 169 that will significantly impact: - the provision or education and care at the service; or - the family's ability to utilise the service. Parents must be notified before making changes affecting fees or the way fees are collected.	Approved provider	At least 14 days prior unless this time period would pose a risk to the health to the safety, health or wellbeing of a child, in which case as soon as practicable after making the change.
Section 37(3)	Voluntary suspension of provider approval: approved provider must notify the parents of children enrolled at the services operated by the approved provider.	Approved provider	At least 14 days prior to application for suspension

Reference	Type of Notification	Responsibility	Timeframe
Section 38(3)	Surrender of provider approval: approved provider must notify the parents of children enrolled at the services operated by the approved provider	Approved provider	At least 14 days before the surrender is intended to take effect
Section 85	Voluntary suspension of service approval: approved provider must notify the parents of children enrolled at the service and any associated children's services	Approved provider	At least 14 days before making application for voluntarily suspension
Section 86	Surrender of service approval: approved provider must notify the parents of children enrolled at the service and any associated children's service	Approved provider	At least 14 days before surrender is intended to take effect
Section 69	Transfer of service approval: A parent of a child enrolled at a service is to be notified of the transfer of the service approval to the receiving approved provider	Receiving approved provider	At least 7 days before transfer, except in WA, which is at least 2 days before the transfer
Regulation 86	A parent of a child being educated and cared for by the service is to be notified if the child is involved in any incident, injury, trauma or illness while at the service.	Approved provider	As soon as practicable, but no more than 24 hours
Regulation 88	If there is an occurrence of an infectious disease at a centre-based service, the approved provider must ensure that a parent or authorised emergency contact of each child is notified of the occurrence	Approved provider	As soon as practicable
Regulation 93	Written notice must be given to a parent or other family member if medication is administered in an emergency pursuant to verbal authorisation by: - a parent or person named in the enrolment record as authorised to consent to the administration of medicine; or - if these people cannot reasonably be contacted, a registered medical practitioner or emergency service	Approved provider	As soon as practicable
Regulation 94	If medication is administered in case of an anaphylaxis or asthma emergency, the approved provider or a nominated supervisor of the service must ensure that a parent and emergency services are notified.	Approved provider/nominated supervisor/educator	As soon as practicable

APPENDIX F

RESOURCE – *Family Assistance Law* prescribed notifications

Source: Australian Department of Education website

Family Assistance Law reference	Type of Notification	Who	Timeframe
Information about PMCs			
Minister's Rules s 55, Item 10	The name and contact details for new persons with management or control and persons responsible at the service. We must declare that the required background checks for these people are complete. We must show evidence of these checks if asked.	PMC	Within 7 days after the new person starts
Minister's Rules s 55, Item 14	When a person with management or control leaves their role, or their role changes and they no longer have management or control of the provider or day-to-day responsibility of a service	PMC and persons responsible	Within 7 days of the person ceasing to have management or control
Minister's Rules s 55, Item 11	Changes to the name or contact details of any persons with management or control or persons responsible at the service.	PMC	Within 7 days of becoming aware of the change
Minister's Rules s 55, Item 12	An adverse background check of a PMC	PMC	Within 7 days of receiving notice of the adverse check
Minister's Rules s 55, Item 13	If we become aware of an event or circumstance that indicates a person with management or control can no longer be considered fit and proper.	PMC	Within 7 days after the provider becomes aware of the circumstance
Minister's Rules s 55, Item 16	If a person with management or control gains, or is likely to gain, a conflict of interest.	PMC	Within 7 days after the provider becomes aware of the matter
Minister's Rules s 55, Item 20	a charge, serious conviction or guilty finding for a PMC	PMC	Within 24 hours of the provider becoming aware of: - The charge of a serious offence, and - The conviction or guilty finding of a serious offence.
Information about education and care service			

Family Assistance Law reference	Type of Notification	Who	Timeframe
Minister's Rules s 55, Items 7 and 8	Changes to the name of the provider or any of its services – must provide evidence of the name change	PMC	Within 14 days after the change
Admin Act s 196B	Purchasing a service (must apply for CCS approval for that new service)	PMC	As soon as possible before the date of purchase
Minister's Rules s 55, Item 2	Operating hours and days for each service	PMC and persons responsible	Within 14 days of receiving CCS approval, starting the service or changing operating hours
Minister's Rules s 55, Items 5 and 6	Changes to the physical or postal address of the provider and any services	PMC	At least 30 days before the change
Admin Act, s 204A	Any change to the identity of the providers legal entity due to: business restructure, sale, or transfer of ownership	PMC	At least 42 days before the intended restructure, sale or transfer
N/a	Bank account changes	PMC	As soon as reasonably possible
Minister's Rules s 55, Item 9	Any changes to provider and service contact details, including email address, website address, telephone number or fax number.	PMC AND PERSONS RESPONSIBLE	Within 7 days of the provider becoming aware of the change
Minister's Rules s 55, Item 1	Our current fees - must report the fee before any reductions or discounts are applied	PMC AND PERSONS RESPONSIBLE	Within 14 days of: - Receiving CCS approval (or opening the service if that occurs at a later date) - Changing our fees - Twice a year – after the end of the financial year and calendar year, including reporting no change in fees
Admin Act s 204A	If we are permanently closing a service	Two PMCs must sign the necessary form, unless only one PMC is listed	At least 42 days before the intended closure date (if selling) or within 24 hours of a sudden or unexpected closure
Minister's Rules s 55, Item 19	Sudden or unexpected temporary closure of a service. If we plan to temporarily cease operating, for example due to planned building renovations, we can request a voluntary suspension of CCS approval.	PMC	Within 24 hours of the closure

Family Assistance Law reference	Type of Notification	Who	Timeframe
Minister's Rules s 55, Item 18	About the following financial administration events: • entering administration • receivership • liquidation • bankruptcy.	PMC and personal responsible	Within 24 hours of the financial administration event
Information about staff, volunteers and students			
Minister's Rules s 55, Item 17	Any changes to the status of a working with children check of any person in the provider or service who must have this check – including when a working with children check is renewed, extended, suspended, revoked, lapsed or expired	PMC	Within 24 hours after becoming aware of the change of status
Minister's Rules s 55, Item 15	If an educator obtains a childcare qualification from a Registered Training Organisation owned or controlled by a person with management or control, and it appears that the educator has not obtained the qualification solely on their own merit	PMC	Within 7 days after the provider becomes aware of the matter
Minister's Rules s 55, Item 20	A charge, serious conviction or guilty finding for an educator	PMC	Within 24 hours of the provider becoming aware of: - The charge of a serious offence, and - The conviction or guilty finding of a serious offence.
Information about children			
Admin Act s 200A	Initial enrolment of a child (need to submit an enrolment notice)	PMC and persons responsible	Within 7 days after the end of the week in which we make care arrangements with the family
Admin Act, s 204B	Weekly session reports must be submitted for all children at our service	PMC and persons responsible	Within 14 days after the end of the week in which the session of care was provided
Admin Act s 204B	When a child is absent from a booked session of care (absences)	PMC	Within 14 days after the end of the week in which the session of care was provided
Minister's Rules s 55, Item 21	Any changes to a child's formal foster care or long-term protection order arrangements (if we get Additional Child Care Subsidy child wellbeing for a child at risk of serious abuse or neglect)	PMC	Within 7 days of becoming aware of the change

Family Assistance Law reference	Type of Notification	Who	Timeframe
Admin Act s 200D	Changes to a child's enrolment in the following in the following circumstances: a complying written arrangement is varied so the enrolment notice is no longer correct; information in the enrolment notice otherwise becomes incorrect; information becomes available that should have been included in the enrolment notice or would have changed the enrolment notice; or a child ceases to be enrolled	PMC AND PERSONS RESPONSIBLE	Within 7 days of the event occurring
Minister's Rules s 55, Item 3	The number of anticipated vacancies for each service for each day of the following week	PMC AND PERSONS RESPONSIBLE	By 8 pm AEST/AEDT each Friday

Incident, Injury, Trauma and Illness Policy

Quick reference: illness in children | incidents | injuries | trauma | serious incidents | public health regulations | head injuries | NQA IT System notifications | duty of care | risk management | first aid | incident, injury, trauma and illness record | record keeping | privacy and confidentiality | emergency response | non-serious incidents | building incident | medical emergencies | ambulance procedure | authorisations | hazard | harm | medication | child protection reporting | death of a child | serious injuries | broken bones | missing child | anaphylaxis | asthma attack | seizure | unauthorised removal of a child | managing unwell children

PURPOSE AND BACKGROUND

(1) To set out how we prevent and effectively respond to any incidents, injuries, trauma or illnesses of children in our care

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with incidents, injury, trauma and illness involving children (s 168(2)(b))

(3) This policy helps us to comply with our child safety and work health and safety obligations

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children in our care, their parents, families and care providers
- Visitors to our service who carry out related work, including allied health support workers

(5) It applies to all physical, digital and online environments of our service (including off-site and outside of operating hours)

(6) This policy covers incidents, injuries, trauma and illnesses involving children only - not staff, parents or visitors. Our Workplace Health and Safety Policy covers adults at our service

DEFINITIONS

(7) The following definitions apply to this policy and related procedures:

- 'Emergency' means an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a

critical medical issue, flood, fire or a situation that requires the service premises to be locked down or other type of emergency response)

- 'Emergency contact' is a person who has been nominated by the child's parent or legal guardian to be notified in case of an emergency
- 'Emergency services' - includes ambulance, fire brigade, police and emergency services
- 'Harm' includes injuries and illnesses caused by a single exposure or event, or multiple or long-term exposure. Includes physical and psychological harm (and the various forms of child abuse, exploitation and neglect)
- 'Hazard' is anything that can cause harm
- 'Injury' means any physical damage to the body caused by violence or an incident
- 'Medical attention' includes a visit to a registered medical practitioner or attendance at a hospital
- 'Medical emergency' means an injury or illness that is acute and poses an immediate risk to a person's life or long-term health (e.g., a seizure, acute asthma attack, an anaphylactic response, choking or aspiration, major injuries, broken bones or lacerations, poisoning, chest pain or pressure, sustained or significant knock, serious head injury, loss of consciousness, sudden severe pain, uncontrolled bleeding, hyperventilation, fainting, difficulty breathing, coughing or vomiting blood, uncontrolled bleeding)
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Serious incident' is defined in the *National Regulations* (s 12) and includes:
    - the death of a child at the service, or following an incident occurring at the service
    - any incident involving serious injury or trauma to a child at the service which a reasonable person would consider required urgent medical attention or where the child attended or ought to have attended a hospital
    - any incident involving serious illness of a child at the service, where the child attended or ought to have attended a hospital
    - any emergency for which emergency services attended
    - any circumstance where a child:
        - appears to be missing from the service or cannot be accounted for
        - appears to have been taken or removed from the service premises in a manner that contravenes the National Regulations
        - is mistakenly locked in or out of the service premises or any part of the premises
- 'Staff', unless otherwise indicated, refers to approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Critical information

(8) Staff must identify, assess and immediately respond to any incidents, injuries, trauma or illnesses involving children

(9) If a child is in immediate danger, staff must call 000 and implement relevant emergency procedures (e.g., first aid, emergency management or evacuation)

(10) Staff must remove or control any immediate hazards, and any other protective measures for themselves and other children

(11) Staff must inform the nominated supervisor as soon as is practicable

A safe environment for children

(12) Our physical, digital and online environments must promote safety while minimising the opportunity for children to be harmed (Child Safe Standards/National Principles for Child Safe Organisations)

(13) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and from any hazard likely to cause injury (*National Law* s 167), and ensure that all children are being adequately supervised at all times (*National Law* s 165)

(14) We must have plans to effectively manage illness, injury, incidents and emergencies. These plans must be developed in consultation with relevant authorities, be promoted, practiced and implemented (National Quality Standards 2.1.2 and 2.2.2)

(15) We must discharge our duty of care to children at our service in line with work health and safety laws and best practice guidelines

(16) We must ensure our premises and all equipment and furniture we use are safe, clean and good repair (*National Regulations* s 103) and that fencing, laundry, toilet and hygiene facilities meet all safety requirements so as not to pose a risk to children (*National Regulations* ss 104, 106, 107, 109)

(17) We will ensure that staff have the training, resources, knowledge and practical experience (e.g., through rehearsals, drills, hands-on training exercises) to prevent and effectively respond to any incidents, injuries, trauma or illnesses of children in our care, including for first aid, infection control and emergency procedures

(18) We must maintain trained first aid staff, suitably equipped and accessible first aid kits, emergency contact systems, and required emergency signage as set out in our First Aid Policy, in line with the *National Regulations* and work health and safety laws

Risk assessments

(19) We must conduct, and keep a record of, regular risk assessments, audits and routine safety checks to identify and control the hazards/risks to children, in line with our obligations under the National Quality Framework and other relevant laws - including for work health and safety and child safety/protection

(20) If a serious incident occurs, or a pattern of minor incidents occur (e.g., repeated trips or bumps), the approved provider will promptly investigate the cause, review relevant risk assessments and implement appropriate control measures

(21) We will conduct additional risk assessments as soon as practicable if we become aware of any circumstances that may affect the safety, health or wellbeing of children

(22) The approved provider must ensure that staff can access and use risk assessments

(23) We have specific legal obligations for some risk assessments at our service (e.g., for excursions, transport, sleep and rest, evacuations, first aid etc). These are set out in the relevant policy for those areas (see - related documents)

Authorisations, and enrolment, health and medication records

(24) The approved provider must ensure that an enrolment record is kept for each child with all the required information (*National Regulations* ss 92, 160, 161, 162) for staff to use to prevent and respond effectively to incidents, injuries, trauma and illness

(25) The record must include contact details for the child's parents, authorised nominees, emergency contacts; details of any parenting orders in place; written authorisations for medical treatment; health and dietary information; any medical and risk management plans in place; and medication records if we administer medication

(26) For details on authorisations, enrolment records, and medication records refer to our Authorisations Policy, Enrolment Policy and Administration of Medication Policy

Standard actions for incident notifications and records

(27) If there is an incident, injury, trauma or illness involving a child while they are in our care, we must:

- Notify the child's parent as soon as practicable (and within 24 hours) (*National Regulations* s 86)
- If the child is injured or ill, ask the parent or authorised nominee to collect the child as soon as possible. If the child is seriously ill or injured, call an ambulance and arrange to meet the parent at the hospital
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours) (*National Regulations* s 87)
- Make a record in our incident, injury, trauma and illness register

- Notify the regulatory authority (*National Law* s 174) via the NQA IT System as soon as practicable and within the set timeframe, if any of the following occurs:
    - a 'serious incident' at the service (within 24 hours)
    - the service receives a complaint alleging that:
        - a serious incident has occurred while a child is being educated or cared for by the service (within 24 hours), or
        - that the National Law or National Regulations have been contravened (within 24 hours)
    - an incident or allegations of physical and/or sexual abuse has occurred or is occurring at the service (within 24 hours)
    - any circumstances at the service that pose a risk to the health, safety or wellbeing of a child (within 7 days)
    - an incident that requires the provider to close, or reduce the number of children attending, the service for a period (within 24 hours)
    - if an additional child, or children, attend the service in an emergency (within 24 hours)
- Make other required notifications, where applicable, including to the police, child protection authorities, work health and safety regulator, and our insurance provider
- Keep records on the child's enrolment record and store securely for the required time

(28) Where serious incident may need to be investigated by police or work health and safety authority, staff must follow their instructions. We may need to leave the area where the incident has occurred undisturbed and preserve all relevant evidence (including any CCTV footage)

Incident, injury, trauma and illness record

(29) The approved provider must ensure that an incident, injury, trauma and illness record is kept for any incidents, injuries, illness or traumas involving a child while they are in our care (*National Regulations* s 87)

(30) The record must include details of the incident, injury, illness or trauma including:

- The name and age of the child
- The circumstances leading to the incident, injury, or trauma - or the relevant circumstances surrounding the child becoming ill and any apparent symptoms
- The time and date of the incident, injury or trauma occurred, or the apparent onset of the illness
- Any medication administered or first aid provided

- Any medical personnel contacted
- The name of the person who we notified or attempted to notify of the situation (e.g., parent or emergency contact name), and the time and date of the notifications or attempted notifications
- The name and signature of the person completing the record, and the time and date the entry was made

(31) The incident, injury, trauma and illness record must be completed as soon as practicable and within 24 hours (*National Regulations* s 87(4))

(32) Our incident, injury, trauma and illness record form is located in the OSHC office

(33) Staff will also make a record in our incident, injury, trauma and illness register, which is located in the OSHC office

Storage of records

(34) Records of an incident, illness, injury or trauma involving a child - whether it occurred while the child was in our care or as a result of an incident that happened during that time - must be kept until the child turns 25 years (*National Regulations* s 183), or 45 years or longer if it relates to child abuse

(35) Records that relate to the death of a child while in our care - or that may have occurred as a result of an incident while they were in our care - until the end of 7 years after the death (*National Regulations* s 183)

(36) Medication records must be kept until the end of 3 years after the child's last attendance (*National Regulations* ss 92, 183)

(37) Personal information about a child must be stored securely and according to our Privacy and Confidentiality Policy

Relevant procedures

(38) The following procedures support staff to respond effectively to incidents, injuries, trauma and illness, and must be followed as applicable:

PROCEDURE / PLAN	CORRESPONDING POLICY
ADMINISTRATION OF MEDICATION PROCEDURE	Administration of Medication Policy
CHILD REMOVED WITHOUT AUTHORISATION PROCEDURE	Incident, Injury, Trauma and Illness Policy
DEATH OF A CHILD IN OUR CARE PROCEDURE	Incident, Injury, Trauma and Illness Policy
EMERGENCY MANAGEMENT AND EVACUATIONS PROCEDURES	Emergency Management and Evacuation Policy
EMERGENCY MANAGEMENT PLAN	Emergency Management and Evacuation Policy
FIRST AID PROCEDURE	First Aid Policy

HELPING CHILDREN THROUGH DIFFICULT TIMES (FOR PSYCHOLOGICAL TRAUMA) PROCEDURE	Positive Relationships for Children Policy
INFECTION CONTROL PROCEDURES AND EXCLUSION PERIODS	Dealing with Infectious Diseases Policy Health, Hygiene and Cleaning Policy
LOCKDOWN PROCEDURE	Emergency Management and Evacuation Policy, Lock Down Policy
MANAGING AN UNWELL CHILD PROCEDURE	Incident, Injury, Trauma and Illness Policy
MANAGING MEDICAL CONDITIONS, INCLUDING ASTHMA, ALLERGIES, ANAPHYLAXIS, DIABETES PROCEDURES	Medical Conditions Policy
MEDICAL EMERGENCIES PROCEDURE	Incident, Injury, Trauma and Illness Policy
MEDICAL MANAGEMENT, MEDICAL RISK MANAGEMENT AND COMMUNICATION PLANS IN PLACE FOR INDIVIDUAL CHILD	Medical Conditions Policy
MISSING CHILD PROCEDURE	Incident, Injury, Trauma and Illness Policy
OTHER RELEVANT PROCEDURES	Governance and Management Policy, see Appendix B - Management system cross reference table

Illness

(39) Staff will not take a child into our care if they know or reasonably believe that the child:

- Has an infectious disease and needs to be excluded
- Is unwell and unable to participate in our program of activities or requires unplanned additional attention
- Has a fever (temperature >38^{o}C)
- Has had vomiting or diarrhoea in the past 24-48 hours, depending on the cause (refer to exclusion table in our Dealing with Infectious Diseases Policy for further guidance)
- Has been administered medication in the past 24 hours to treat the symptoms of what might be an infectious disease (e.g., Panadol to treat a fever)

(40) If a child becomes unwell while they are in our care, staff must:

- Follow our managing an unwell child procedure and any other relevant procedure
- Follow the standard actions for incident notifications and records

(41) If a child who is immunocompromised becomes unwell or develops a fever (temperature >38^{o}C) while they are in our care, staff will notify the parent or emergency contact as a matter of urgency and treat the matter as a potential medical emergency (the child will need to go to the nearest hospital emergency department as soon as possible)

(42) Serious illnesses that occur while the child is in our care for which the child attended, or should reasonably have attended, a hospital (e.g., severe asthma attack, seizure, anaphylaxis attack) are considered a 'serious incident' (*National Regulations* s 12)

Injuries and traumas

(43) If a child suffers an injury or trauma while they are in our care, staff must:

- Follow our first aid procedure and any other relevant procedure
- Follow the standard actions for incident notifications and records, and ask parents to collect the child if needed

(44) Staff must continue to observe and monitor the child, even if the injury at first appears minor

(45) Serious injuries or traumas that require urgent medical attention from a registered medical practitioner or for which the child goes (or should go) to hospital for treatment, are considered a 'serious incident' (*National Regulations* s 12)

Death of a child

(46) In the tragic event that a child dies while in our care, staff must:

- Commence CPR and call 000 immediately
- Follow our death of a child in our care procedure and other relevant procedures
- Follow the standard actions for incident notifications and records, including notifying all the relevant authorities

(47) Although staff must notify the parents urgently, they should allow medical staff to deliver the news of the child's death

(48) The approved provider will ensure that all children, families and staff receive ongoing support and have access to mental health resources and services

(49) The death of a child while they are in our care is considered a 'serious incident' (*National Regulations* s 12)

Managing emergencies

(50) If an emergency occurs at our service (e.g., fire, flood, lockdown, bushfire, bomb threat), staff must:

- Follow our emergency management and evacuation plans and procedures, and other relevant procedures
- Follow the standard actions for incident notifications and records

(51) Any emergency for which emergency services attended is considered a 'serious incident' (*National Regulations* s 12)

Medical emergencies

(52) If a child experiences a medical emergency while in our care, staff must:

- Call 000 if necessary
- Follow our first aid procedure, medical emergency procedure, and any other relevant procedure
- Follow the standard actions for incident notifications and records

(53) If a child in our care experiences an anaphylaxis or asthma emergency, staff are permitted by law to administer appropriate medication to the child without prior parental authorisation

(54) In this situation, the approved provider or nominated supervisor must ensure that the parent of the child and emergency services are notified as soon as practicable (*National Regulations* s 94)

(55) If any child requires urgent medical attention from a registered medical practitioner, attends (or should attend) hospital, or emergency services attend our service, it is considered a 'serious incident' (*National Regulations* s 12)

Missing or unaccounted for children

(56) Staff must follow our active supervision practices to prevent children from going missing

(57) If a child is missing or unaccounted, staff must:

- Follow our missing child procedure and any other relevant procedure
- Treat the situation as an emergency
- Follow the standard actions for incident notifications and records

(58) Any circumstance where a child appears to be missing or cannot be accounted is considered a 'serious incident' (*National Regulations* s 12)

Unauthorised removal of a child from our care

(59) Staff must follow relevant policies and procedures (including Authorisations Policy, Family Law Policy and Delivery and Collection of Children Policy) to prevent a child being removed by an unauthorised person

(60) If a child is removed or someone attempts to remove them without authorisation, staff must:

- Follow our child removed without authorisation procedure and any other relevant procedure
- Follow the standard actions for incident notifications and records

(61) Any circumstance where a child appears to have been taken or removed from our service in a manner than contravenes the *National Regulations* is considered a 'serious incident'

Child mistakenly locked in or out

(62) Staff must follow our active supervision practices, checklists and lock up procedures to prevent a child from being mistakenly locked in or out of our premises or any part of our premises (e.g., sheds, storerooms, cupboards, on buses)

(63) If a child is mistakenly locked in or out, staff must:

- Follow our child mistakenly locked in or out procedure and any other relevant procedure
- Follow the standard actions for incident notifications and records

(64) Any circumstance where a child is mistakenly locked in or out of our premises or any part of our premises is considered a 'serious incident'

Physical abuse or sexual abuse of a child

(65) Staff must follow our child safe and child protection policies and procedures, and active supervision practices, to prevent a child from being physically or sexually abused while they are in our care

(66) If there is an incident, concern or an allegation of physical or sexual abuse, staff must:

- Follow our child protection procedures, which cover how to respond, report and support

(67) We must notify the regulatory authority the NQA IT System within 24 hours of:

- Any incident where the approved provider reasonably believes that physical or sexual abuse has occurred or is occurring while the child is in our care, and
- Any allegation that a child has or is being physically or sexually abused while in our care

Circumstances that pose a risk to the health, safety or wellbeing of a child

(68) Staff must follow relevant policies and procedures to ensure they identify, report and respond to any risks to a child, including near misses

(69) We must notify the regulatory authority via the NQA IT System within 7 days of any circumstance that poses a risk to the health, safety or wellbeing of a child or children while they are in our care

(70) Government guidelines offer the following examples of circumstances that pose a risk:

- Where service premises are in such a state of disrepair or neglect that is would pose a risk to children if they were attending the service
- Where service premises have been damaged by flood or other natural disaster such that the health, safety or wellbeing of children is at risk

Incidents that require us to close or reduce numbers of children attending

(71) If we need to close, or reduce the number of children attending our service, we must notify the regulatory authority via the NQA IT System within 24 hours (e.g., due to a localised issue or emergency specific to our service, bushfire, cyclone, public health emergency)

(72) We do not need to notify the regulatory authority if the closure or reduced attendance is due to a lack of staff

Additional children attending in an emergency or exceptional situation

(73) If an additional child or children attend our service during an emergency or because of another exceptional reason, we must notify the regulatory authority via the NQA IT System within 24 hours

(74) We may only care the additional child or children for up to 2 days and we must be reasonably satisfied that doing so will not affect the health, safety or wellbeing of all the children in our care

(75) Examples of an emergency include when the child is need of protection under a child protection order, or the parent needs urgent health care that prevents them from caring for the child

PRINCIPLES

(76) The safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to prevent incidents, injuries, trauma, the spread of infectious diseases and avoidable illnesses

(77) We maintain high levels of supervision and ratios are met at all times

(78) Families are informed about any incidents, injuries, traumas or illnesses involving their child as soon as possible and staff keep accurate records

(79) Our policies, procedures and plans regularly reviewed to ensure they continue to be based on the latest guidelines and recommendations from health and safety authorities, and that our practices comply with the relevant laws, regulations and standards

(80) We communicate with staff, families, children and government authorities to manage and mitigate risks, ensuring that everyone is informed and contributing to a safe environment

(81) Staff are trained and resourced to be able to deal with incidents, injuries, trauma and illnesses, including emergency situations

(82) Children are helped to take increasing responsibility for their health and physical wellbeing. Infection control awareness, protectives practices and assessing risks are included in our education programming and planning

(83) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks

POLICY COMMUNICATION, TRAINING AND MONITORING

(84) This policy and related documents can be found the OSHC office

(85) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Incident, Injury, Trauma and Illness Policy and related documents

(86) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Incident, Injury, Trauma and Illness Policy and related documents

(87) The approved provider runs a professional development program for each staff member, which covers this policy

(88) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(89) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(90) At enrolment, families are given access to our Incident, Injury, Trauma and Illness Policy and related documents

(91) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 123	Educator to child ratios – centre-based services
s 136	First aid qualifications
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
Work health and safety legislation	Describes the primary duty of care to people in the workplace
Privacy Act 1988	Principal act governing the handling of personal information
Child safety and child protection legislation	Covers child safe standards/principles, reporting obligations, preventing harm or risk of harm to children
Family law legislation	Covers court orders, parental orders

National Quality Standard

Standard / Element	Concept	Description
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

My Time, Our Place (MTOP) V2.0

Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Child Safe Organisations

Most relevant principles
Families and communities are informed and involved in promoting child safety and wellbeing
Processes to respond to complaints and concerns are child focused
Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy | Child Protection Policy | Child Safe Risk Management Plan | First Aid Policy | Cleaning, Health and Hygiene Policy | Physical Environment Policy | Work Health and Safety Policy | Enrolment Policy | Food Safety Policy | Medical Conditions Policy | Governance and Management Policy | Dealing with Infectious Diseases Policy | Staffing Arrangements Policy | Excursions Policy | Transport Policy | First Aid Policy | Safe Arrival of Children Policy | Sleep and Rest Policy | Emergency Management and Evacuations Policy | Immunisation Policy | Administration of Medication Policy | Authorisations Policy
Procedures	Roles and Responsibilities – Incident, Injury, Trauma and Illness (attached) | Standard actions for incident notifications and records (attached) | Medical Emergencies Procedure (attached)| Managing an Unwell Child Policy (attached) | Missing Child Procedure (attached) | Death of a Child in our Care Procedure (attached) | Child Removed Without Authorisation Procedure (attached) | **see other relevant procedures table in policy statement section above**
Resources	Incident, Injury, Trauma and Illness record template (attached) | Quick Guide to the Incident, Injury, Trauma and Illness Policy (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Work Health and Safety laws | Public health laws | Child Safety laws and principles | St John Ambulance and Australian Red Cross resources | ACECQA Information Sheets including, minimising the risk of children being mistakenely locked in or out of service premises, managing and responding to injury, trauma and illness incidents, | Red Nose Australia | Kidsafe Australia | ACECQA Incident, Injury, Trauma and Illness Policy and Procedure Guidelines |

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July, 2026 Date for next review: July, 2027

APPENDIX A

ROLES AND RESPONSIBILITIES – Incident, injury, trauma and illness

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for incidents, injuries, trauma and illness are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this Incident, Injury, Trauma and Illness Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our Incident, Injury, Trauma and Illness Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene
Investigate the cause of any incident, injury, trauma and illness and act to remove the cause if appropriate
Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection
Ensure a record of an incident, injury, trauma or illness is made, including the prescribed information, as soon as possible, and within 24 hours
Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness
Ensure that we notify the regulatory authority and other relevant authorities as required, within the prescribed period of time
Ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information including an authorisation by a parent or person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service
Ensure all incident, injury, trauma and illness records are confidentially stored until the child is 25 years old. Records relating to child abuse should be stored for at least 45 years

Regularly review this Incident, Injury, Trauma and Illness Policy and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this Incident, Injury, Trauma and Illness Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for incidents, injuries, trauma and illness are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this Incident, Injury, Trauma and Illness Policy and related procedures
Take reasonable steps to ensure our Incident, Injury, Trauma and Illness Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Support the approved provider to ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene
Support the approved provider to investigate the cause of any incident, injury, trauma and illness and act to remove the cause it appropriate
Support the approved provider to ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection
Support the approved provider to ensure a record of an incident, injury, trauma or illness is made, including the prescribed information, as soon as possible, and within 24 hours
Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness
Notify the approved provider of any serious incidents as a matter of urgency. Support the approved provider to ensure that we notify the regulatory authority and other relevant authorities as required, within the prescribed period of time
Support the approved provider to ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information including an authorisation by a parent or

person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service

Send out regular reminders to families to keep their child's medical and emergency contact details up-to-date

Support the approved provider to ensure all incident, injury, trauma and illness records are confidentially stored until the child is 25 years old. Records relating to child abuse should be stored for at least 45 years

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Incident, Injury, Trauma and Illness Policy and related procedures, including for cleaning and hygiene, safety checks, first aid, administration of medication, managing sick children, exclusion recommendations and periods, and emergency responses

If there is an incident, injury, trauma or illness involving a child:

- Follow the relevant procedure (e.g., first aid, managing an unwell child, child protection)
- Notify the child's parent/authorised emergency contact and the nominated supervisor immediately
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours)
- Where relevant (e.g., a child is injured or ill, but does not need urgent medical attention), ask parent/authorised emergency contact to collect their child as soon as possible

Notify the nominated supervisor or approved provider as a matter of urgency of any serious incidents, including incidents or allegations of physical or sexual abuse of a child

Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety, health or well-being of children. Report any concerns or new/changed risks to the nominated supervisor (via your room leader / supervisor as appropriate)

Keep your training, skills and knowledge for child safety and wellbeing (including, where relevant, first aid, medication administration, child protection, food safety, safe sleep, emergency and evacuation procedures) up to date

Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

If your child is unwell, notify our service and do not bring your child in until they are well. Follow our rules about exclusion and keep your child away for the minimum period of exclusion

Collect your child – or have an authorised emergency contact collect your child - as soon as possible if they become ill or injured while at our service

Notify our service if medication has been administered to your child in the past 48 hours to treat symptoms of a suspected or diagnosed infectious disease; and of the cause of the symptoms, if known. This should be communicated the first time the child attends the service after the medication has been administered

Provide authorisations in your child's enrolment form for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service

Provide our service with the following written advice in the enrolment form:

- Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed
- Up-to-date emergency contact list

Notify our service:

- Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service
- If there has been a change in the condition of the child's health or of recent accidents or incidents that may impact the child's care
- Of any changes to medical management plans
- Of changes to emergency contact list
- When the child is ill and will be absent from the service

Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma or injury to the child

APPENDIX B

PROCEDURE – Standard actions for incident notifications and records

When to use this procedure

- When an incident, injury, trauma or illness involving a child while they are in our care or those that occur as a result of a circumstances arising while the child is in our care
- The approved provider is ultimately responsible for ensuring all required notifications are made and the required records are kept
- This procedure may be carried out by educators, other staff, nominated supervisor or the approved provider, depending on the nature of the incident, injury, trauma or illness
- Serious incidents must always be managed by the approved provider in consultation with the nominated supervisor and relevant staff

Critical information

- Identify, assess and immediately respond to any incidents, injuries, trauma or illnesses involving children
- If a child is in immediate danger, call 000 and implement relevant emergency procedures (e.g., first aid, emergency management or evacuation, child protection emergency)
- Remove or control any immediate hazards, and take any other protective measures for yourself and others (if safe to do so)
- Inform the nominated supervisor as soon as is practicable

Notifications and records of incident, injury, trauma or illness involving a child

- Notify the child's parent as soon as practicable (and within 24 hours)
- If the child is injured or ill, ask the parent or an authorised nominee to collect the child as soon as possible. If the child is seriously ill or injured, call an ambulance and arrange to parent at the hospital
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours)
- Notify the regulatory authority via the NQA IT System as soon as practicable as follows:
    - Within 24 hours of a 'serious incident' occurring (or, if our service only becomes aware that the incident was serious afterwards, notify the regulatory authority within 24 hours of becoming aware that the incident was serious)
    - Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
    - Within 24 hours of any complaints that the *National Law* or *Regulations* have been breached
    - Within 24 hours of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
    - Within 24 hours of any incidents that require the service to close or reduce attendance

    - Within 24 hours of any children being educated and cared for in an emergency, including where there is a child protection order or the parent needs urgent health care. Note:
        - Emergency care can be no longer than two consecutive days of operation
        - The approved provider will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
    - Within 7 days of any circumstances arising at the service that pose a risk to the health, safety and wellbeing of a child
- Make other required notifications, where applicable, including to the police, child protection authorities, work health and safety regulator, and our insurance provider
- Record in the incident, injury, trauma and illness register
- Keep records on the child's enrolment record and store securely until the child is 25 years old, or 45 years (or longer) if it relates to child abuse
- Where a serious incident may need to be investigated by police or work health and safety authority, follow their instructions. We may need to leave the area where the incident has occurred undisturbed and preserve all relevant evidence (including any CCTV footage)

APPENDIX C

PROCEDURE – Medical emergencies

When to use this procedure

- If a child is experiencing a serious medical condition or emergency that requires an urgent response
- May include: unexpected seizures, anaphylaxis, asthma attacks, severe allergic reactions, breathing difficulties, loss of consciousness, head injuries, suspected spinal injuries, severe bleeding, choking, suspected heart attack, fevers in children who are immunocompromised, diabetic hypos or hypers

1. Identify and respond immediately
    - Stay calm and assess the situation
    - If the child is in immediate danger or a life-threatening condition, call 000 and follow emergency instructions
    - Provide immediate first aid as appropriate, following your training, our first aid procedure and any relevant medical management plans in place for the child
    - Use prescribed or general use emergency medication if necessary (e.g., EpiPens, Ventolin)
    - Ensure other children and adults are safe – remove them or hazards from the area if necessary and safe to do so

2. Call emergency services (000)
    - Stay calm and call 000 from a safe place
    - When your call is answered you will be asked if you need Police, Fire or Ambulance
    - If requested by the operator, state the town and location
    - Your call will be directed to the service you asked for
    - When connected to the emergency service, stay on the line, speak clearly and answer the questions
    - Don't hang up until the operator tells you to do so
    - Provide clear location information
        - You will be asked where you are
        - Try to provide street number, street name, nearest cross street and the area
        - In rural areas give the full address and distances from landmarks and roads as well as the property name
        - If calling from a mobile or satellite phone, the operator may ask you for other location information

    - If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed
- Follow instructions from the operator
- The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident
- Staff with a speech or hearing impairment can use the 106 text based service
- If you can't speak English you can call 000 from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised

3. Continue to monitor and support the child
    - Monitor condition, breathing, consciousness and comfort
    - Do not leave the child alone
    - Provide reassurance to the child and/or other children who are present
4. Notify the nominated supervisor or responsible person immediately
5. Call the parents urgently. Tell them to meet the child at the hospital and where the hospital is located
6. If possible, a staff member who knows the child should accompany the child in the ambulance
7. Take any medical management plans and enrolment details to the hospital
8. Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours). Retain the record until the child is aged 25
9. Record in the incident, injury, trauma and illness register
10. Complete a medication record if we administer medication to the child
11. Notify the regulatory authority via the NQA IT System, if required – note: if the child requires emergency medical attention or is taken to hospital, we must notify within 24 hours
12. Notify our work health and safety authority and insurance agency, if required
13. Offer counselling to children, families and staff if necessary, and implement practices for support for trauma or stress
14. Review the situation and relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures and individual medical risk management plans, communication plans
15. Restock and audit first aid kits, and emergency equipment and medication

APPENDIX D

PROCEDURE – Managing an unwell child

When to use this procedure

- When a child comes to the service with symptoms of an infectious disease or other illness
- When a child develops symptoms of an infectious disease or an illness while they are in our care

Staff should follow our first aid procedure if a child is injured

Identifying illness

1. Watch for symptoms of infectious diseases or other illnesses in children, and notice behaviour changes that might indicate illness. Common indicators include:
    - Temperature over 38°C
    - Coughing
    - Runny or stuffy nose
    - Nausea, vomiting or diarrhea
    - Tired or less active
    - Eating or drinking less than normal
    - Unexplained crying or fussiness
    - New or unexplained skin rashes
    - Sore throat, often accompanied by swollen glands
    - Complaints of pain in areas like the stomach, ears, or head

Respond to medical emergencies

1. Call an ambulance (000) immediately and administer first aid according to our procedures if a child has any of the following serious symptoms:
    - **Breathing difficulty**: the child may breathe rapidly or noisily, or they may look pale or bluish around the mouth. They might struggle with each breath, showing signs like muscles drawing in between the ribs or at the neck
    - **Drowsiness or unresponsiveness**: the child is unusually sleepy, difficult to wake, less alert, or showing reduced eye contact or interest in surroundings
    - **Poor circulation**: The child looks pale, and their hands and feet may feel cold or appear blue
    - **An unexpected convulsion** or a convulsion that lasts for longer than 5 minutes
    - **Any other major concerns** for the child's health or safety

2. Consider calling an ambulance (000) and administer first aid according to our procedures if any of the following concerning symptoms are severe, get rapidly worse and/or if multiple symptoms develop:
    - **Lethargy and decreased activity** - the child prefers to lie down or be held, showing little interest in activities they usually enjoy
    - **Fever -** a temperature above 38.0°C usually signals an infection. A child who is immunocompromised should see a doctor urgently if they have a temperature over 38.0°C. Accurate temperature measurement is crucial – see (see Taking your child's temperature)
    - **Poor feeding** - the child eats and drinks significantly less than normal
    - **Poor urine output** - less frequent toileting
    - **Pain** - look for facial expressions or irritability in non-verbal children
    - **Stiff neck, irritability, or light sensitivity** - these could indicate meningitis
    - **New red or purple rash -** rapidly developing rashes may be serious. Monitor the child to see whether the rash develops rapidly or is combined with other concerning symptoms

Isolate, treat and monitor the child

1. If a child shows signs of illness, separate them from other children until they can be collected and taken home
2. Comfort and supervise the child. Offer them water
3. Provide a disposable sick bag to the child if they feel nauseous or are actively vomiting
4. Track symptoms and watch for worsening, serious or concerning symptoms
5. If required, follow our medical emergency procedure, administer first aid according to our procedures and/or call an ambulance (000)

If a child appears to have a fever:

1. Measure the temperature accurately to confirm the fever (over 38°C). Use the appropriate thermometer for the child's age and follow the manufacturer's instructions
2. Keep them hydrated by offering water, clear fluids, or oral rehydration solutions
3. Dress them lightly in breathable clothes to help regulate body temperature. Do not use warm, thick or heavy blankets
4. Monitor their behaviour – check they are comfortable. Not all fevers need immediate treatment but the child should see a doctor if they have other concerning symptoms (e.g., a stiff neck or light is hurting their eyes, they are vomiting and refusing to drink, have a rash, are more sleepy than usual, have problems breathing or have pain that doesn't get better with pain relief medication)
5. Bathe their face in lukewarm water, if the child is distressed

6. **IMPORTANT:** If a child who is immunocompromised develops a fever (temperature >38°C), notify the parent as a matter of urgency and follow our medical emergency procedures, where required

If the child has a febrile seizure:

1. Place the child on a soft surface, lying on their side or back
2. Try to watch exactly what happens, so that you can describe it to the doctor and parents later. It can be useful if you are able to record a video of the seizure to show the doctor
3. Time how long the seizure lasts, if possible
4. Do not restrain the child
5. Do not put anything in the child's mouth, including your fingers. The child will not choke or swallow their tongue
6. Do not put a child who is having a seizure in the bath to lower their temperature
7. Call an ambulance immediately if the seizure is unexpected (i.e., it is the child's first seizure), the seizure lasts for more than five minutes, the child does not wake up when the seizure stops or the child looks very sick when the seizure stops
8. Otherwise, contact the parent/emergency contact to arrange for the child to be collected and taken to the GP/hospital as soon as possible

Call parent/emergency contact

1. Call the child's parent/s. If they are unavailable, call the child's emergency contact
2. Ask for the child to be collected by an authorised nominee as quickly as possible
3. Discuss the child's symptoms and any actions we have taken in response to the illness
4. Describe the severity of the symptoms, the timing of the symptoms, and information about the child's behaviour. This information helps the parent/authorised nominee know whether to take the child to a doctor (note - fevers can indicate serious illnesses in children). Give fact sheets, if appropriate
5. Remind the parent/authorised nominee that the person picking up the child must have ID if they are not known to us
6. Use a translation service if required

Practice good hygiene if you suspect the child has an infectious disease

1. If the child is coughing or sneezing, remind them to cough into their inner elbow or a tissue
2. Wear a mask and gloves, if appropriate
3. Dispose of any used tissues, sick bags, or paper liners in the designated, lined bin to prevent contamination

4. Wash your hands thoroughly after contact with the child or surfaces that may be infected, following our hand hygiene procedure
5. Sanitise items that the child has used according to our hygiene procedures, e.g,:
    - Bedding, towels, clothing
    - Furniture, equipment
    - Toys, books
    - Dishes, bottles, utensils
6. Clean up any body fluid spills - urine, faeces, mucus, saliva, vomit, or blood – according to our body fluids spills procedure (in our Health, Hygiene and Cleaning Policy)
7. Make sure rooms are well ventilated to prevent spread of airborne infectious diseases

Exclude the child from the service (if illness caused by an infectious disease)

1. Follow our exclusion of children and staff procedure (in Dealing with Infectious Diseases Policy)
2. Exclude the child from the service for the recommended/required period of time

Notify other families and other authorities, where applicable

1. If the child has an infectious disease, we may need to notify the department of health in some instances. Follow our infectious disease notification procedure (in our Dealing with Infectious Diseases Policy).
2. Notify the regulatory authority via the NQA IT System, if required – note: if the child has a serious illnesses that occurs while they are in our care for which the child attended, or should reasonably have attended, a hospital, we must notify within 24 hours

Create records and store them securely and confidentially

1. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old (or 45 years or longer if the record relates to abuse)
2. Make medication record, if we administer medication to the child. Retain this record for 3 years after the child's last day at the service
3. Record in the incident, injury, trauma and illness register
4. Keep all other relevant records of notifiable diseases and notifiable incidents, including which staff member made the report and to whom the report was made

APPENDIX E

PROCEDURE – Missing child

When to use this procedure

- If a child seems to be or is missing or unaccounted for while they are in our care, including during excursions, travel or transport

1. Confirm the child is missing, call 000 and ensure safety of other children
    - Check that all other children are accounted for and adequately supervised
    - Confirm the number of children in attendance
    - Check the sign-out register to ensure the child has not already been collected
    - Confirm the name of the child who is missing
2. Report the above information to the nominated supervisor or responsible person urgently
3. The nominated supervisor or responsible person must call the parent immediately and urgently alert all staff to the situation
4. If it is safe to do so, staff who are not supervising other children must:
    - Close and lock all exit doors and gates
    - Conduct a coordinated and thorough search of the service inside and outside, including in cupboards and storerooms, and in the areas beyond our premises (e.g., on the streets, nearby parks, neighbouring buildings, buses, vehicles)
    - Search immediate area if off-site (e.g., on an excursion, buses, cars)
5. If the child has not been found during the first check of our premises or the immediate area, follow instructions from police
6. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old
7. Record in the incident, injury, trauma and illness register
8. Notify our work health and safety authority and insurance agency, if required
9. Offer counselling to children, families and staff if necessary, and implement practices for support for trauma or stress
10. Review the situation and relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

APPENDIX F

PROCEDURE – Death of a child while in our care

When to use this procedure

- In the tragic event that a child dies while they are in our care or dies as a result of an incident that occurred in our care

If child died following an event at the service start this procedure at step 5

1. Implement medical emergency procedure, including:
    - Attend to the child and attempt CPR if appropriate
    - Call ambulance immediately on 000 and follow instructions
    - Request police attendance – this is a requirement when a death occurs
    - Do not move the child unless directed by emergency services or to protect other children from harm
    - Immediately remove other children from the area, and keep children calm and adequately supervised
    - Travel in ambulance with the child
    - Wait with the child until their parents arrive
    - Allow medical professionals to deliver news about the child's condition to the parents
2. Notify the nominated supervisor, responsible person or approved provider immediately so they can coordinate the response
3. A senior staff member must notify the child's parents urgently and arrange to meet at the hospital
4. Do not leave voicemails or messages with the child's parents/emergency contacts unless directed to do so by emergency services
5. Cordon off the site where the death occurred (or where the incident that led to the death occurred) and leave it undisturbed pending investigations by the police and work health and safety inspectors. Do not clean the area and preserve all potential evidence, including footage (e.g., CCTV, digital devices)
6. Make required notifications and follow instructions:
    - The police immediately about child's death
    - The regulatory authority within 24 hours of death (or advice of death) via the IT System – the death of a child is a 'serious incident'

- Work health and safety regulator as soon as possible after the death (or advice of death) - the death of a person is a “notifiable incident” under the work, health and safety legislation
- Child protection authorities, depending on the circumstances
- Insurance agency

7. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours
8. Keep the record and all other relevant documents (including notes, instructions and confirmations of notifications) on the child’s enrolment and confidentially store for 7 years after the child’s death
9. Record in the incident, injury, trauma and illness register
10. Cooperate fully with investigations by police, regulatory authorities and any other official inquiries
11. Communicate with children and their families in a respectful and factual manner, upholding the dignity and rights of the child and their family
12. Offer immediate and ongoing support to staff, children and families, and monitor their wellbeing
13. Offer counselling to children, families and staff, and implement practices for supporting for trauma or grief
14. Do not post information about the child’s death on social media or disclose any unauthorised information as this could prejudice investigations
15. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

APPENDIX G

PROCEDURE – Child removed without authorisation

When to use this procedure

- If an unauthorised person removes, or tries to remove, a child from our care

'Unauthorised person' means someone who is not permitted to remove a child from our care. Children may only leave the service premises:

- If they are given into the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by the parent or authorised nominee
- In accordance with the written authorisation of the child's parent or authorised nominee
- If they are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee
- If they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency

NOTE: 'parent' includes a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For the purposes of this procedure, 'parent' does not include a parent who is prohibited from having contact with the child.

1. Prevent the removal of the child if possible
    - Stay calm and try to keep others around you calm
    - Do not release the child if the person is not authorised on the child's enrolment record, or if you can't verify their identity
    - Tell the person that you are not allowed to release the child by law and that you need to consult with the approved provider or nominated supervisor
    - If it is safe to do so, move the child to a secure location with another staff member
2. Call 000 immediately if the child is taken or anyone is in danger
3. If the situation is critical (e.g., siege, hostage situation, very aggressive behaviour, threat of violence) implement our lock down procedure
4. Explain the situation to emergency services and request immediate police attendance
5. Follow police instructions
6. Notify the nominated supervisor or approved provider immediately so they can coordinate the response
7. Notify the child's parent urgently
8. Ensure the safety of other children and staff. Reassure children and keep them secure and supervised
9. Preserve any potential evidence for police investigations
10. (e.g., CCTV footage, record descriptions of the person, licence plate, cordon off the site if appropriate)

11. Make required notifications and follow instructions:
    - The police – notify the police even if the person did not successfully remove the child as the attempt may be a criminal offence
    - The regulatory authority within 24 hours via the NQA IT System – removing or attempting to remove a child without authorisation is a 'serious incident'
    - Child protection authorities, depending on the circumstances
    - Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours
12. Keep the record and all other relevant documents (including notes, instructions and confirmations of notifications) on the child's enrolment and confidentially store until the child is 25 years old
13. Record in the incident, injury, trauma and illness register
14. Cooperate fully with investigations by police, regulatory authorities and any other official inquiries
15. Where appropriate, communicate with children and their families about the situation in a respectful and factual manner, upholding the dignity and rights of the child and their family
16. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

APPENDIX H

RESOURCE – Incident, injury, trauma and illness record

Incident, injury, trauma and illness record

This form must be completed as soon as practicable and no later than 24 hours after any incident, injury, trauma or illness has occurred while the child is being educated and cared for by the service.

Please record any additional changes to the form by writing the time and date next to each updated section. Each change must also be signed by the parent and the person making the change.

Keep this record on the child's enrolment record until the child is 25 years old.

Service details	
Name of service	
Name of approved provider	
Name of nominated supervisor	

Details of person completing this record		
Full name		
Position/role		
Date record was made	Time record was made	Signature
___ / ___ /_____	_____am / pm	x

Details of the child	
Child's full name	
Date of birth	
Age	
Gender	

Incident/injury/trauma/illness details	
Date	Time
___ / ___ /_____	_____am / pm

Location of service (full address)	
Location of incident/injury/trauma/illness (include full address, if different from service address)	
Full name of the person who witnessed incident/injury/trauma/illness	
Witness signature	Date
x	___ / ___ /_____
Details of incident/injury/trauma/illness	
Circumstances leading to the incident/injury/trauma/illness (e.g., duration, who was involved, how did the situation happen)	
Nature of injury/trauma/illness (e.g., temperature, vomiting, respiratory; part of the body is affected – consider drawing diagram to show where injury is located where appropriate)	

Action taken	
Details of action taken (including first aid, administration of medication either by the service or medical practitioners). Record relevant	

dates, times and names of persons involved			
Did emergency services attend?	Time emergency services contacted	Time emergency services arrived	Was the child transported by ambulance to hospital?
	_____am / pm	_____am / pm	
Was medical attention sought from a registered practitioner / hospital?	Time medical assistance was sought	Time medical assistance was received	Names and contact details of practitioner/hospital
	_____am / pm	_____am / pm	
Provide details about emergency services, medical attention			
Did the illness/incident require notification of Health Department/other authorities? If yes, provide details, including names of authorities and officers			
If illness is or may be an infectious disease, is child required to be excluded from our service? If yes, provide details, including exclusion periods, medical certificate etc			
Have steps been taken to prevent or minimise this type of incident in the future? If yes, provide details			

Notifications and attempted notifications		
Parent/guardian/carer/emergency contact (full name(s))		
Date(s)	Time(s)	Successfully contacted?
___ / ___ /_____	_____am / pm	
Service approved provider/director/supervisor/n		

ominated supervisor/coordinator/educator (full name(s))		
Date(s)	Time(s)	Successfully contacted?
___ / ___ /_____	_____am / pm	
Other agency (name of agency and officer contacted) (if applicable)		
Date(s)	Time(s)	Successfully contacted?
___ / ___ /_____	_____am / pm	
Regulatory authority (if applicable)		
Date(s)	Time(s)	Successfully contacted?
___ / ___ /_____	_____am / pm	

Parental acknowledgement	
I, …… *(name of parent/guardian/carer)* have been notified of my child's [ ] incident. [ ] injury [ ] trauma. [ ] illness *(please select)*	
Signature	Date
x	___ / ___ /_____

Additional notes

APPENDIX H

RESOURCE – Incident, injury, trauma and illness policy – quick guide

Immediate response

- Act immediately if a child experiences an incident, injury, trauma, or illness while in our care
- Call **000** and follow our emergency procedures (e.g. first aid, evacuation) if a child is in danger
- Remove or control hazards to protect everyone's safety
- Inform the nominated supervisor as soon as possible
- Follow policies and procedures

Keeping children safe

- Provide safe physical, digital and online environments to prevent harm
- Take all reasonable precautions to protect children and actively supervise them at all times
- Maintain premises, furniture, and equipment so they are safe, clean, and in good repair
- Ensure staff are trained, resourced, and experienced in responding to emergencies and providing first aid
- Carry out regular safety checks, audits, and risk assessments, and review them after incidents or new hazards are identified

Records and notifications

- Notify the child's parent as soon as possible (and within 24 hours) if an incident, injury, trauma, or illness happens
- Complete an Incident, Injury, Trauma and Illness Record within 24 hours
- Notify the regulatory authority within the required timeframes for serious incidents, allegations of abuse, or other risks
- Make any other legally required notifications (e.g. police, child protection, WHS regulator, insurer)
- Store all records securely for the required retention period

Serious incidents reported within 24 hours

- Death of a child
- Urgent medical attention or hospital attendance for injuries, traumas or illness
- Missing or unaccounted for child
- Unauthorised removal of a child
- Child mistakenly locked in or out of the premises
- Allegations of physical or sexual abuse
- Emergencies requiring emergency services

Questions? Speak to the nominated supervisor or approved provider. Our full Incident, Injury, Trauma and Illness Policy is available in the OSHC office

Medical Conditions Policy

National Quality Standards

Element	2.1.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.1.3	Role and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

National Law

Section	167	Offence relating to protection of children from harm and hazards

National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	89	First aid kits
	90	Medical Conditions Policy
	91	Medical conditions policy to be provided to parents
	92	Medication Record
	93	Administration of medication
	94	Exception to authorisation requirement – anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication
	136	First aid qualifications
	161	Authorisations to be kept in enrolment record
	162(c) and (d)	Health information to be kept in enrolment record (c) details of any: (i) Specific healthcare needs of the child, including any medical conditions; and (ii) Allergies, including whether the child has been diagnosed as at risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed
	168(2)(d)	Education and Care Services must have policies and procedures dealing with medical conditions in children, including the matters set out in regulation 90
	170	Policies and procedures to be followed

	171	Policies and procedures to be kept available
	172	Notification of change to policies and procedures
	173(2(f)	Prescribed information to be displayed child diagnosed at risk of anaphylaxis

Aim

The service and all educators can effectively respond to and manage medical conditions - including asthma, diabetes and anaphylaxis - to ensure the safety and wellbeing of children, staff, volunteers, students and families.

Intersection with other policies

Additional Needs Policy

Acceptance and Refusal of Authorisations Policy
Administration of Medication Policy
Child Safe Policy
Death of a Child Policy
Emergency Service Contact Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Privacy and Confidentiality Policy
Record Keeping and Retention Policy
Staffing Arrangements Policy

Definitions

"Approved anaphylaxis management training" - anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

"Approved emergency asthma management training" - emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

"Approved first aid qualification" - a qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

"Authorised nominee" - a person who has been given permission by a parent or family member to collect the child from the service. Source: National Law (Section 170)

"Communication Plan" - a plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation and emergency procedures to be

followed when a child diagnosed as at risk of any medical conditions such as anaphylaxis is enrolled at the service. Source: *ACECQA Policy Guidelines – Dealing with Medical Conditions in Children*

"Emergency" - an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: ACECQA Guide to the NQF

"Emergency Services" - includes ambulance, fire brigade, police and state emergency services. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"First aid" - the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website. Source: SafeWork Australia + National Regulations (Regulation 136)

"Injury" - any physical damage to the body caused by violence or an incident. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Medication" - medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website. Source: National Regulations (Definitions)

"Medical attention" - includes a visit to a registered medical practitioner or attendance at a hospital. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Medical condition" - this may be described as a condition that has been diagnosed by a registered medical practitioner. Source: ACECQA Guide to the NQF

"Medical emergency" - An injury or illness that is acute and poses an immediate risk to a person's life or long-term health. ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Medical management plan (MMP)" - a document that has been written and signed by a doctor. MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition. Source: National Regulations (Regulation 90)

"Minor incident "- an incident that results in an injury that is small and does not require medical attention. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Notifiable incident" - under education and care services laws: any incidents that seriously compromise the safety, health or wellbeing of children. Source: National Law (section 174) + National Regulations (Regulation 86)

"Parent" - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, 'parent' does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

"Risk" - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"Risk minimisation plan" - a document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating the child's specific health care need, allergy or other relevant medical condition. Source: ACECQA Guide to the NQF

Implementation

We are committed to providing a healthy, safe and caring environment for the children at our service. We will meet each child's individual health care needs by having effective training, communication, practices and systems in place. Our policies and procedures are understood and followed by staff, volunteers, students and families. This means that we have systems in place for clear communication, and strict rules for managing medical conditions and emergencies.

Specifically:

- We keep accurate records and information about each child who is enrolled at our service, including the details of any specific healthcare needs or medical conditions they have
- Our service collaborates with families and staff when we are making decisions about how to keep children safe while they are in our care. If a child has a diagnosed medical condition, we work with their families to manage the condition by implementing a Medical Management Plan, a Risk Minimisation Plan, and a Medical Conditions Communication Plan. Families and staff communicate any changes to these plans and/or to the child's medical condition
- Our staff (and, where relevant, volunteers and students) are trained in the administration of first aid, including for anaphylaxis and asthma management. Our training is relevant and current, and in line with the *National Regulations* requirements
- We communicate the healthcare needs of children to the staff who are caring for them, and all staff know where medication is stored and which (if any) children have dietary restrictions
- We follow strict procedures in the event of incidents, injuries, traumas or illnesses at the service
- We have defined the responsibilities of everyone who has a role in ensuring the welfare of children.

Managing medical conditions in children

Authorisations and enrolment records

We are required by law to obtain from the parent, or another person named in the child's enrolment form, authorisations:

- To administer medication (including self-administration is applicable)
- For the approved provider, nominated supervisor or educator to seek:
    - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
    - Transportation of the child by any ambulance service.

The enrolment record also includes details of any specific healthcare needs of the child - such as any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis - and any medical management plans in place. For more information, consult our *Record Keeping and Retention Policy.*

We also must maintain a medication record which includes information about any medications that a child might need to have administered (see *Administration of Authorised Medication Policy).*

Medical Management Plan

If a child has a Medical Management Plan, all staff, students and volunteers at the service are required to follow it, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must provide:

- A Medical Management Plan prepared by the child's doctor for any specific health care needs or medical conditions. The Plan should:
    - include a photo of the child
    - state what triggers the allergy or medical condition if relevant
    - state first aid needed
    - contact details of the doctor who signed the plan
    - state when the Plan should be reviewed
    - have supporting documentation, if appropriate

- Medication (if required) prescribed by their medical practitioner. If the required medication is not supplied to us, the child cannot attend the service. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Medical Conditions Risk Minimisation Plan

The nominated supervisor will consult with families to prepare and implement a medical conditions Risk Minimisation Plan, which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

- Any risks are assessed and minimised
- Practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will also follow all health, hygiene and safe food policies and procedures as outlined in our *Health Hygiene and Safe Food Policy*)
- All parents are notified of any known allergens at our service that pose a risk to a child and how these risks will be minimised
- A child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition (if required).

This plan will be signed by parents, the nominated supervisor and relevant educators and staff. We have a template available titled *'Medical Conditions Risk Minimisation Plan'.*

The Medical Management and Risk Minimisation plans will be kept in the child's enrolment record and a copy of the plans stored securely with the child's medication, emergency evacuation kit and first aid kit.

A copy of the plans will also be displayed in a prominent position near a telephone to ensure all procedures are followed. If parents have not authorised display of the plans in public areas, the plans will be displayed in areas which are not accessed by families and visitors. We will explain to families why the prominent display of their child's plans is preferable.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The medical plans will also be taken on any excursions, when we are travelling with and transporting children.

Medical Conditions Communication Plan

The nominated supervisor will implement a Medical Conditions Communication Plan to ensure that relevant educators, staff and volunteers:

- Understand the Medical Conditions Policy
- Can easily identify a child with health care needs or medical conditions
- Understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- Know where each child's medication is stored
- Are kept updated about the child's needs and conditions.

The nominated supervisor will regularly remind families to update their child's health and medical information. The Medical Conditions Communication Plan will set out how parents can communicate changes to their child's Medical Management and Risk Minimisation Plans.

The plan will be signed by parents, the nominated supervisor and relevant staff. We have a template resource for this purpose titled "*Medical Conditions Communication Plan*."

The nominated supervisor will ensure:

- Any new information is attached to the child's Enrolment Record and, where relevant, Medical Management and Risk Minimisation Plans and shared with the relevant educators, staff, students and volunteers
- Displays (signs) for a child's health care needs or medical conditions are kept updated.

Management of Anaphylaxis/Allergy, Asthma and Diabetes

- Guidelines for Anaphylaxis/Allergy Management are at **Appendix A**
- Guidelines for Asthma Management are at **Appendix B**
- Guidelines for Diabetes Management are at **Appendix C**

First aid qualifications and training

Each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service:

- at least one educator, one staff member or one nominated supervisor who holds a current approved **first aid qualification**
- at least one educator, one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis training**
- at least one educator, one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training.**

The qualifications are considered current only if they are completed within the previous three years - except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year ('refresher' training).

Certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification and are kept on the staff member's record.

The approved provider will use ACECQA's 'qualification checker' to make sure that the qualification is an approved one.

Our service requires all educators and relevant staff receive refresher training in the administration of adrenaline auto-injection devices and cardio- pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices, e.g., insulin injection device (syringes, pens, pumps) used by children

Sharing information about first aid

During our induction process for new staff, volunteers and students, the nominated supervisor will:

- Advise which (other) educators and staff have first aid qualifications
- The location of the first aid kit(s)
- Obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The nominated supervisor will review the following matters in consultation with employees (e.g., at staff meetings) where appropriate, at least annually and/or when there are staff changes:

- Our first aid procedure
- The location of our first aid kit(s)
- The nature of incidents occurring at the service
- The results of risk assessments we have conducted

Incident, Injury, Trauma and Illness Policy and Procedures

In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – staff must follow, alongside this *Medical Conditions Policy*, our *Incident, Injury, Trauma and Illness Policy and Procedures,* which describes our processes for administering first aid, record keeping and reporting processes.

Information sharing, training and monitoring

All educators, families and children will engage in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. We will provide support and resources to families about managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes. If educators have a concern about a child's medical condition, suspected medical condition, or known allergens that pose a risk, they will raise it with the child's parents.

At orientation, parents will be provided with the *Medical Conditions Policy.* Families are required to supply information about their child's health care needs, allergies, medical conditions and medication on their child's Enrolment Form. Families are also responsible for updating the service about changes to their child's health needs/medical condition, including - for example - any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans will be implemented (as discussed above). The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

The nominated supervisor will include the *Medical Conditions Policy* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage related risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews. As described in the first aid section above, staff are qualified and trained in administering first aid and emergency medications.

The approved provider and nominated supervisor will monitor staff to ensure they are following our policy and guidelines for medical conditions. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and guidelines.

We will keep a record of all training and risk assessments, which can be accessed by staff, students, volunteers and families.

Roles and responsibilities

All staff, volunteers, students and families must understand our *Medical Conditions Policy* and their role and responsibilities in keeping children safe and well.

Responsibilities	**Roles**
Ensure our Service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Ensure an enrolment record for each child is kept in accordance with the *Regulations* and with all the prescribed information (see our *Record Keeping and Retention Policy*), including: • All the required information relating to a child's health needs/medical conditions (including Medical Management Plans) • Authorisations from a parent or person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure the appropriate Medical Management Plans, Risk Management Plans and Medical Communication Plans are in place and being followed by educators and other relevant staff	Approved Provider (ultimate responsibility) Nominated Supervisor
If a child at the service is diagnosed as at risk of anaphylaxis, ensure a notice is displayed in a prominent position	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that our service has policies and procedures in place for managing medical conditions that address specific areas set out in *the National Regulations - I.e.,* this *Medical Conditions Policy* needs to be in place.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the *Medical Conditions Policy,* including by: • Providing information, training and other resources and support • Providing this *Policy* at induction • Clearly defining and communicating roles and responsibilities for implementing this *Policy* • Communicating changes to routines and policies	Approved Provider

• Monitoring and auditing of staff practices and addressing non-compliance quickly • Regularly reviewing this *Policy* This *Policy* must also be available for inspection.	
Notify families at least 14 days before changing *Medical Conditions Policy* if the changes will: • Affect the fees the charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the *Medical Conditions Policy*	Nominated Supervisor
Be aware of and follow the *Medical Conditions Policy*	Educators and Other Staff Families
Ensure that the policy and guidelines are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the *Medical Conditions Policy.* Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).	Approved Provider Nominated Supervisor Educators and Other Staff Families
Ensure that each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service: at least one educator, one staff member or one nominated supervisor who holds a current approved **first aid qualification** • at least one educator, one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis training** • at least one educator, one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training.** Ensure that these qualifications were completed within the previous three years, except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year). Ensure certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification.	Approved Provider (ultimate responsibility) Nominated Supervisor
Maintain current approved first aid training (including CPR), asthma and anaphylaxis training. Complete other specific training where it is needed to manage a child's medical condition	Nominated Supervisor Educators and Other Relevant Staff
Only administer medication to children when there are at least two people present and in accordance with our policies, including but not limited to: • This *Policy* • *Administration of Authorised Medication Policy* • *Incident, Injury, Trauma and Illness Policy and Procedures*	Nominated Supervisor Educators and Other Staff

In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – follow our *Incident, Injury, Trauma and Illness Policy and Procedure,* which describes our processes for administering first aid, record keeping and reporting processes.	Nominated Supervisor Educators and Other Staff
• Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our other policies and procedures. The risk assessment must specify how the risks will be managed and minimised. • Ensure additional risk assessments are conducted as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children, including when any changes occur to a child's medical condition/plans • Keep a record of all risk assessments conducted. • Ensure staff are aware of and can access/use the risk assessment to manage risks.	Approved Provider (ultimate responsibility) Nominated Supervisor
Be aware of and use the risk assessment to eliminate/minimise risks and ensure the to the safety, health or well-being of children.	Educators
Consider children's health needs and medical conditions/plans for travel/excursions/transportation (e.g., first aid kit, medications, management plans, risk management)	Nominated Supervisor Educators
Practice safe food handling according to our *Health Hygiene and Safe Food Policy* and follow any instructions about menu preparation if required in a child's medical management plan	Kitchen staff Educators
Keep abreast of our service's practices for managing medical conditions	Families
Provide authorisations in the child's enrolment form for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service	Families
Provide our service with the following written advice in the enrolment form: • Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed • Up-to-date emergency contact list	Families
Notify our service: • Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service • Of there has been a change in the condition of the child's health or of recent accidents or incidents that may impact the child's care • Of any changes to medical management plans • Of Changes to emergency contact list • When the child is ill and will be absent from the service	Families
Communicate to educators and other staff: • If there is a change to a child's health care needs • Changes to any plans for managing their medical condition • Changes to any policies or procedures that could affect the management of a child's medical condition	Approved Provider Nominated Supervisor
Communicate regularly about children's health needs and medical conditions/plans (if any)	Nominated Supervisor

	Educators Families
Monitor children's health closely and be aware of any signs or symptoms of ill-health. Communicate any changes to the nominated supervisor and families	Educators

Sources

Education and Care Services National Law and Regulations
National Quality Standard

My Time, Our Place (MTOP)
Asthma Australia
National Asthma Organisation
Australasian Society of Clinical Immunology and Allergy www.allergy.org.au
Allergy and Anaphylaxis Australia www.allergyfacts.org.au
Australian Diabetes Council
Better Health Vic
Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services

Review

The *Medical Conditions Policy* will be reviewed annually and when there are changes that may affect this policy. The review will include checks to ensure the *Policy* reflects current legislation, continues to be effective, or whether any changes and additional training are required. The review will be conducted by the approved provider.

Last reviewed: July 2026 **Date for next review: July 2027**

Appendix A

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

The service will display an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.allergy.org.au)

In line with best practice, the nominated supervisor will ensure that an emergency auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Responding to anaphylaxis

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child's medical management plan. This may include use of an adrenaline autoinjector device eg EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

Food allergies risk minimisation strategies

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts; and, in children, eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not trade food, utensils or food containers
- prepare food in line with a child's medical management plan and family recommendations
- use non-food rewards with children, for example, stickers for appropriate behaviour
- request families to label all bottles, drinks and lunchboxes etc with their child's name
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection
- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The nominated supervisor will also:

- instruct educators and staff on the need to prevent cross contamination
- request parents to not send food that contains highly allergenic elements, even if their child does not have an allergy. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
    - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
    - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
    - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
    - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
    - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material
- communicate that **we are a <u>nut aware</u> service rather than a nut free service.** Commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service - there will be traces of nuts in many products.
- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required, e.g., careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation staff consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices, e.g., Epipens
- encourage all educators to undertake anaphylaxis management training
- ensure all educators administer medication in accordance with our *Administration of Medication Policy*
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Other allergies

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles
- drugs and medications, especially antibiotics and vaccines
- many homeopathic, naturopathic and vitamin preparations
- many species of plants, especially those with thorns and stings
- latex and rubber products
- Band-Aids, Elastoplast and products containing rubber-based adhesives.

Educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent.

Appendix B

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. The nominated supervisor, educators, other staff, volunteers and students will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.nationalasthma.org.au

Responding to an asthma attack

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, staff will ensure a first aid trained staff member with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:

1. Sit the child upright - Stay with the child and be calm and reassuring
2. Give 4 separate puffs of a reliever inhaler (blue/grey)
    - Use a spacer if there is one
    - Shake puffer
    - Give 1 puff at a time with 4-6 breaths after each puff
    - Repeat until 4 puffs have been taken
3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
4. If there is still no improvement call an ambulance on 000
5. Keep giving 4 puffs every 4 minutes until the ambulance arrives

Emergency Asthma First Aid Kit

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks compatible with the spacer for use by children under 5

Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

Asthma risk minimisation strategies including for thunderstorm asthma

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may include, for example:

- wet dusting to ensure dust is not stirred up
- planning different activities so children are not exposed to extremes of temperature eg cold outsides and warm insides
- restricting certain natural elements from inside environments
- supervising children's activity and exercise at all times
- being prepared for unexpected weather changes that might trigger an asthma attack (wind, temperature and humidity)
- keeping children indoors during periods of heavy pollution, smoke haze or after severe storms, which may stir up pollen (see thunderstorm asthma below)
- on days when air quality is poor (e.g. from smoke from bushfires and prescribed burns, high pollen count), it is recommended not to use air-conditioners, such as evaporative systems, that draw air from the outside indoors.

The nominated supervisor will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- consider running a portable air-cleaner to reduce indoor particle levels during bushfires and prescribed burns
- assist educators to monitor pollution levels and adverse weather events (e.g. see AusPollen for localised information on pollen levels in the air, VicEmergency for current epidemic thunderstorm asthma risk forecasts, local weather forecasts)
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

Thunderstorm asthma

Grass pollen season occurs between October and December in Victoria. During these months there is an increased risk of epidemic thunderstorm asthma, which is thought to be triggered by the combination of high grass pollen levels and a particular type of storm.

Risk factors include current asthma (especially poorly controlled asthma), not using asthma preventers and a history of asthma. To manage the risk, the nominated supervisor and educators will:

- ensure any existing Medical Management and Risk Minimisation Plans are up-to-date
- maintain routine audits of our Emergency Asthma First Aid Kit
- monitor the VicEmergency App to check for the possibility of thunderstorm asthma. If there is a heightened risk on a particular day, keep the children inside with the windows and doors shut and set any air conditioners to 'recirculate' until the risk reduces
- follow our procedure for responding to an asthma attack if a child or children have symptoms
- discuss the risk of thunderstorm asthma and how to manage it at staff meetings, and with parents and the community.

Appendix C

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time, type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. Things that can cause a "hypo" include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

We will refer to as1diabetes (as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.

Responding to hypoglycaemia ("hypos")

If a child is displaying symptoms of a "hypo" a first aid trained staff member will:

- immediately administer first aid in accordance with the child's Medical Management Plan. This may include:
    - giving the child some quick acting and easily consumed carbohydrate (e.g., several jellybeans, 2-3 teaspoons of honey, or some fruit juice)
    - Giving child some slow acting carbohydrate to stabilise blood sugar (e.g., slice of bread, glass of milk, piece of fruit) once blood glucose is at regular levels

If a child is displaying severe hypoglycaemia (e.g., they're unconscious, drowsy or unable to swallow) a first aid trained staff member will:

- immediately administer first aid in accordance with the child's Medical Management Plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

Diabetes risk minimisation strategies

The nominated supervisor, educators, other staff, students and volunteers will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered according to the child's Medical Management Plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The nominated supervisor will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

Nutrition and Dietary Requirements Policy

Quick reference: nutrition | dietary requirements | weekly menu | medical conditions | allergies | food intolerances | cultural food practices | religious dietary restrictions | risk minimisation | menu display | safe drinking water | health and hygiene | food preparation | dietary management | healthy eating | child development | individual needs | family consultation | food safety standards | special dietary needs | allergy aware

PURPOSE AND BACKGROUND

(1) To set out how we ensure children are offered food and drinks that are appropriate to their needs while they are in our care

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for health and safety matters in relation to nutrition, food and beverages, and dietary requirements (s 168)

(3) This policy helps us to comply with the specific obligations regarding food and beverages we have under the *National Regulations* (ss 77-80) and the National Quality Standard

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) at our service who carry out work that is relevant to this policy
- Children in our care, their parents, families and care providers

(5) Food safety is covered in our Food Safety Policy and Procedures

DEFINITIONS

(6) The following definitions apply to this policy and related procedures:

- 'Dietary requirements' specific food and beverage needs based on each child's growth, development, cultural, religious and health needs
- 'Food safety' means practices for food handling that ensure food is safe and suitable to consume. Food safety is covered extensively in our Food Safety Policy and Procedures

- ‘Medical management plans’, ‘risk management plans’, and ‘communication plans’ are required for children who have a specific health care need, allergy or relevant medical condition – see our Medical Conditions Policy

POLICY STATEMENT

Meeting children’s individual dietary requirements

(7) The approved provider and nominated supervisor must ensure that educators offer children food and beverages that are appropriate to their needs at regular times throughout the day (*National Regulations* s 78)

(8) Staff must follow our Nutrition and Dietary Requirements Procedure to ensure all children’s nutrition and dietary requirements are identified and catered to

Identifying children’s dietary requirements

(9) At the time of a child’s enrolment, we must collect information about their daily dietary needs, including their:

- Growth and developmental needs
- Cultural or religious food practices
- Health and medical needs, including dietary restrictions, allergies and risk of anaphylaxis

(10) Up-to-date health information must be recorded in children’s enrolment record (*National Regulations* s 162); and, where relevant, in a child’s medical management plan, risk-minimisation plan and communication plan (*National Regulations* s 90)

(11) We must consult with families about their child’s dietary needs during our routine check-ins, and send reminders to parents to update us in writing if there are any changes

(12) Room leaders and the nominated supervisor must ensure that educators and other relevant staff members are aware of each child’s current dietary requirements. This will be achieved through regular formal and informal communication (e.g., written instruction, at induction and orientation, during staff/room briefings etc)

(13) If there are concerns about a child’s food intake, educators and the parents should discuss the matter in an open and respectful manner

Weekly menu

Menu design

(14) The approved provider and nominated supervisor must ensure that our weekly menu provides adequate portions of nutritious food and beverages, and is chosen with regard to

the dietary requirements of each child, taking into account their growth and development needs, and any specific cultural, religious or health requirements (*National Regulations* s 79)

(15) We provide breakfast and food and drinks outside of the regular routine mealtimes as required

(16) We follow guidelines from recognised nutrition authorities, including the Australian Dietary Guidelines, and the Victorian Department of Education's Healthy eating in the National Quality Standard and Healthy Eating Advisory Service

(17) Our weekly menu must offer:

- A range of nutritious food for children to grow and develop, including fresh fruit and vegetables, whole grains and cereals, meat/meat alternatives, fish and poultry, and dairy/dairy alternatives
- A variety of tastes, colours, textures and flavours
- Textures and quantities to suit the ages and developmental needs of children
- Appropriate alternatives for children who have allergies, intolerances, or religious and cultural requirements
- Culturally diverse ingredients and meal styles

(18) We must limit food that is nutritionally poor, highly processed, or which is high in saturated fats, salt and sugar. Such food should not on our regular menu, but can be sometimes offered for special occasions

(19) We do not serve sugary drinks, confectionery or deep-fried food to children

(20) We must engage with families to integrate cultural foods, dietary practices and traditions into the menu where we can

(21) We celebrate diversity with food in our weekly menu, and during special cultural and religious events

(22) We must regularly review our menu to ensure it continues to meet the recognised guidelines

Displaying the weekly menu

(23) The approved provider and nominated supervisor must ensure our weekly menu is displayed in a prominent position at the main entrance (*National Regulations* s 80)

(24) The menu must accurately describe the food and beverages we are providing each day (*National Regulations* s 80). If there are last-minute changes to the menu, families will be informed

Food and drinks from home

Healthy lunchboxes

(25) Families are encouraged to provide a healthy lunchbox for their child (labelled with their name), that includes:

- A bottle of water
- Adequate amounts of food and drinks from the five food groups with a variety of tastes, colours textures, and flavours

(26) Parents should avoid packing sugary drinks, confectionery, deep fried food

Supporting parents

(27) If a child is often bringing food or drinks from home that do not fit into our approach to nutrition, educators must:

- Discuss this with their parents in a respectful manner. They must not shame parents or refuse to allow the child to consume the food or drink
- Provide parents with resources and support

(28) If a child does not bring sufficient food from home, educators must:

- Contact their parents
- Prepare a meal from our kitchen if their parents are unable to provide food that day and remind parents to pack their child's lunchbox the next day
- Escalate ongoing concerns to the nominated supervisor, who can provide the family with support and referrals

Access to safe drinking water

(29) The approved provider and nominated supervisor must ensure that children have access to safe drinking water at all times (*National Regulations* s 78)

(30) Educators must make fresh water available where children play, eat and rest and remind children to drink water throughout the day

(31) Educators must keep water bottles belonging to children with a food allergy in a separate location from the other children's water bottle to reduce the chance of other children drinking from them

Food safety and medical requirements

(32) If a child has a food-related medical condition or health need (e.g., allergy, diabetes, food intolerance etc), staff must follow our Medical Conditions Policy, which sets out how to

implement medical management, risk management, and communication plans (*National Regulations* s 90)

(33) If applicable, we must display a notice stating that a child who is at risk of anaphylaxis is enrolled at the service (*National Regulations* s 173(f)(ii)). The notice must be in a prominent position that is clearly visible from the main entrance, but must not identify the child

(34) The approved provider and nominated supervisor must ensure that all staff (including volunteers) follow our Food Safety Policy and Health, Hygiene and Cleaning Policy to maintain proper health, hygiene and food safety practices (*National Regulations* s 77)

(35) We follow the best practice 'allergy aware' approach rather than banning allergenic foods (e.g., we are 'nut aware' rather than 'nut free'). This means we must implement risk management measures instead of outright bans (as detailed in our Food Safety Policy and Medical Conditions Policy)

(36) All bottles, drinks and lunchboxes from home must be labelled with the child's name

(37) Educators must incorporate oral/dental hygiene education in daily routines to promote good dental health among children and staff

Positive mealtimes

(38) Educators must supervise children during mealtimes to ensure children's safety and wellbeing (see our serving food safely procedure in our Food Safety Policy)

(39) Mealtimes should be used as a time to promote children's agency – children should be encouraged to make their own food choices, serve themselves where possible and be involved in mealtime set up and clean up

(40) Children should be encouraged to eat independently (with consideration given to the child's age or developmental stage)

(41) Furniture and equipment must be child-centred and suitable for the different ages and stages of our children

(42) The eating area/s must be set up to encourage social interaction and a sense of belonging among the children. Educators should also interact with children and each other during mealtimes

(43) Mealtimes should be relaxed, pleasant, and structured to meet most children's needs

(44) Food must never be used as a punishment, reward or bribe

(45) Educators must respect children's food choices and appetites, and never force children to eat or drink. Second helpings should be offered

(46) Educators model and reinforce healthy and hygienic eating habits during mealtimes

Educational programming

(47) Educators must plan and conduct lessons and activities that teach children about the benefits of healthy eating, oral/dental health and the different types of nutritious food

(48) Food and mealtimes should be used as an opportunity for children to learn about their identity, relationships, their community, literacy, numeracy, science, and the world

(49) We must regularly share with families information from recognised nutrition authorities about healthy eating and oral health

(50) Food-related activities must be incorporated into our program to reinforce children's connection to food. These may include gardening, eating outside, and cooking

PRINCIPLES

(51) We meet each child's dietary needs, and promote nutritious and appropriate food and beverages for good health, development, and well-being

(52) We have an inclusive environment that meets children's cultural, religious, and health-based dietary requirements

(53) We have an allergy-aware approach and implement strict food safety measures to ensure children are not at risk while they are in our care

(54) We communicate respectfully and partner with families to encourage children's healthy eating. We consult with families regularly so we can cater to each child's dietary needs

(55) Staff are given the skills and knowledge to promote and model healthy eating. Healthy eating and oral health are included in our educational programming and planning

(56) We regularly review our policies and procedures so we can be sure we are implementing the current best practice for children's nutrition, dietary requirements and food safety

(57) We help children to take increasing responsibility for their own health and physical wellbeing, and we see mealtimes as an opportunity to encourage their sense of agency and social belonging

POLICY COMMUNICATION, TRAINING AND MONITORING

(58) This policy and related documents can be found in the OSHC office

(59) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Nutrition and Dietary Requirements Policy and related documents

(60) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge Nutrition and Dietary Requirements Policy and related documents

(61) The approved provider runs a professional development program for each staff member, which covers this policy

(62) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(63) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

(64) At enrolment, families are given access to Nutrition and Dietary Requirements Policy and related documents

(65) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 73	Educational program
s 77	Health, safety and safe food practices
s 78	Food and beverages
s 79	Service providing food and beverages
ss 90 - 91	Medical conditions policy
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act / Regulation / Standard	Description
Work Health and Safety Act 2011	Describes the primary duty of care to people in the workplace
Australia New Zealand Food Standards Code	Covers food safety requirements
Privacy Act 1988	Principal act protecting the handling of personal information
Food Act 1984 (VIC) *Food Safety Regulations (VIC)*	Covers the safe handling of food, including the Australian Food Safety Code

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

My Time, Our Place (MTOP) V2.0

MTOP Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their social, emotional and mental wellbeing • Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
Equity is upheld and diverse needs respected in policy and practice
Policies and procedures document how the organisation is safe for children and young people.

RELATED DOCUMENTS

Key Policies	Food Safety Policy | Child Safe Environment Policy |Health, Hygiene and Cleaning Policy | Incident, Injury, Trauma and Illness Policy | Physical Environment Policy | Enrolment Policy | Medical Conditions Policy | Enrolment Policy | Additional Needs Policy

Procedures	Roles and Responsibilities – Nutrition and Dietary Requirements (attached) | Food Safety Procedures (in Food Safety Policy) |Medical management plans (in Medical Conditions Policy) | Incident, Injury, Trauma and Illness Procedures (in Incident, Injury, Trauma and Illness Policy)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Australian Dietary Guidelines | Eat for Health – Australian Guide to Healthy Eating | Get Up & Grow – Healthy eating and physical activity for early childhood| | NHMRC's Infant Feeding Guidelines: information for health workers 2012 (current) | State/territory food legislation | Australian Breastfeeding Association | Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services V2.1, 2023 | Victorian Department of Education's Healthy eating in the National Quality Standard | Healthy Eating Advisory Service

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July 2026 Date for next review: July 2027

APPENDIX A

ROLES AND RESPONSIBILITIES – Nutrition and Dietary Requirements

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to: • Ensure that children have access to safe drinking water at all times • Ensure that children are offered food and beverages on a regular basis throughout the day • Display a notice about any anaphylaxis risks at the main entrance • Ensure that the food and beverages we serve to children are nutritious and adequate in quantity and chosen having regard to the dietary requirements of each child, taking into account their growth and developmental needs, and any specific cultural, religious or health requirements • Display our weekly menu in a prominent position at the entrance and ensure that it accurately describes the food and beverages we are providing each day
Ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for nutrition, and dietary and medical requirements are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this Nutrition and Dietary Requirements Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our Nutrition and Dietary Requirements Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Regularly review this Nutrition and Dietary Requirements Policy and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this Nutrition and Dietary Requirements Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to: • Ensure that children have access to safe drinking water at all times • Ensure that children are offered food and beverages on a regular basis throughout the day • Display a notice about any anaphylaxis risks at the main entrance • Ensure that the food and beverages we serve to children are nutritious and adequate in quantity and chosen having regard to the dietary requirements of each child, taking into

account their growth and developmental needs, and any specific cultural, religious or health requirements • Display our weekly menu in a prominent position and ensure that it accurately describes the food and beverages we are providing each day
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for nutrition, and dietary and medical requirements are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this Nutrition and Dietary Requirements Policy and related procedures
Take reasonable steps to ensure our Nutrition and Dietary Requirements Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Record children's dietary requirements at enrolment and keep the record updated with any new information or changes. Communicate any requirements to educators and other relevant staff members. Implement any medical management plans, risk management plans and communication plans as required
Enforce our 'allergy aware' approach according to this policy and procedure
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this Nutrition and Dietary Requirements Policy and related procedures (including for food safety and managing children's medical conditions)
Undertake any relevant professional development to enhance your skills and knowledge in nutrition, food safety, and dietary and medical requirements
Model and teach children about healthy eating and oral health. Plan and conduct relevant activities in our educational program (e.g., cooking, gardening, discussions about food choices)
Make mealtimes a positive experience for children. Supervise and interact with children while they are eating, and encourage children's independence and autonomy by allowing them to make their own decisions about food
Be aware of each child's dietary needs or medical requirements, including risk of anaphylaxis. Room leaders must communicate this information regularly to educators/food handling staff and volunteers (e.g., through written records, and in team and staff meetings)
Maintain open and respectful communication with parents about their child's nutrition, and any cultural, religious or health requirements. Report any concerns you have about a child's food and

beverage intake to their parents and the nominated supervisor. Provide families with information and resources about healthy eating and oral health
Follow our ‘allergy aware’ approach, according to this policy

Families responsibilities
Label your child’s drinks, lunchboxes
Provide up to date information about your child’s dietary requirements, including any cultural, religious, health or medical needs. If there are any changes, please advise us in writing as soon as possible
Follow our allergy-aware approach and avoid bringing in food containing peanuts or tree nuts

APPENDIX B

Nutrition and Dietary Requirements Procedure

Introduction

- These procedures apply to our Nutrition and Dietary Requirements Policy
- See also our Medical Conditions Policy, Food Safety Policy and Health, Hygiene and Cleaning for related procedures
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' includes volunteers, students and third parties defined in the scope of the Nutrition and Dietary Requirements Policy

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Procedure

When to use this procedure

- When you are collecting, communicating and managing children's dietary and health needs, including allergies
- During mealtimes and snacks
- For food-related educational planning and programming

1. **Identify and communicate the nutrition and dietary needs of each child**
    - Collect information about each child at enrolment, including:
        - Food allergies, intolerances or medical conditions (e.g., diabetes, coeliac disease, anaphylaxis)
        - Cultural and religious food practices (e.g., vegetarian, halal, fasting periods)
        - Individual food and drink preferences
        - Any food or drinks the child must avoid
    - Record the child's dietary information in the child's enrolment record and the dietary information list
    - Display the dietary information list in the room, staff room and kitchen spaces
    - If a child has a medical dietary requirement, the nominated supervisor must ensure that their management plans (medical management, risk minimisation,

communication) are kept up-to-date, and communicated and available to staff, in line with our Medical Conditions Policy

- If applicable, the nominated supervisor must put up a notice to alert everyone at the service that child who has been diagnosed as at risk of anaphylaxis is enrolled at the service:
    - Put the notice up in a prominent spot, visible at the entrance
    - Do not identify the child/ren in the notice
- Ask families to review and update the dietary information at least once a year and immediately in writing if their child's needs change
- The nominated supervisor and room leaders must update the records and tell the other staff about the changes

2. Plan and display our weekly menu

- Develop the weekly menu based on our policies, recognised nutritional guidelines, the growth and development needs of the children, dietary requirements and food allergies, and the cultural and religious food preferences of families
- Display the weekly menu in a prominent spot at the main entrance (this is a legal requirement). It must accurately state all the meals and snacks that will be provided each day
- Prepare and serve meals as per the approved menu. If there is a last-minute change the nominated supervisor or another staff member must put a note on our menu board as soon as possible or tell families electronically
- If you are handling food, you must follow our Food Safety Policy
- Regularly review the menu to make sure it is still nutritionally balanced. Ask for feedback from staff, children and families and adjust the menu according to the season

3. Make sure children have access to safe drinking water

- Place water dispensers, bubblers or water bottles in areas where children play, eat and rest
- Routinely check that water containers are filled, clean and sanitised, especially after meals and snacks
- Remind children to drink water throughout the day, especially on hot days or after physical activity
- Keep water bottles belonging to children with a food allergy in a separate location from the other children's water bottle (e.g., in an open shelf with the child's backpack) to reduce the chance of other children drinking from them

4. **Implement our 'allergy aware' approach to manage and prevent anaphylaxis**

    - We do not ban nuts or other allergen foods as doing so can give staff and families a false sense of security
    - Follow the safety measures and regulations (detailed in our Food Safety Policy and Medical Conditions Policy) so that children are not put at risk. These include:
        - Knowing which children are at risk of anaphylaxis
        - Knowing what allergies need to be managed in our service
        - Having medical management plans, risk management and communication plans in place (for on-site and off-site activities)
        - Taking precautions when storing, handling and serving food and drinks to prevent cross-contamination with allergens – including training in food handling for staff, volunteers and students
        - Having staff on-site or on excursions who have completed anaphylaxis training and know how to administer adrenaline injector devices
        - Informing families and visitors about how we manage allergies, especially for any activities that involve food
        - Teaching children about allergies and the importance of washing their hands before and after eating, and not sharing food and drinks with each other
    - If a child has a reaction to a food while they are in our care, follow medical management plans, your first aid training and our first aid procedure

5. **Manage other food-related risks**

    - Sit with children during mealtimes and actively supervise them
    - Be aware of choking hazards:
        - Modify food textures where required (e.g., grating, finely slicing, cooking, or mashing firm foods)
    - Respond to any choking incidents according to your first aid training and our procedures
    - If you are handling food, follow our Food Safety Policy and Procedures and Health, Hygiene and Cleaning Policy and Procedures to keep food free from contamination
    - Ensure children and staff practice hand hygiene before and after eating
    - Check that all bottles, drinks and lunchboxes from home are labelled with the child's name. Check labels before serving to children to prevent mix-ups

6. **Make mealtimes a positive experience**

    - Create a calm, unhurried, relaxed environment for the children:

- Arrange the tables and seating to encourage social interactions
- Sit, eat and talk with the children
- Encourage children to eat at their own pace and not to rush
- Be positive about the healthy foods the children are eating
- Model healthy and hygienic eating habits and good table manners during the meal

- Let children choose what and how much to eat:
  - Don't ever force a child to eat or drink if they don't want and offer second helpings
  - If a child refuses food, educators should not pressure them but may encourage tasting
  - Never use food as punishment, reward or bribe
- Encourage children's autonomy and independence:
  - Make sure that tables, chairs, utensils and serving ware are developmentally appropriate for each child
  - Encourage children to help set the table, serve their own food and drinks (where appropriate), find their own place to sit and process communal and individual food waste
  - Encourage children to eat independently to develop their autonomy, and their fine motor, language and social skills

7. Promote healthy eating and oral gum health

- Have discussions with children about food and nutrition during your daily routines – talk about where food comes from, different cultures, and making good food and drink choices to keep your teeth and body healthy
- Plan and conduct lessons about food and nutrition and oral health
- Include food-related activities in our program (e.g., gardening, cooking, alfresco dining or picnics, excursions to community gardens, farms, markets)
- Use food to develop children's skills and knowledge of the world. For example, counting fruit, reading recipes, weighing ingredients, baking, gardening, and exposure to diverse cultural foods are great ways to indirectly to teach children literacy, numeracy, chemistry, biology, geography, and social sciences)
- Share information with families through newsletters, posters, email, social media etc
- Encourage families to share their cultural food traditions and recipes with us, and share your own

- Encourage children to drink water throughout the day to support dental health. Teach them to rinse their mouth with water to remove food debris (under an adult's supervision)
- Emphasise the importance of brushing your teeth and gums, eating a wide variety of healthy foods, limiting sugary drinks and food, and having regular check-ups with a dentist

Sleep and Rest Policy

Quick reference: safe sleep | rest | individual needs |relaxation | cultural preferences | risk assessments | monitoring sleep | record keeping | lighting | stretchers | physical checks | bedding equipment | training | sleep and rest records | ventilation | clothing| location and arrangement of sleep and rest areas | hazards | communicating with families

PURPOSE AND BACKGROUND

(1) To set out how we meet children's individual needs for rest, relaxation and sleep to support their development, health, safety, comfort and wellbeing

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place in relation to sleep and rest for children (s 168(2)(a)(v)), including addressing specific matters regarding best practice, risk assessments, safety and meeting the individual needs of children and families (s 84B)

(3) This policy is aligned with the National Quality Standard, current health guidelines and best rest, relaxation and sleep practices for out of school hour care services

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children in our care, their parents, families and care providers

DEFINITIONS

(5) The following definitions apply to this policy and related procedures:

- 'Relaxation' means a state of calm in body and mind
- 'Rest' is a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff', unless otherwise indicated, refers to approved provider, persons with management or control, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Risk management – sleep and rest

(6) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and any hazard likely to cause injury (*National Law* s 167), and to ensure that all children are being adequately supervised at all times (*National Law* s 165), including during rest, relaxation and sleep periods

(7) We must conduct a risk assessment at least once every 12 months and as soon as practicable after becoming aware of any circumstances that may affect the safety, health or well-being of children during sleep or rest (*National Regulations* s 84C(1))

(8) The risk assessment must consider (*National Regulations* s 84C(2)):

- The number, ages and developmental stages of the children in our care
- The sleep and rest needs of children in our care, including health care needs, cultural preferences, sleep and rest needs of individual children, and requests from families about their child's sleep and rest
- Staffing arrangements and how children can be adequately supervised and monitored during sleep and rest
- The level of knowledge and training of the staff who are supervising the children during these periods
- The location of the sleep and rest areas, including the arrangement of any beds within the sleep and rest areas
- The safety and suitability of any beds and bedding equipment, having regard to the ages and developmental stages of the children who use the beds and bedding equipment
- Any potential hazards in the sleep and rest areas, and on a child during sleep and rest periods
- The physical safety and suitability of sleep and rest environments at our service, including temperature, lighting and ventilation

(9) The approved provider must keep a record of each sleep and rest risk assessment we conduct (*National Regulations* s 84C(4))

(10) This Sleep and Rest Policy and its related procedures must address how children will be protected from any risks that we have identified in our sleep and rest risk assessments (*National Regulations* s 84B(a))

(11) The approved provider must make any necessary updates to our Sleep and Rest Policy and its related procedures as soon as practicable after conducting a sleep and rest risk assessment (*National Regulations* s 84B(3))

(12) The approved provider and nominated supervisor will consult with staff, families and children (where appropriate) on our sleep and rest risk assessments

(13) Educators and other staff will inform the approved provider and/or nominated supervisor as soon as possible of any changes or new risks they identify

Ages, developmental stages and individual needs of children

(14) The approved provider and nominated supervisor must take reasonable steps to ensure that the needs for rest, relaxation and sleep of children in our care are met, with regard to each child's age, developmental stage and individual needs (*National Regulations* s 84B(b) and National Standard 2.1.1)

(15) The approved provider must ensure that systems are in place to gather, review and update information about each child's rest, relaxation and sleep needs – including any factors that could put them at higher risk during these periods

(16) Our approach to rest, relaxation and sleep arrangements will be flexible so educators can respond to the natural patterns of each child, rather than trying to make children conform to a rigid routine that does not suit their needs

(17) Children will be offered time for rest, quiet play and relaxation, and will also be allowed to sleep if they choose to, as some older children will need sleep during the day for a variety of reasons

(18) Educators must never compel a child to rest, relax or sleep against their wishes or needs

(19) The approved provider must ensure that staff have the time, resources, skills and knowledge to implement our flexible practices, and to build and maintain strong partnerships with children and families so that we can meet each child's individual needs

Health care needs of children

(20) We must meet the health care needs of individual children during rest and sleep times (*National Regulations* s 84B(c))

(21) If a child has a diagnosed health need, allergy or medical condition, we will manage it according to our Medical Condition Policy

(22) Staff will implement any requirements for the child's rest, relaxation and sleep set out in their individualised medical management plan or risk minimisation plan

(23) We must make any reasonable adjustments for the child so that they can meaningfully participate at our service, including as it relates to their rest, relaxation and sleep

Family requests and cultural preferences

(24) We must consider each family's unique approach and cultural preferences for rest, relaxation and sleep (*National Regulations* s 84B(d))

(25) We will, where possible, accommodate families' requests if they are reasonably practicable, can be implemented safely and are in line with our obligations under the National Quality Framework

(26) If a disagreement arises between educators and families about a child's sleep or rest arrangements, we will try to reach a solution that supports the child's wellbeing and respects the family's preferences, while fully complying with our obligations to act in the best interests of the child

(27) The nominated supervisor will make the final decision about a child's rest, relaxation and sleep while they are in our care

Supervision and monitoring during rest, relaxation and sleep

(28) The approved provider and nominated supervisor must ensure that, at all times, children are adequately supervised (*National Law* s 165) and that the required educator-to-child ratios are maintained (*National Regulations* s 123), including during rest, relaxation and sleep periods

(29) If a child sleeps at our service, educators must follow our best practice procedure for sleep and rest (attached), which covers supervision, how children will be checked, how often children will be checked, and how to document any sleep and rest periods (*National Regulations* s 84B(e)(i-ii))

(30) The nominated supervisor and room leaders will oversee our day-to-day rest, relaxation and sleep supervision and monitoring practices and conduct regular audits to ensure educators are following our checklists and procedures

Safe rest, relaxation and sleep practices

(31) Our rest, relaxation and sleep procedures must be best practice and follow current health guidelines (*National Regulations* s 84B(f))

(32) The approved provider and nominated supervisor must ensure that Red Nose and other recognised safe sleep guidance (e.g., from ACECQA or the regulatory authority) in embedded into our procedures, staff training, risk assessments and communication

(33) Staff must follow our procedures for safe sleep and rest (attached)

Staff induction, training and knowledge

(34) The approved provider must ensure that educators and relevant staff (including casual staff, volunteers and students) are thoroughly inducted, and receive ongoing practical training, information, support and supervision to implement our Sleep and Rest Policy and its related best practice procedures, including for risk management (*National Regulations* s 84B(g))

(35) The nominated supervisor will conduct regular spot checks and monitor staff to ensure they understand and can follow our procedures for children's rest, relaxation and sleep. We will give staff any extra support or training if there are gaps in their skills or knowledge

Location and arrangement of sleep and rest areas

(36) The location and arrangement of our sleep and rest areas must meet needs of children in our care (*National Regulations* s 84B(h))

(37) We will have a couch for any child who needs or wants to sleep at our service. We set this up in an area that is visible to educators.

Safety, suitability and use of rest and sleep equipment and furniture

(38) Our rest, relaxation and sleep equipment and furniture must be safe, suitable (*National Regulation*s s 84B(i)), clean, in good repair (*National Regulations* s 103), sufficient in quantity, and appropriate for the range of ages, sizes and developmental stages of the children who use them (*National Regulations* s 105)

(39) The approved provider will ensure that regular risk assessments, safety checks and audits are conducted to verify that all furniture, equipment products (e.g., spare stretchers, mats, beanbags, floor cushions, bedding) are safe, hygienic, well-maintained and compliant with applicable safety standards

(40) Any product that poses a risk of injury, entrapment, strangulation or suffocation to a child will be removed from our service immediately

(41) We will provide enough appropriate rest, relaxation and sleep furniture and equipment to accommodate all children and will follow manufacturer guidelines to ensure products are suitable for each child's age, weight, height and development

(42) The approved provider and nominated supervisor will monitor product safety alerts and recalls of furniture or equipment

(43) Relevant staff must our furniture and equipment clean and hygienic in line with our Health, Hygiene and Cleaning Policy

(44) The approved provider must ensure that our service continues to have adequate and appropriate laundry and hygiene facilities or other arrangements for dealing with soiled clothing and linen, including hygienic facilities for storage while they are dirty (*National Regulations* s 106)

Rest, relaxation and sleep hazards

(45) Our annual sleep and rest risk assessment will identify and eliminate (or reduce the risk of) hazards and potential hazards to children in sleep and rest areas, and on children during sleep and rest (*National Regulations* s 84B(j)), in line with our broader risk management systems

Physical safety and suitability of rest, relaxation and sleep environments

(46) The approved provider must ensure that our rest, relaxation and sleep areas are physically safe, suitable (*National Regulations* s 84B(k)), well ventilated, have adequate natural light and are maintained at a temperature that is safe and comfortable for children (*National Regulations* s 110)

(47) The nominated supervisor and educators will regularly monitor the environment and adjust as necessary

PRINCIPLES

(48) All children are kept safe while resting, relaxing or sleeping, and their health, wellbeing and dignity are our highest priority

(49) Children's rest, relaxation and sleep needs are individual and will be respected in a way that is flexible, responsive and developmentally appropriate

(50) Our practices are based on current recognised safety and health advice

(51) Children are actively and adequately supervised at all times during rest, relaxation and sleep, and risks are systematically identified, monitored and minimised

(52) Families are partners in supporting children's rest, relaxation and sleep, and their views, cultural practices and preferences are respected and accommodated where they align with safe practice and our duty of care

(53) We are committed to continuous improvement through regular risk assessment, training, supervision, monitoring and review of rest, relaxation and sleep practices

POLICY COMMUNICATION, TRAINING AND MONITORING

(54) The approved provider must take reasonable steps to ensure that nominated supervisors, staff members and volunteers follow and can readily access this policy and related procedures (*National Regulations* ss 170, 171)

(55) This policy and related documents can be found in the OSHC office

(56) The approved provider and nominated supervisor will ensure that relevant staff, volunteers and students are formally inducted and trained to implement this policy and related procedures, and to understand their roles and responsibilities under them

(57) The nominated supervisor and staff leaders will ensure this policy and its related procedures are regularly reinforced through staff meetings, staff professional development programs, written material and workplace displays

(58) The approved provider and nominated supervisor will regularly monitor and audit staff and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(59) The approved provider and nominated supervisor will provide staff with the resources, time and support they need to comply with this policy and related procedures

(60) At enrolment, the nominated supervisor will ensure that families are given access to this policy and related documents (*National Regulations* s 84B(m)). We will also regularly share relevant information about this policy through our usual communication channels

(61) Families are notified in line with our obligations (*National Regulations* s 172) when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
Regulations	
ss 84A - 84D	Sleep and rest
ss 85 - 89	Incidents, injury, trauma and illness
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child ratios – centre-based services
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
Work Health and Safety Act 2011	Describes the primary duty of care to people in the workplace
Privacy Act 1988	Principal act governing the handling of personal information

National Quality Standard

Standard / Element	Concept	Description
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing

My Time, Our Place (MTOP) V2.0

Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Child Safe Organisations

Most relevant principles
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
Families and communities are informed and involved in promoting child safety and wellbeing
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy | Cleaning, Health and Hygiene Policy | Physical Environment Policy | Work Health and Safety Policy | Enrolment Policy | Medical Conditions Policy | Positive Relationships for Children Policy | Incident, Injury, Trauma and Illness Policy | Children's Belongings Policy | Clothing and Footwear Policy
Procedures	Roles and Responsibilities – Sleep and rest (attached) | Sleep and Rest Procedure (attached) | Health, Hygiene and Cleaning Procedures (in Health, Hygiene and Cleaning Policy) | Medical management plans (in Medical Conditions Policy) | Incident, Injury, Trauma and Illness Procedures (in Incident, Injury, Trauma and Illness Policy)
Resources	ACECQA's sleep and rest risk assessment guide and template

SOURCES

Education and Care Services National Law | Education and Care Services National Regulations | National Quality Standard (NQS), particularly QA2 Children's Health and Safety | ACECQA Safe Sleep and Rest Practices | ACECQA Guidance for School Age Care Services | State and Territory Regulatory Authorities | Red Nose Australia – Safe Sleep Guidance | Kidsafe Australia | Australian Government Department of Health – Child Health Guidance | Staying Healthy 6th edition NHMRC

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required

Reviewed: July, 2026

Date for next review: July, 2027

APPENDIX A

ROLES AND RESPONSIBILITIES – Sleep and rest

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the Education and Care Services National Law and Regulations, including to including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times
Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for children's rest, relaxation and sleep are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this Sleep and Rest Policy and related procedures are in place and available for inspection, and that they address the specific areas set out in the National Regulations
Take reasonable steps to ensure our Sleep and Rest Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Take reasonable steps to ensure that the needs for rest, relaxation and sleep of children in our service are met, having regard to ages, developmental stages and individual needs of the children
Ensure risk assessments are conducted to identify and mitigate any risks that rest, relaxation and sleep pose to the safety of children in our care, in accordance with regulations and having regard to all the areas covered in the Risk Assessment section of this Policy
Ensure a risk assessment is conducted at least once every 12 months and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during rest, relaxation or sleep, and update our policies and procedures accordingly. Keep a record of all risk assessments conducted
Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children
Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene
Ensure all equipment and furniture meets relevant Australian Standards and other product safety standards and guidelines, and remain up-to-date on product recall notices
Ensure furniture and equipment being used for rest, relaxation and sleep are appropriate and sufficient for the ages and developmental stages of the children who are using them
Ensure that the indoor environment is hygienic and comfortable (not limited to being well ventilated and free from cigarette/tobacco smoke, with adequate natural light, and appropriately heated/cooled)

Ensure that our service continues to have adequate and appropriate laundry and hygiene facilities for dealing with soiled clothing and linen, including storage facilities
Ensure that the layout/design of the premises allows for supervision and is appropriate for children's rest, relaxation and sleep
Ensure that children are adequately supervised during rest and sleep, and that systems are in place for regular and documented physical checks of children (where required)
Ensure that educators understand that if a child sleeps at the service, they should document it and communicate it to families
Regularly review this Sleep and Rest Policy and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for children's rest, relaxation and sleep are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this Sleep and Rest Policy and related procedures
Take reasonable steps to ensure our Sleep and Rest Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Take reasonable steps to ensure that the needs for rest, relaxation and sleep of children in our service are met, having regard to ages, developmental stages and individual needs
Support the approved provider to ensure that our sleep and risk assessments are conducted in line with this policy
Conduct regular sleep and rest audits to ensure sleep and rest environments (including ventilation, temperature, noise, lighting), furniture, equipment meet safety standards, and are clean and in good repair. Regularly monitor rest, relaxation and sleep areas for hazards
Ensure that children are adequately supervised during rest, relaxation and sleep, and that educators are following our systems for regular and documented physical checks of children (where required). Monitor

and supervise educators' practices, including through spot checks. Act quickly to address any areas of non-compliance
Collect information about children and families' rest, relaxation and sleep needs and preferences at enrolment and regularly remind them to keep our service updated if anything changes. Identify, plan for and communicate to staff any sleep needs or risks related to a child's medical condition in line with our Medical Conditions Policy
Maintain open and respectful communication with families about their child's rest, relaxation and sleep. Provide information about safe sleep through our usual communication channels
If a child sleeps at our service, ensure educators document it and communicate it to the family
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this Sleep and Rest Policy and related procedures, including for hygiene, cleaning, ventilation, safety checks and managing medical conditions
Complete all the training you need to implement this policy
Continuously supervise sleeping and resting children in line with our sleep and rest procedure. Conduct and document physical checks (where required)
Identify and remove potential hazards from children's rest, relaxation and sleep areas and on children themselves. Remove anything that could cause entrapment, strangulation, suffocation, overheating
Meet the needs for rest, relaxation and sleep of the children in our care, considering their ages, developmental needs and individual needs. Continue to document and communicate with families regarding their child's sleep patterns and routines; try to accommodate their preferences wherever it is safe to do so
Ensure that rest, relaxation and sleep are uncluttered, have enough light to allow supervision and are well-ventilated
Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on children's rest, relaxation and sleep

Families responsibilities (not limited to)
Update educators on your child's sleeping routines and patterns when these change, and let educators know when your child has not slept well during the night
Work with educators to ensure that your child's rest, relaxation and sleep needs are being met in line with our practices.

Be aware that we take a flexible approach to children's rest, relaxation and sleep that takes into account families' preferences; however, we have a legal obligation to ensure children's rights, best interests, safety and welfare. Where families' preferences for their child clash with our health and safety obligations, the child's health and safety must prevail
Provide our service with a written alternative resting practice authorised by a medical practitioner as part of the child's medical management plan if your child has a medical condition which prevents educators from following this Sleep and Rest Policy
Where possible, contribute to policy and procedure reviews and risk assessments and plans

APPENDIX B

PROCEDURE – Sleep and rest

When to use this procedure

This procedure sets out how educators implement the service's Sleep and Rest Policy in daily practice to ensure children's safety, wellbeing, supervision and individual needs during rest, relaxation and sleep periods
(2) This procedure supports compliance with the Education and Care Services National Law and Regulations, including Regulations 84B and 84C

This procedure should be used when setting up rest, relaxation and sleep environments, and in circumstances where a child may need rest or sleep, e.g:

- Young children who may be attending OSHC services for the first time, and who are still adjusting to a formalised school routine and may be tired or overstimulated
- Children and young people who become unwell at the service and need a space to sleep, rest or relax whilst families arrange collection
- Children who are spending long days in vacation care programs and may choose to rest in a quiet place away from the larger group
- Hot weather days where children may like a cool and quiet place to engage in sleep or rest
- Children or young people who have returned from an excursion and are feeling exhausted, tired, or overstimulated
- Children with additional needs or medical conditions who require more frequent sleep and rest.

IMPORTANT! *Sleep and rest environments must be arranged appropriately with consideration to the ages, developmental stages and individual needs of children and in accordance with protecting against any specific risks identified in sleep and rest risk assessments*

Gathering information about children's rest, relaxation and sleep needs

1. Nominated supervisor must enquire about the child's sleep, rest and relaxation needs, routines, cultural preferences and any relevant health or medical considerations (refer to Medical Conditions Policy)
2. Information provided by families must be recorded in the child's enrolment record and updated as required
3. Where a child has a medical condition, allergy or diagnosed health need, educators must follow the child's medical management plan and risk minimisation plan during rest and sleep periods
4. Any specific sleep positioning, monitoring or environmental requirements set out in a child's medical plan must be implemented
5. Educators must immediately report any health concerns observed during rest or sleep in accordance with the Medical Conditions Policy
6. Educators and families to maintain regular, open and respectful communication about:
    - The child's current sleep and rest patterns
    - Changes in routines
    - Wellbeing, health and development impacts on rest and sleep

7. Nominated supervisor to send out regular reminders through usual communication channels to prompt families to update our service if there are changes to their child's needs or family preferences

Setting up sleep equipment

Assemble furniture and equipment (e.g., bean bags, floor cushions, stretchers, sofas) according to manufacturers' instructions. Keep instructions for use easily accessible for staff

1. Regularly inspect all furniture and equipment to ensure it is clean, in good repair and continues to meet any relevant safety standard or guidelines
2. If using stretchers, check they are appropriate and safe:
    - Mattresses must be firm and clean. Do not use if damp, torn, mouldy or saggy
    - Use clean, light bedding that is tucked in tightly
    - Any waterproof mattress protectors should be strong, not torn and a tight fit
    - Do not use electric blankets, hot water bottles and wheat bags
    - Set up in uncluttered spaces
    - All parts are in-tact, not loose, worn, broken or missing
3. Ensure children's clothing is appropriate during rest and sleep times, without loose items that could become tangles and restrict breathing (such as scarves, hats, jewellery, cords)
4. Remove all packaging from sleep and rest furniture and equipment, including mattresses
5. Check for product recalls and immediately stop using any products that have been recalled
6. Check any sleep support equipment brought from home for safety before using it

Setting up rest and sleep spaces – including managing physical hazards

1. Make sure that sleep and rest areas are well-ventilated (e.g., open windows if safe or through mechanical ventilation). Monitor for stuffiness or draughts and adjust ventilation where necessary
2. Check lighting is appropriate. It should be dark enough to ensure children can rest or sleep undisturbed, but light enough that educators can see when they are supervising and doing their physical checks
3. Educators must ensure sleep and rest areas are free from
    - Tobacco smoke
    - Vaping aerosols
    - Strong chemical smells
    - Excessive dust and air contaminants
4. Check temperature is comfortable – not too hot or too cold
5. Remove or secure all hazards such as:

- Hanging cords from blinds, curtains or electrical appliances
- Falling objects such as pictures, or mirrors
- Large furniture, such as shelves, chests of drawers, tables
- Electrical appliances and power points

6. Noise, lighting and temperature adjustments may be made to meet individual child needs where these adjustments remain safe and do not compromise supervision or wellbeing

Flexible rest, relaxation and sleep practices

1. Implement flexible rest, relaxation and sleep arrangements that respond to each child's individual needs rather than rigid routines
2. Recognise that children's sleep and rest needs change over time and vary between children due to:
    - Age and developmental stage
    - Health and medical needs
    - Temperament and activity level
    - Home environment and family routines
    - Cultural background and daily experiences
3. Be aware, also, that children need enough sleep, rest and relaxation to manage their emotions, and reduce feelings of irritability and frustration
4. Offer children opportunities for:
    - Rest
    - Quiet play
    - Relaxation activities
    - Sleep where needed
5. Quiet relaxation activities may include reading, storytelling, puzzles, colouring, craft, music or similar calm experiences
6. Educators must not compel any child to rest, relax or sleep against their wishes or needs

Managing requests from families

1. Educators will be aware that within families and cultures there exists a range of relaxation, rest and sleep arrangements, routines, and cultural beliefs and practices
2. Where possible, accommodate each child's and family's preferences, for rest, sleep and clothing, including cultural and religious preferences, to the extent they are consistent with this policy
3. Where there is a disagreement with a family, escalate the matter to the room leader or nominated supervisor to consider. The nominated supervisor has the final say about children's sleep and rest and to make sure arrangements are consistent with our Sleep and Rest Policy

Documenting and communicate child's sleep and rest

1. Communicate daily with families about their child's sleep and rest both at home and at the service
2. If a child sleeps, record the time and duration and provide this information to families
3. Discuss any concerns you have about a child's development, health or wellbeing
4. Document physical checks if a child sleeps (see below)

If a child is sleeping at our service

1. Provide continuous supervision and be in a position where you can see and hear sleeping and resting children
2. Supervision should not be done via CCTV, windows or monitors. Educators should be in the same room as the children they are supervising
3. Do not be distracted by other duties
4. Ensure that the child's head and face remain uncovered
5. Monitor the environment for hazards, ventilation and temperature
6. Implement our medical emergency procedure if a child shows difficulty in breathing or has a blue skin colour
7. If a child has a medical management plan in place that requires different or additional sleep or rest practices, implement these
8. Use a timer to conduct regular physical checks on any child who is sleeping and check more frequently if there are increased risk factors, e.g., if stipulated in a child's medical management or risk minimisation plan or if the child has a transient illness or a sleep issue
9. At each physical check, assess the following: the child's breathing, the colour of skin and lips, body temperature, head and face uncovered
10. Make a record of every physical check with the time, date, and the name of the educator doing the check

Staff supervision, support and compliance monitoring

1. The approved provider and nominated supervisor must ensure:
    - That required ratios are maintained and rostering enables educators to provide continuous supervision and monitoring during sleep and rest
    - Sleep spaces are set up properly and light enough to allow supervision and for educators to properly conduct their physical checks
    - Spot checks and regular audits are conducted to ensure that educators are conducting physical checks and continuous supervision according to our procedures

Sun Protection and Heat Safety Policy

Quick reference: SunSmart | sunscreen | shade | hats and clothes | sunglasses | heat stress | heatstroke | heat exhaustion | risk management | excursions | cancer council | high temperatures | UV index | authorisations

PURPOSE AND BACKGROUND

(1) To set out how we manage the risk of sun and heat exposure for children and staff

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with health and safety matters, including sun protection (s 168(2)(a)(ii))

(3) This policy also helps us to comply with work health and safety laws, and aligns with the SunSmart and Cancer Council guidelines

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children in our care, their parents, families and care providers
- Visitors to our service, including allied health support workers

(5) This policy applies to all of our activities and events, on and offsite

DEFINITIONS

(6) The following definitions apply to this policy and related procedures:

- 'Heat-related illnesses' are conditions such as heat exhaustion or heatstroke caused by prolonged exposure to high temperatures
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Shade' means an area that is protected from direct sunlight by natural or artificial means
- 'Staff', unless otherwise indicated, refers the approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

- ‘Sun protection times’ are a forecast from the Bureau of Meteorology for the time-of-day UV levels are predicted to reach 3 or higher (when sun protection is recommended for all skin types). Sun protection times vary according to location
- ‘UV radiation’ means ultraviolet radiation from the sun, which can cause sunburn, skin damage and increase the risk of skin cancer. The UV index measures UV levels on a scale from 0 (low) to 11+ (Extreme)

POLICY STATEMENT

Risk management

(7) Staff will be aware of the risks associated with UV radiation and heat exposure to themselves and to children, including that:

- Australia has one of the highest rates of skin cancer in the world, with more than two in three people diagnosed with skin cancer in their lifetime
- UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life
- Children are particularly vulnerable to heat stress because their bodies cannot cool down as effectively as adults. Heat can cause serious illness in children, including dehydration, heat exhaustion and heatstroke (which can be life-threatening)
- During hotter months, playground equipment and surfaces such as metal, concrete, stone, sand, rubber, plastic, soft fall mats, artificial turf can heat up quickly and retain heat, which can cause serious burns

(8) We must consider UV radiation and heat exposure as part of our regular risk assessment and management for our physical environment and program of activities, including those held off-site

(9) We must also manage and minimise any risks posed by UV radiation and/or heat exposure in our risk assessments for specific activities:

- Before an excursion (*National Regulations* ss 100, 101) – see Excursion Policy
- Sleep and rest (*National Regulations* s 84) – see Sleep and Rest Policy

Monitoring UV levels, heat and humidity

(10) Every morning, we will check the UV Index, local daily sun protection times, temperature and humidity at the Bureau of Meteorology website or on the SunSmart Global UV app

(11) We will use sun protection strategies for staff and children of all skin types when UV levels are 3 or above when outside, including wearing sun protective hats, clothing, and sunglasses, applying SPF 50 or SPF50+ broad-spectrum, water-resistant sunscreen and seeking shade whenever possible

(12) We will plan outdoor activities to occur outside of peak UV radiation times, but if this is not possible, we will try to do them in the shade

(13) We will implement heat safety measures during hot or humid weather

Shade

(14) The approved provider must ensure that our outdoor spaces include adequate shaded areas to protect children from overexposure to UV radiation (*National Regulations* s 114)

(15) We will regularly assess the amount and quality of shade, including as the sun changes position in the sky depending on the season

(16) The approved provider must ensure that shade structures are safe, clean, kept in good condition and regularly maintained (*National Regulations* s 103)

(17) Any new playground equipment and surfacing will be developed and installed according to the relevant Australian Standard/s, and shade structures and natural shade will be incorporated within the design

(18) Where possible, we will use surfaces that reflect less UV (e.g., natural, dark or rough surfaces such as grass, soil, tanbark)

(19) Where necessary, the approved provider will consider moving shade structures throughout the day or seasonally to protect play equipment from direct sunlight

(20) Educators will encourage children to use shaded areas during outdoor activities

Hats

(21) Children and staff should wear a UV protective, broad-brimmed hat, bucket hat or legionnaire-style hat when outdoors

(22) Caps and visors do not cover necks and ears, so they are not considered a suitable alternative

(23) We have a 'no-hat, play in the shade' rule: if a child is not wearing a suitable hat, they must play in the shade or inside only, or educators may supply a spare hat for the child to wear

Clothing

(24) Staff and children should wear clothing that is made from cool, densely woven fabric and that covers as much skin as possible:

- Tops with elbow-length sleeves and higher necklines or collars
- Knee-length or longer style shorts, pants, skirts and dresses

(25) If a child is wearing clothes that do not cover their shoulders, chests, stomachs, backs or upper arms (e.g., singlets, spaghetti strap dresses, midriff/crop tops, halter neck tops etc), they will be required to play in the shade or inside, or educators may supply a spare shirt for the child to wear over their clothes

(26) Children should wear UV protective rash vests or t-shirts for outdoor swimming and water activities

(27) On hot and sunny days, children should wear shoes outside to prevent burns to their feet

Sunscreen

(28) We will supply SPF50 or SPF50+ broad-spectrum, water-resistant sunscreen with an Australian Licence (Aust L) number for children and staff to use

(29) Educators will store the sunscreen below 30°C in a supervised area, away from direct sunlight or other heat sources

(30) Educators will regularly check the sunscreen's expiry date and dispose of any sunscreen that is out of date, has been exposed to high temperatures for a prolonged time, or has separated, looks watery, lumpy or gritty

(31) If a child has sensitivities to sunscreen, parents should provide an alternative sunscreen labelled with their child's name

(32) If a child cannot use sunscreen, educators will encourage them to stay in the shade

(33) Sunscreen will be applied:

- With clean and dry hands
- According to the manufacturer's directions
- At least 20 minutes before children go outdoors, and reapplied every two hours if children will be remaining or returning outdoors, and
- More frequently if children are sweating or swimming

(34) Educators will supervise and help children (if required) apply their own sunscreen. This helps children to develop their skills and independence, while ensuring they have applied the sunscreen properly

(35) Educators will adapt their practices for applying sunscreen to meet the individual needs of children in our care (e.g., taking into consideration a child's developmental stage, any disabilities or sensitivities)

(36) Educators will remind children to apply and reapply sunscreen, using strategies such as reminder notices, sunscreen monitors and sunscreen buddies, where appropriate

(37) Staff should also apply SPF50 or SPF50+ broad-spectrum, water-resistant sunscreen to themselves

(38) We must only apply sunscreen to a child if we have written authorisation to do so (see Acceptance and Refusal of Authorisations Policy) (*National Regulations* s 93)

Sunglasses

(39) Where it is practical, staff and children should wear close-fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2,3 or 4) and cover as much of their eye area as possible

Heat safety during hot or humid conditions

(40) When it is hot or humid, staff must implement heat safety measures to protect themselves and children in our care

(41) Heat safety must be considered for indoor and outdoor activities, including excursions, water-based and physical activities, sleep, rest, transport and travel

(42) During hot or humid conditions, educators will:

- Modify outdoor activities or relocate them to shaded areas
- Schedule vigorous physical activities for the cooler parts of the day
- Encourage children to drink water more frequently and stay inside or in the shade

(43) During periods of extreme heat or humidity, educators will keep children inside and use fans and air conditioning to keep cool

(44) Educators will regularly check the temperature of outdoor surfaces, furniture and equipment on hot or sunny days before allowing children to access them

(45) Educators should not spray water on surfaces to cool them down as this may lead to burns/scalds as the water heats up

(46) In emergency circumstances, the nominated supervisor may contact the regulatory authority about additional measures we may need to take

Managing heat stress

(47) If a staff member or child is showing signs of heat stress (reduced urine output, dry mouth and skin, flushed skin, dizziness, fainting, rash, muscle cramps, paleness and sweating, rapid heart rate, nausea and vomiting, confusion, seizures, becoming unconscious), educators must follow our first aid policies and procedures, including calling 000 in an emergency

(48) The nominated supervisor must ensure that first aid kits are regularly reviewed and include sufficient ice packs

Learning and communication

(49) Sun protection and heat safety will be included in our educational program

(50) Educators will promote sun protection and heat safety measures, including by:

- Displaying posters reminding children, families and staff about the five forms of sun protection (Slip on sun-protective clothing, Slap on a sun protective hat, Slop on Sunscreen, Slide on sunglasses and Seek shade)

- Encouraging children to be involved and take on responsibilities (e.g., checking the daily temperature and sun protection times, monitoring for hats and sunscreen, setting sunscreen and hydration reminders)

(51) The approved provider and nominated supervisor will ensure that staff and families are provided with information about sun protection and heat safety through our usual communication channels

(52) Educators will be encouraged to complete the Cancer Council's free Generation SunSmart online learning program

(53) Staff, families and visitors should act as role-models and demonstrate sun protection and heat safety measures

PRINCIPLES

(54) The safety, health and wellbeing of children in our care is our number one priority, so we take every reasonable measure to protect children from UV radiation and heat risks

(55) We ensure that our outdoor environment offers the required amount and quality of shade, and that educators implement our sun protection and heat safety strategies

(56) We consult with staff, families, and children to identify, assess, manage and mitigate risks, ensuring that everyone is informed and contributing to our sun protection and heat safety measures

(57) Staff are trained and resourced to be able to keep themselves and the children in our care protected from the sun and heat

(58) Children are helped to take increasing responsibility for their health and physical wellbeing. Sun and heat safety is included in our education programming and planning

(59) We regularly review and update our policies and procedures to make sure they still reflect current best practice, Australian Standards, legislation and guidelines

POLICY COMMUNICATION, TRAINING AND MONITORING

(60) This policy and related documents can be found in the OSHC office.

(61) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Sun Protection and Heat Safety Policy and related documents

(62) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Sun Protection and Heat Safety Policy and related documents

(63) The approved provider runs a professional development program for each staff member, which covers this policy

(64) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(65) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(66) At enrolment, families are given access to our Sun Protection and Heat Safety Policy and related documents

(67) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
Regulations	
ss 84A - 84D	Sleep and rest
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 102AA – 102AAC	Safe arrival of children
ss 102A – 102F	Transportation of children other than as part of an excursion
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

Other applicable laws and regulations

Act / Regulation / Standard	Description
Work Health and Safety Legislation	Describes the primary duty of care to people in the workplace
Australian Standards: 1067, 4399, 2604, 4685	Describes the standards for sunglasses, sun protective clothing, sunscreen products, and playground equipment and surfacing – shade requirements, respectively

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected

Standard / Element	Concept	Description
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions

My Time, Our Place (MTOP) V2.0

Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Safe Organisations

Most relevant principles
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy | Physical Activity Policy | Clothing and Footwear Policy | Excursions Policy | Transport Policy | Safe Arrival of Children Policy | Incident, Injury, Trauma and Illness Policy | Physical Environment Policy | Work Health and Safety Policy | Enrolment Policy | Medical Conditions Policy
Procedures	Roles and Responsibilities – Sun Protection and Heat Safety Policy (attached)
Resources	SunSmart | Bureau of Meteorology | HeatWatch | Cancer Council

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | ACECQA Sun Protection Poliy and Procedure Guidelines | SunSmart guidelines | Cancer Council guidelines | State/territory regulatory authority guidelines for preventing and managing heat stress | Safe Work Australia Guidelines | Bureau of Meterology (BOM) UV index and Sun Protection Times

POLICY INFORMATION

Approval	Rivki Present
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required Reviewed: July, 2026 Date for next review: July, 2027

APPENDIX A

ROLES AND RESPONSIBILITIES – Sun protection and heat safety

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to: • Take every reasonable precaution to protect children from harm and hazards likely to cause injury • Ensure that outdoor spaces include adequate shaded areas to protect children from overexposure to UV radiation from the sun • Ensure that our premises, furniture and equipment (including shade structures) are safe, clean and well-maintained • Conduct risk assessments (as outlined in the Sun Protection and Heat Safety Policy)
Ensure that our service's governance, management, operations, policies, plans, (including risk management and action plans), systems, practices and procedures for sun protection and heat safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure this Sun Protection and Heat Safety Policy and related procedures are in place and available for inspection
Take reasonable steps to ensure our Sun Protection and Heat Safety Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure staff and children have access to enough sunscreen and that we have the requisite authorisation from parents to apply sunscreen to their child
Regularly review this Sun Protection and Heat Safety Policy and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this Sun Protection and Heat Safety Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the education and care of children; or significantly impact the family's ability to use the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Support the approved provider to: • Ensure that outdoor spaces include adequate shaded areas to protect children from overexposure to UV radiation from the sun • Ensure that our premises, furniture and equipment (including shade structures) are safe, clean and well-maintained

• Conduct risk assessments (as outlined in the Sun Protection and Heat Safety Policy)
Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for sun protection and heat safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Implement this Sun Protection and Heat Safety Policy and related procedures
Take reasonable steps to ensure our Sun Protection and Heat Safety Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Monitor the UV index and temperature daily and implement sun protection and heat safe strategies when necessary, and communicate this to staff
Ensure that educators have access to enough sunscreen and that we collect written authorisations from parents before applying sunscreen to their child
Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this Sun Protection and Heat Safety Policy and related procedures
Monitor the UV index and temperature daily and manage risks to children accordingly
Check the temperature of surfaces and play equipment is safe for children to use or touch
Model sun and heat safe practices and communicate to families and children our expectations for clothes, hats, sunscreen, water etc
Discuss any concerns you have related to sun protection or heat safety with the nominated supervisor or approved provider
Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities for sun and heat protection

Families responsibilities (not limited to)
Be aware of our service's Sun Protection and Heat Safety Policy
Dress your child in the appropriate clothes for sun protection
If possible, provide written authorisation at the time of enrolment for our educators to apply sunscreen to your child. If your child has reactions to sunscreen, please provide us with an alternative sunscreen, labelled with their name