



**HUME CITY COUNCIL
EARLY YEARS EDUCATION
AND CARE**

**Early Years
Policy
Framework**



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For more information, please contact Hume City Council at 03 9205 2200 or send a message via email at: contactus@hume.vic.gov.au.

Disclaimer

While every effort has been made to ensure that the information available through the Family, Youth and Children Early Years Policy Framework is accurate and up to date, Hume City Council and its employees will not accept any liability for any loss or damage which may be incurred by any person relying on this information. Please contact the service provider for updates and changes to policies, procedures or guidelines.

Hume City Council

Introduction

Hume City Council is one of the largest Local Government providers of early childhood programs and welcomes all families to our suite of Early Years programs:

- Three and Four Year Old Kindergarten
- Preschool Field Officer
- Maternal and Child Health (parent support workers, Babies in Hume)
- Long Day Care
- Occasional Care Programs

Hume City Council Early Years Services aim to provide quality educational and care programs for all children and families in accordance with the National Quality Framework (NQF).

The National Quality Framework is a national legislative framework established through an applied law system, which applies to all of Hume City Council's Early Years Services and consists of:

- Education and Care Services National Law Act 2010 (National Law)
- Education and Care Services National Regulations 2011 (National Regulations)
- National Quality Standards
- A Quality Assessment and Rating System
- A Regulatory Authority in each state (Department of Education)
- Australian Children's Education and Care Quality Authority (ACECQA)
- Children's Services Act (1996) and Regulations (for Occasional Care)

The Department of Education (DE) is the regulatory authority for Victoria.

The National Quality Standard is divided into seven Quality Areas:

1. Educational Program and Practice
2. Children's Health and Safety
3. Physical Environment
4. Staffing Arrangements
5. Relationships with Children
6. Collaborative Partnerships with Families and Communities
7. Governance and Leadership

This Family, Youth and Children Early Years Policy Framework provides important information and includes all relevant regulatory references, National Quality Standards and procedures in service programs. This Framework provides detailed information

which compliments the Early Years Operations Family Handbook. Policies, procedures and guidelines are reviewed on a regular basis. We welcome suggestions and feedback from children and families.

All documents relating to educational services are available and can be accessed in the foyer at each service. The relevant websites and resources are included in this framework for your information.

Hume City Council recognises that families are the primary influence in their children's lives, and have important beliefs regarding the education and care of their children and the experiences in which their children should be able to participate.



Vision

Hume City Council will be recognised as a leader in achieving social, environmental and economic outcomes with a common goal of connecting our proud community and celebrating the diversity of Hume.

Mission

To enhance the social, economic and environmental prosperity of our community through vision, leadership, excellence and inclusion.

We Value

Our Citizens

We will promote democratic representation and genuinely engage our citizens to promote a sense of belonging within a health, safe, strong and diverse community.

We will lead the way to identify community needs and best practice service delivery models and advocate for an integrated approach to service provisions.

Our services and facilities will be high quality and we will pursue efficiency and continuous improvement through customer focus and innovation.

Our Staff

We will demonstrate this by encouraging, supporting and developing our employees to achieve service excellence and a sense of unity, pride and fulfilment.

Partnerships with the Federal and State Governments

We will work together to achieve the equitable provision of services and infrastructure to meet current and future community needs.

Our Community Organisations

We will work in partnership with them to build community well-being, resilience and capacity.



Aboriginal and Torres Strait Islanders

Hume City Council Family, Youth and Children aims to create a positive awareness of its indigenous culture and heritage within its children's programs:

- by incorporating learnings of indigenous themes and culture through professional development and training of educators
- through program learning activities of books, songs, dance, art, craft and puzzles
- by building relationships and networks with local Indigenous Community Elders and Service Providers
- Ensuring Early Start Kindergarten (ESK) is available to all 3 year old children who identify as Aboriginal or Torres Strait Islander

Hume City Council proudly displays signage on all its facilities acknowledging the Wurundjeri people as the traditional land owners.



Aboriginal flag



Torres Strait Islander flag

National Quality Framework

Introduction

The National Quality Framework (NQF) has been designed to encourage continuous improvement of education and care services across Australia. One of its important features is that it sets out a series of National Quality Standards (NQS) against which all early childhood education and care services will be assessed and given a rating.

The seven quality areas are:

1. Educational Program and Practice
2. Children's Health and Safety
3. Physical Environment
4. Staffing Arrangements
5. Relationships with Children
6. Collaborative Partnerships with Families and Communities
7. Governance and Leadership

All Hume City Council's Early Years Services policies and procedures are built on these key seven areas. You can find more information about the NQF and NQS at <http://acecqa.gov.au>.

All Early Childhood Education and Care Services are required to have policies and related documents in relation to certain matters under Regulation 168 of the Education and Care Services National Regulations.

National Quality Standards

1. Educational Program and Practice

The aim of Quality Area 1 of the National Quality Standard is to ensure that the educational program and practice is stimulating and engaging, and enhances children's learning and development. In school age care services, the program nurtures the development of life skills and complements children's experiences, opportunities and relationships at school, at home and in the community.

2. Children's Health and Safety

The aim of Quality Area 2 under the National Quality Standard is to safeguard and promote children's health and safety, minimise risks and protect children from harm, injury and infection. All children have the right to experience quality education and care in an environment that provides for their physical and psychological well-being and provides support for each child's growing competence, confidence and independence.

3. Physical Environment

The aim of Quality Area 3 under the National Quality Standard is to ensure that the physical environment is safe, suitable and provides a rich and diverse range of experiences that promote children's learning and development. The way that the environment is designed, equipped and organised determines the way that the space and resources are used and has the potential to maximise children's engagement and level of positive experience and inclusive relationships.

4. Staffing Arrangements

The aim of Quality Area 4 under the National Quality Standard is to ensure the provision of qualified and experienced educators, coordinators and nominated supervisors who are able to develop warm, respectful relationships with children, create safe and predictable environments and encourage children's active engagement in the learning program.

5. Relationships with Children

The aim of Quality Area 5 under the National Quality Standard is to promote relationships with children that are responsive, respectful and promote children's sense of security and belonging. Relationships of this kind free children to explore the environment and engage in play and learning.

6. Collaborative Partnerships with Families and Communities

The aim of Quality Area 6 under the National Quality Standard is to recognise that collaborative relationships with families are fundamental to achieving quality outcomes for children and that community partnerships that are based on active communication, consultation and collaboration are also essential.

7. Governance and Leadership

The aim of Quality Area 7 under the National Quality Standard is to support effective leadership and management of the service that contributes to quality environments for children's learning and development. Well-documented policies and procedures, well-maintained records, shared values, clear direction and reflective practices enable the service to function as a learning community. An ongoing cycle of planning and review, including engagement with families, creates a setting for continuous improvement.

Educational Program

Quality Area 1

Purpose

This policy will provide guidelines to ensure that the educational program (curriculum) and practice at Hume City Council Early Years Services is:

- based on an approved learning framework (EYLF, MTOP, VEYLDF)
- centred on child's learning, development, wellbeing and safety
- designed to take into account the individual differences of each child; and
- based on the developmental needs, interests and experiences of each child

Policy Statement

Values

Hume City Council is committed to:

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

Scope

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

Background and Legislation

Background

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

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

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

The aim of *Quality area 1: Educational Program and Practice* of the *National Quality Standard* is to ensure that the educational program and practice is stimulating and engaging and enhances children's learning and development.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 1: Educational Program and Practice
 - Standard 1.1: The educational program enhances each child's learning and development
 - Standard 1.2: Educators facilitate and extend each child's learning and development
 - Standard 1.3: Educators and Coordinators take a planned and reflective approach to implementing the program for each child

Definitions

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable Complaints, Serious Incidents, Duty of Care, etc. refer to the General Definitions section of this manual.

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

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

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

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

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

Educational Program: a program referred to in section 168 of the Law. An educational program is to contribute to the following outcomes for each child:

- the child will have a strong sense of identity
- the child will be connected with and contribute to his or her world
- the child will have a strong sense of wellbeing
- the child will be a confident and involved learner
- the child will be an effective communicator

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

Learning framework: Refer to approved learning framework above.

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

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that the educational program: <ul style="list-style-type: none"> is based on an approved learning framework (refer to Definitions) is delivered in a manner that accords with the approved learning framework is based on the developmental needs, interests and experiences of each child is designed to take into account the individual differences of each child (National Law: Section 168) 	R	R	✓		✓
Ensuring the educational program contributes to each child: <ul style="list-style-type: none"> developing a strong sense of identity being connected with, and contributing to, their world having a strong sense of well being being a confident and involved learner being an effective communicator (Regulation 73) 	R	✓	✓		✓
Designating a suitably qualified and experienced Educational Leader to direct the development and implementation of educational programs at the service (Regulation 118)	R				
Ensuring the service’s philosophy guides educational program and practice	R	✓	✓		✓
Ensuring that assessments of the child’s developmental needs, interests, experiences and participation in the educational program are documented (Regulation 74(1)(a)(i))	R	✓	✓		✓
Ensuring that assessments of the child’s progress against the outcomes of the educational program are documented (Regulation 74(1)(a)(ii))	R	✓	✓		✓
Ensuring documentation of assessments includes reflection on the period of time the child is at the service, and how documented information will be used by educators at the service (Regulation 74(2)(a)(i)&(ii))	R	✓	✓		✓
Ensuring documentation is written in plain language and is easy to understand by both educators and families (Regulation 74(2)(b))	R	✓	✓		✓
Ensuring that there is a record of learning and development for each child, and that it is updated and maintained on an ongoing basis	R	✓	✓		✓
Ensuring a copy of the educational program is displayed at the service and accessible to families (Regulation 75)	R	✓	✓		✓
Ensuring that families are provided with information about the content and implementation of the educational program, their child’s participation in the program and documentation relating to assessments or evaluations of their child (Regulation 76)	R	✓	✓		✓
Ensuring regular communication is established between the service and families, and they are informed about their child’s learning, development and progress	R	✓	✓	✓	✓
Undertaking critical reflection on children’s learning & development as individuals & in groups, driving program & planning & implementation	R	✓	✓		✓
Developing and evaluating the educational program in collaboration with the nominated supervisor, educators, children and families	R	✓	✓	✓	✓

Sources and Related Policies

Sources

Belonging, Being & Becoming – The Early Years Learning Framework for Australia:
<http://education.gov.au/early-years-learning-framework>

Educators' Guide to the Early Years Learning Framework for Australia:
<http://www.acecqa.gov.au/resources/resource-finder>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA: www.acecqa.gov.au

Guide to the National Quality Standard, ACECQA: www.acecqa.gov.au

My Time Our Place, Framework for School Age Care in Australia:
<https://acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

Victorian Early Years Learning and Development Framework – Resources for Professionals:
<https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx>

Marrung – Aboriginal Education Plan 2016 – 2026
<https://www.education.vic.gov.au/about/programs/Pages/marrung.aspx>

Early Childhood Australia Professional Learning Modules:
<https://learninghub.earlychildhoodaustralia.org.au/modules>

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Environmental Sustainability
- ✓ Interactions with Children
- ✓ Participation of Volunteers and Students
- ✓ Sun Protection
- ✓ Water Safety
- ✓ Code of Conduct
- ✓ Inclusion and Equity
- ✓ Nutrition, Oral Health and Active Play
- ✓ Road Safety and Safe Transport
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary due to risk (Regulation 172(2))

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Inclusion and Equity

Quality Area 1

Purpose

This policy will provide guidelines to:

- ensure all adults and children at Hume City Council Early Years Services are treated equitably and with respect, regardless of their background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, level of ability, additional needs, family structure or lifestyle
- promote inclusive practices and ensure the successful participation of all children at Hume City Council Early Years Services
- create a positive mental health and well being environment for children, educators, staff and families at Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council is committed to:

- acknowledging and respecting the rights of all children to be provided with and participate in a quality early childhood education and care program
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- creating a sense of belonging for all children, families and staff, where diverse identities, backgrounds, experiences, skills and interests are respected, valued and given opportunities to be expressed/developed
- ensuring that programs are reflective of, and responsive to, the values and cultural beliefs of families using the service, and of those within the local community and broader society
- working to ensure children are not discriminated against on the basis of background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, health status, level of ability or additional needs, family structure or lifestyle
- considering the mental health and well being needs of all children, families and staff.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during off site excursions and activities.

Background and Legislation

Background

The National Quality Framework (NQF) recognises all children's capacity and right to succeed regardless of diverse circumstances, cultural background and abilities. Education and care services must hold high expectations for the learning and development of all children, and at the same time recognise that every child follows an individual learning path and will progress in different and equally meaningful ways. Inclusion involves taking into account children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. Early childhood education and care services must implement responsive, equitable, individualised opportunities and additional support whenever barriers are identified.

The NQF is underpinned by a commitment to 'Closing the Gap' and acknowledges Australia is a nation of great diversity, and an ancient land that has been cared for by Indigenous Australians for many thousands of years. Education and care services have a shared responsibility to support children, families, colleagues and the local community to understand, respect and value diversity.

State and Commonwealth laws prohibit discrimination based on personal characteristics, including race, age, gender, religious belief, disability or illness and parental status.

Under the Child Safe Standards, services are expected to provide environments and activities that encourage all children to participate in and celebrate their identity. The standards are underpinned by three overarching principles which require services to take into consideration the increased vulnerability of Aboriginal children, children from culturally and linguistically diverse backgrounds and children with disabilities.

The Victorian Government requires funded organisations to ensure that their policies and procedures promote equality of opportunity for all children to enable their full participation in kindergarten. A service's philosophy should reflect the values of inclusion and equity which are supported by developing and implementing an inclusion and equity policy. Developing professional knowledge and skills, and using family-centred practice (refer to Definitions) to work in partnership with children, families, communities, and other services and agencies, will assist services to identify, include and support children with additional needs and their families.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Age Discrimination Act 2004
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Charter for Children in Out-of-home Care (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Well Being and Safety Act 2005 (Vic)
- Child Safe Standards (Vic)
- Dardee Boorai: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People (Vic)

- Disability Act 2006 (Vic) and Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic) and Fair Work Act 2009 (Cth)
- Health Records Act 2001 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- National Quality Standards Quality Areas 1-7
- Occupational Health and Safety Act 2004 and Privacy Act 1988 (Cth)
- Racial and Religious Tolerance Act 2001 (Vic)
- Racial Discrimination Act 1975 (Cth) and Sex Discrimination Act 1984 (Cth)

Definitions

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable Complaints, Serious Incidents, Duty of Care, etc. refer to the General Definitions section of this manual.

Additional needs: A broad term relating to challenges experienced across a number of areas including physical health, mental health, disability, developmental concern, or emotional need (resulting from trauma, abuse or grief), family displacement (due to war or refugee status), domestic violence, mental illness, family separation or divorce, which affects a person's ability to participate or learn.

Culture: The values and traditions of groups of people that are passed from one generation to another.

Culturally and linguistically diverse (CALD): Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds.

Developmental delay: A delay in the development of a child under the age of 6 years that:

- is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and
- is manifested before the child attains the age of 6 years, and
- results in substantial functional limitations in one or more of the following areas of major life activity:
 - self-care
 - receptive and expressive language
 - cognitive development
 - motor development, and
- reflects the child's need for a combination and sequence of special interdisciplinary/generic care, treatment or other services that are of extended duration & individually planned & co-ordinated (Disability Act 2006 (Vic)).

Disability: In relation to a person, refers to:

- a sensory, physical or neurological impairment or acquired brain injury, or any combination thereof, that:
 - is, or is likely to be, permanent, and
 - causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication, and
 - requires significant ongoing or long-term episodic support, and

- is not related to ageing, or
 - an intellectual disability, or
 - developmental delay (Disability Act 2006).

Diversity: Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.

Early Start Kindergarten: A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, children known to Child Protection and refugee and asylum seekers to attend a free kindergarten program that is planned and delivered by an early childhood teacher for a specific number of hours.

Equity: (In the context of human rights) is the behaviour of acting in a fair and just manner towards others.

Family-centred practice: Practice which:

- uses families' understanding of their children to support shared decision-making about each child's learning and development
- creates a welcoming and culturally-inclusive environment, where families are encouraged to participate in and contribute to children's learning and development
- actively engages families and children in planning children's learning and development
- provides feedback to families on each child's learning, and provide information about how families can further advance children's learning and development at home and in the community.

Inclusion: The engagement and involvement of children and families to ensure that all individuals have an equal opportunity to participate and achieve their maximum potential.

Kindergarten Fee Subsidy (KFS): A state government subsidy paid directly to the funded service to enable eligible families to attend a funded kindergarten program or funded three-year-old place at no cost (or minimal cost) to promote participation. Details are available in The Kindergarten Guide (refer to Sources).

Kindergarten Inclusion Support Packages: A package of support for children with a disability and high support needs and/or with complex medical needs.

Mental health: In early childhood can be understood as a young child's ability to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development (from KidsMatter – refer to Sources).

Out-of-Home Care: Is the term used in Victoria when a child or young person is placed in care away from their parents. It includes placement in kinship care, home-based care such as foster care and residential care. For these children, the State of Victoria is their legal parent, and with this comes the responsibilities of a parent to care for and protect them, and to ensure that they have access to all the services they need for their immediate and longer term benefit (Early Childhood Agreement on Out-of-Home Care – refer to Sources).

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that all policies of Hume City Council Early Years Services, including Inclusion and Equity, Code of Conduct and the Privacy and Confidentiality Policy are adhered to at all times	R	R			
Ensuring that the service provides a safe, inclusive and empowering environment which celebrates diversity through positive, respectful and appropriate behaviour when working with children and families (refer to Code of Conduct Policy and Interactions with Children Policy)	R	R	✓		✓
Promoting cultural awareness in all children, including greater understanding of Aboriginal & Torres Strait Islander ways of knowing & being	R	✓	✓		✓
Actively supporting and facilitating participation and inclusion at Hume City Council Early Years Services by Aboriginal and Torres Strait Islander children, young people and their families	R	✓	✓		✓
Creating a culturally safe environment for Aboriginal and Torres Strait Islander children and young people	R	✓	✓		✓
Ensuring that facilities are designed or adapted to support access by every child, family, educator and staff member, including adaptive equipment to support the inclusion of all children	R	R	✓		✓
Encouraging collaborative, family-centred practice (refer to Definitions) at the service which facilitates the inclusion and active participation of both the child and the family at the service	R	✓	✓		✓
Using family-centred practice (refer to Definitions) and working collaboratively with staff, parents/guardians, specialist services and other professionals to implement the program at the service and provide individualised support for children	R	R	✓		✓
Providing families with information about the support options available for children attending Hume City Council Early Years Services	R	✓	✓		
Ensuring that service programs are available and accessible to families from a variety of backgrounds (refer to Curriculum Development policy)	R	R	✓		✓
Ensuring that educational programs are delivered in accordance with an approved learning framework, are based on the developmental needs and experiences of each child, and take into account the individual differences of each child (refer to Sources)	R	R	✓		✓
Providing an educational program that is reflective of the service's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion (refer to Sources)	R	R	✓		✓
Ensuring that the program provides opportunities for all children to participate and interact with one another	✓	✓	✓		✓
Ensuring there are quiet and reflective spaces for children, educators and families	R	✓			
Embedding social and emotional learning in the service program and practice, and teaching children to care for their own mental health (refer to Mental Health and Wellbeing Policy)	✓	✓	✓		✓
Ensuring the diversity and interests of the children, families, educators and staff are reflected in the physical environment	✓	✓	✓		✓
Actively supporting and encouraging children's ability to express their culture and enjoy their cultural rights	R	✓	✓		✓

Recognising multilingualism as an asset and support children to maintain their first language, learn English as an additional language, and languages other than English	✓	✓	✓		✓
Critically reflecting on practice to ensure that interactions and programs embrace an approach in which children and families feel valued and respected and that their contributions are welcomed	R	R	✓		✓
Providing opportunities for families to contribute to the program as key partners	R	R	✓		✓
Identifying and supporting children with additional needs and ensuring that service programs are inclusive of all children with additional needs	R	✓	✓		✓
Ensuring service programs are inclusive of all children with medical conditions	R	✓	✓		✓
Ensuring that parents/guardians are consulted, kept informed and provide written consent, where individualised programs, action, support or intervention are planned and provided for their child	R	✓	✓	✓	
Ensuring that individualised programs incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child's education and care	✓	✓	✓	✓	✓
Responding to the needs and concerns of parents/guardians, and providing support and guidance where appropriate	✓	✓	✓		✓
Responding to requests from educators for written permission to arrange for an assessment, collect reports on their child and to speak to service providers about their child				✓	
Being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child				✓	
Reviewing and evaluating individualised support programs in consultation with all people involved in the child's education and care	✓	✓	✓		✓
Implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required (refer to Child Safe Environment Policy)	✓	✓	✓		✓
Ensuring that cultural values and expectations about health and wellbeing are respected	R	✓	✓		✓
Ensuring that all eligible three year old Aboriginal and Torres Strait Islander children, children from a refugee and asylum seeker background and children known to Child Protection are supported to access the Early Start Kindergarten program (refer to Definitions)	R	R			
Ensuring that the enrolment process is fair and equitable and facilitates access for all children (refer to Enrolment and Orientation policy)	R	✓	✓		
Tailoring the orientation process to meet the individual needs of children and families (refer to Enrolment and Orientation Policy)	R	✓	✓		
Identifying the barriers to participation in service programs and activities, and developing strategies to overcome these barriers	✓	✓	✓		
Understanding children's diverse circumstances, and providing support and responding to those who are vulnerable	R	R	✓		✓
Attending to any adjustments to provide equal protection for all children (refer to Child Safe Environment Policy)	R	R	R		R
Ensuring that all staff have access to appropriate and accredited professional development activities that promote a positive understanding of diversity, inclusion and equity, and mental health and wellbeing, and provide skills to assist in implementing this policy (refer to Staffing policy)	✓	✓			
Ensuring that the nominated supervisor and all staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour when working with children and families (refer to Code of Conduct and Interactions with Children policies)	R				
Encouraging and supporting other educators, staff and families as role models to demonstrate positive and respectful relationships, and positive mental health and wellbeing	R	✓			
Providing information to families about local parenting and family services, mental health and wellbeing and other resources that are available to support the health and wellbeing of children and families	✓	✓	✓		
Providing service information in various community languages wherever possible	✓	✓			

Using language services (refer to Sources) to assist with communication where required and considering the employment of a multilingual worker(s) to meet the needs of culturally and linguistically diverse (CALD) families	✓	✓			
Working with the nominated supervisor and educators to ensure appropriate program planning and resourcing for children with additional needs (refer to Definitions)	✓	✓			
Where practicable accessing resources, support and professional development to facilitate inclusion of children with additional needs who are ineligible for specific support packages	✓	✓			
Organising appropriate resources and accredited professional development for educators to enable all children to be included at the service, and to understand when and how to refer children to additional support	✓	✓			
Developing partnerships with other education and care settings and schools to enable children to move successfully from one setting to another	✓	✓			
Ensuring collaborative relationships with specialised services and professionals to provide support and services for families and children with a disability, complex medical needs and/or developmental delay	✓	✓	✓		
Ensuring racism within the organisation is identified, confronted and not tolerated	R	R	✓		✓
Ensuring that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against	R	R			
Ensuring that any behaviour or circumstance that may constitute discrimination or prejudice are dealt with in an appropriate manner (refer to Compliments and Complaints Policy)	R	R			
Notifying the Approved Provider of any behaviour or circumstances that may constitute discrimination, bullying, harassment or prejudice		✓	✓	✓	✓
Ensuring there are clear referral options and pathways for children, staff, educators and families to access support services for mental health and wellbeing	R	R			
Developing links with other services and/or professionals to support mental health and wellbeing, children with additional needs and have referral pathways in place	✓	✓	✓		
Ensuring that educators and staff are supported to learn about and care for their own mental health and wellbeing	R	R			
Ensuring that mental health and wellbeing information and policy requirements are included in educator and staff orientation/induction	R	R			
Ensuring that leadership practices and on-the-ground support enable a work environment that minimises stress and promotes mental health and wellbeing for educators and staff (refer to Mental Health and Wellbeing Policy)	R	R			

Sources and Related Policies

Sources

Commission for Children and Young People, Child Safe Standards:

www.ccypp.vic.gov.au

Early Childhood Agreement for Children in Out-of-Home Care (January 2019). Endorsed by the Department of Education and Early Childhood Development, the Department of Human Services, Municipal Association of Victoria, Early Learning Association Australia, Victorian Aboriginal Child Care Agency, Victorian Aboriginal Children and Young Peoples Alliance, Centre for Excellence in Child and Family Welfare, Community Child Care Association, VIC TAS Primary Health Network Alliance, Victorian Healthcare Association and Victorian Aboriginal Education Association Incorporated: www.education.vic.gov.au

Early Childhood Australia (ECA) and Early Childhood Intervention Australia's (ECIA) Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care – available at: Search 'statement on inclusion of children with disability' at: www.earlychildhoodaustralia.org.au/our-work/inclusion-resources/

fka Children's Services www.fka.com.au

Guide to the National Quality Framework: www.acecqa.gov.au

Guide to the National Quality Standard: www.acecqa.gov.au

Be You: <https://beyou.edu.au>

KidsMatter: www.kidsmatter.edu.au

The Kindergarten Funding Guide (DE): www.education.vic.gov.au

Victorian Early Years Learning and Development Framework Principle Practice Guide 1: Family-centred and Practice Guide Four: Equity and Diversity: www.education.vic.gov.au

Related Policies

- ✓ Anaphylaxis and Allergic Reactions
- ✓ Child Safe Environment and Wellbeing
- ✓ Compliments and Complaints
- ✓ Dealing with Infectious Diseases
- ✓ Diabetes
- ✓ Epilepsy
- ✓ Fees
- ✓ Nutrition, Oral Health and Active Play
- ✓ Privacy and Confidentiality

- ✓ Asthma
- ✓ Code of Conduct
- ✓ Educational Program
- ✓ Dealing with Medical Conditions
- ✓ Enrolment and Orientation
- ✓ Excursions and Service Events
- ✓ Interactions with Children
- ✓ Occupational Health and Safety
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary due to risk (Regulation 172(2))

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Acceptance and Refusal of Authorisations

Quality Area 2

Purpose

This policy outlines procedures to be followed when:

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

Policy Statement

Values

Hume City Council is committed to:

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

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council.

Background and Legislation

Background

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

- self-administration of medication (if applicable)(Regulation 96)
- children leaving the service premises (Regulation 99)
- children being taken on excursions (Regulation 102)
- transport provided or arranged by the service (Regulation 102D)
- seeking medical treatment for children and transportation by an ambulance service (Regulation 161).

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

This policy outlines procedures to be followed when refusing a written authorisation from a parent/guardian or person authorised and named in the enrolment record. As an example, the National Law does not specify the minimum age of a person who is authorised to collect a child from the service premises. After consulting with parents/guardians and families, the Approved Provider may adopt a policy position accepting authorisations for persons under the age of 18 to collect a child from the service. This decision will then be outlined in the service's Delivery and Collection of Children Policy. In the event that the service receives written authorisation for a person under the age specified in its Delivery and Collection of Children Policy, to collect a child from the service, the procedures outlined below for refusing this written authorisation would be enacted.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations 2011
- Family Law Act 1975 (Cth)
- National Quality Standard, Quality Area 2: Children's Health and Safety

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

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

Definitions

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

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that parents/guardians are provided access to all service policies	R	✓	✓		
Ensuring that all staff and parents/guardians follow the policies and procedures of the service	R	✓	✓	✓	
Ensuring the authorisations are kept up to date	R	✓		✓	
Ensuring that all parents/guardians have completed the authorised nominee section of their child’s enrolment record (refer to Enrolment and Orientation Policy), and that the form is signed and dated before the child commences at the service	R	✓	✓		
Ensuring that permission forms for excursions are provided to the parent/guardian or authorised nominee prior to the excursion (refer to Excursions and Service Events Policy)	R	R	✓		
Ensuring ECT/educators/staff allow a child to participate in an excursion or regular outing only with the written authorisation of a parent/guardian or authorised nominee (refer to Definitions) including details required under Regulation 102(4)&(5), 161 (refer to Excursions and Service Events Policy)	R	R	✓		
Ensuring that where children require medication to be administered by ECT/educators/staff, this is authorised in writing, signed and dated by a parent/guardian or authorised nominee, and included with the child’s medication record (refer to Definitions) (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy) Regulations 92(3)(b)	R	✓	✓		
Ensuring ECT/educators/staff do not administer medication without the authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Dealing with Medical Conditions Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Policy and Anaphylaxis Policy)	R	✓	✓		
Ensuring that all parents/guardians have completed the authorised nominee section of their child’s enrolment record (refer to Enrolment and Orientation Policy), for authorisation for seeking medical treatment and transportation of the child by an ambulance service (Regulation 160(1)(b))	R	✓	✓	✓	
Ensuring that all parents/guardians have completed the authorised nominee section of their child’s enrolment record (refer to Enrolment and Orientation Policy), for authorisation for the transportation of the child or arranging transportation of the child (Regulation 120D, 160(3)(vi))	R	✓	✓	✓	
Ensuring that an attendance record (refer to Definitions) is maintained to account for all children attending the service	R	✓	✓		
Keeping a written record of all visitors to the service, including time of arrival and departure	R	✓			
Ensuring the Approved Provider when a written authorisation does not meet the requirements outlined in service policies		✓	✓		
Ensuring children depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy) Regulation 99, 160, National Law: Section 167	R	R	✓		

Ensuring the service is aware of any contact orders prohibiting an adult from contacting an enrolled child, and keeping a copy of the court orders with the child's enrolment record (Regulation 160)	R	R	✓		
Ensuring processes are in place for circumstances where authorisations are refused/not applicable - for example: <ul style="list-style-type: none"> where the service is asked to administer medication that is not in its original container (Regulation 95) when leaving the service, the parent, authorised nominee or person listed in Regulation 99 does not appear to be fit to take the child the child has been given authorisation to leave the service alone, however, the environment they would be in is unsafe 	R	✓			
Ensuring that there are procedures in place if an inappropriate person (refer to Definitions) attempts to collect a child from the service (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy) National Law: Section 167	R	R			
Enacting procedures for dealing with a written authorisation that does not meet the requirements outlined in service policies (refer to Procedures)	R	✓	✓		
Completing and signing the authorised nominee section (refer to Definitions) of their child's enrolment record (refer to Enrolment and Orientation Policy) before their child commences at the service				✓	
Signing and dating permission forms for excursions				✓	
Signing the attendance record (refer to Definitions) as their child arrives at and departs from the service				✓	
Providing written authorisation where children require medication to be administered by educators/staff, and signing and dating it for inclusion in the child's medication record (refer to Definitions).				✓	

Sources and Related Policies

Sources

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

Related Policies

- ✓ Administration of First Aid
- ✓ Child Safe Environment and Wellbeing
- ✓ Delivery and Collection of Children
- ✓ Enrolment and Orientation
- ✓ Incident, Injury, Trauma and Illness
- ✓ Road Safety Education and Safe Transport
- ✓ Administration of Medication
- ✓ Dealing with Medical Conditions
- ✓ Emergency and Evacuations
- ✓ Excursions and Service Events
- ✓ Nutrition, Oral Health and Active Play

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary due to risk (Regulation 172(2))

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Administration of First Aid

Quality Area 2

Purpose

This policy will provide guidelines for the administration of first aid at all Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council is committed to:

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

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

First aid can save lives and prevent minor injuries or illnesses from becoming major ones. The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

The Education and Care Services National Regulations 2011 state that an Approved Provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the Education and Care Services National Law Act 2010, the Australian Children's Education and Care Quality Authority (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: www.acecqa.gov.au. As a demonstration of duty of care and best practice all educators must have current approved first aid qualifications.

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Section 167, 169
- Education and Care Services National Regulations 2011: Regulations 86, 87, 89, 98, 136, 137(1)(e), 147, 161(1)(a)(i)(ii), 168(2)(a)(iv), 174, 175, 176
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

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

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

Definitions

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

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

Current first aid qualification: is taken to be current if:

- cardiopulmonary resuscitation training that forms part of the approved first aid qualifications was completed within the previous year
- first aid qualification was completed within the previous three years
- anaphylaxis management training was completed within the previous three years
- emergency asthma management was completed within the previous three years

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

First aid kit: The Compliance Code First aid in the workplace, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit (refer to Attachment 3). The Compliance Code First aid in the workplace is available at: www.worksafe.vic.gov.au

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation (DRSABCD). The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: <https://resus.org.au/guidelines/flowcharts-3/>

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Nominated First Aid Officer	Families	Contractors, Volunteers and Students
Ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (National Law: Section 167)	R	R	✓			
Assessing the first aid requirement for the service (Attachment 3). A first aid risk assessment can assist with this process (Attachment 4).	R	✓		✓		
Ensuring that the following qualified people are in attendance at all times at any place children are being educated and cared for by the service and immediately available in an emergency (Regulation 136): <ul style="list-style-type: none"> • at least one staff member or one nominated supervisor of the service who holds a current (refer to Definitions) approved first aid qualification • at least one staff member or one nominated supervisor of the service who has undertaken current (refer to Definitions) approved anaphylaxis management training • at least one staff member or one nominated supervisor of the service who has undertaken current (refer to Definitions) approved emergency asthma management training 	R	✓				
(Note: this is a minimum requirement. As a demonstration of duty of care and best practice, Hume City Council requires that all educators have current approved first aid qualifications, anaphylaxis management training and asthma management training.)						

Ensuring first aid requirements are met when transporting children as part of the education and care service, and must be met in each vehicle (Regulation 136)	R	✓	✓			
Ensuring that the prescribed educator to child ratios are met at all times (Supervision of Children Policy)	R	✓	✓			
Appointing a staff member or nominated supervisor to be the nominated first aid officer. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees	R	✓				
Advising families that a list of first aid and other health products used by the service is available for their inspection, and that first aid kits can be inspected on request	R	✓	✓	✓		
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits (Attachment 3) with in-date products that meet Australian Standards (refer to Definitions). The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit (Regulation 89)	R	✓		✓		
Ensuring procedures are developed for the regular monitoring of all first aid kits (Regulation 89)	R	✓		✓		
Ensuring that services with defibrillators are maintained and regularly tested and services, including cyclical replacement of pads and batteries as per manufacturers specifications	R					
Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101, 102B, 102C) Refer to Excursions and Service Events Policy and Road Safety and Safe Transport Policy	R	✓	✓			
Ensuring that the Ambulance Victoria AV How to Call Card (refer to Sources) is displayed near all telephones or in a visible location	✓	✓	✓			
Providing and maintaining a portable first aid kit that can be taken off site for excursions and other activities (Attachment 3)	R	✓	✓	✓		
Ensuring that first aid training details and renewal dates, are recorded on each staff member's record (Regulation 146, 147)	R	✓				
Ensuring safety signs showing the location of first aid kits are clearly displayed (Attachment 3)	R	✓		✓		
Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements	R	✓				
Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record (refer to Definitions)	R	✓	✓			
Notifying the Department of Education (DE) within 24 hours of a serious incident (refer to Definitions) occurring at the service	R	✓				
Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (refer to Incident, Injury, Trauma and Illness Policy)	✓	✓				
Ensuring a resuscitation flow chart (refer to Definitions) is displayed in a prominent position in the indoor and outdoor environments of the service (Attachment 1)	✓	✓		✓		
Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.	R	✓				
Implementing appropriate first aid procedures when necessary (Attachments 1 and 2)		✓	✓	✓		
Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management as required (refer to Definitions)		R	R	R		
Practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)		R	R	R		

Ensuring that all children are adequately supervised (refer to the Supervision of Children Policy) while providing first aid and comfort for a child involved in an incident or suffering trauma (Attachment 2)	R	✓	✓			
Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record (refer to Definitions) no later than 24 hours after the occurrence (refer to Incident, Injury, Trauma and Illness Policy)	R	✓	✓			
Ensuring the parent/guardian reads and signs the Incident, Injury, Trauma and Illness Record		✓	✓			
Ensuring all out-of-date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called the National Return and Disposal of Unwanted Medicines Limited: https://returnmed.com.au	✓	✓	✓	✓		
Providing the required information on the service's medication record (refer to Definitions) when a child requires administration of medication (refer to Administration of Medication Policy)					R	
Notifying the service of any medical conditions or specific medical treatment required for their child. Where necessary, in consultation with staff, develop appropriate medical management plans and risk minimisation plans (e.g., asthma and anaphylaxis) and provide any required medication (refer to Asthma Policy and Anaphylaxis Policy)					R	
Providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required					R	
Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid					✓	

Sources and Related Policies

Sources

Ambulance Victoria: www.ambulance.vic.gov.au

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

Australian Red Cross: www.redcross.org.au

St John Ambulance Australia (Vic): www.stjohnvic.com.au

First aid in the workplace: www.worksafe.vic.gov.au

Related Policies

- ✓ Administration of Medication
- ✓ Asthma
- ✓ Dealing with Infectious Diseases
- ✓ Diabetes
- ✓ Epilepsy and Seizures
- ✓ Incident, Injury, Trauma and Illness
- ✓ Staffing
- ✓ Anaphylaxis and Allergic Reactions
- ✓ Child Safe Environment and Wellbeing
- ✓ Dealing with Medical Conditions
- ✓ Emergency and Evacuation
- ✓ Excursions and Service Events
- ✓ Road Safety and Safe Transport

Evaluation

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

- regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review the first aid procedures following an incident to determine their effectiveness
- regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- keep the policy up to date with current legislation, research, policy and best practice
- consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172(2))

Attachments

Attachment 1: Basic Life Support Flow Chart

Attachment 2: First Aid Responder's Role

Attachment 3: Minimum requirements for a first aid kit

Attachment 4: Sample first aid risk assessment form

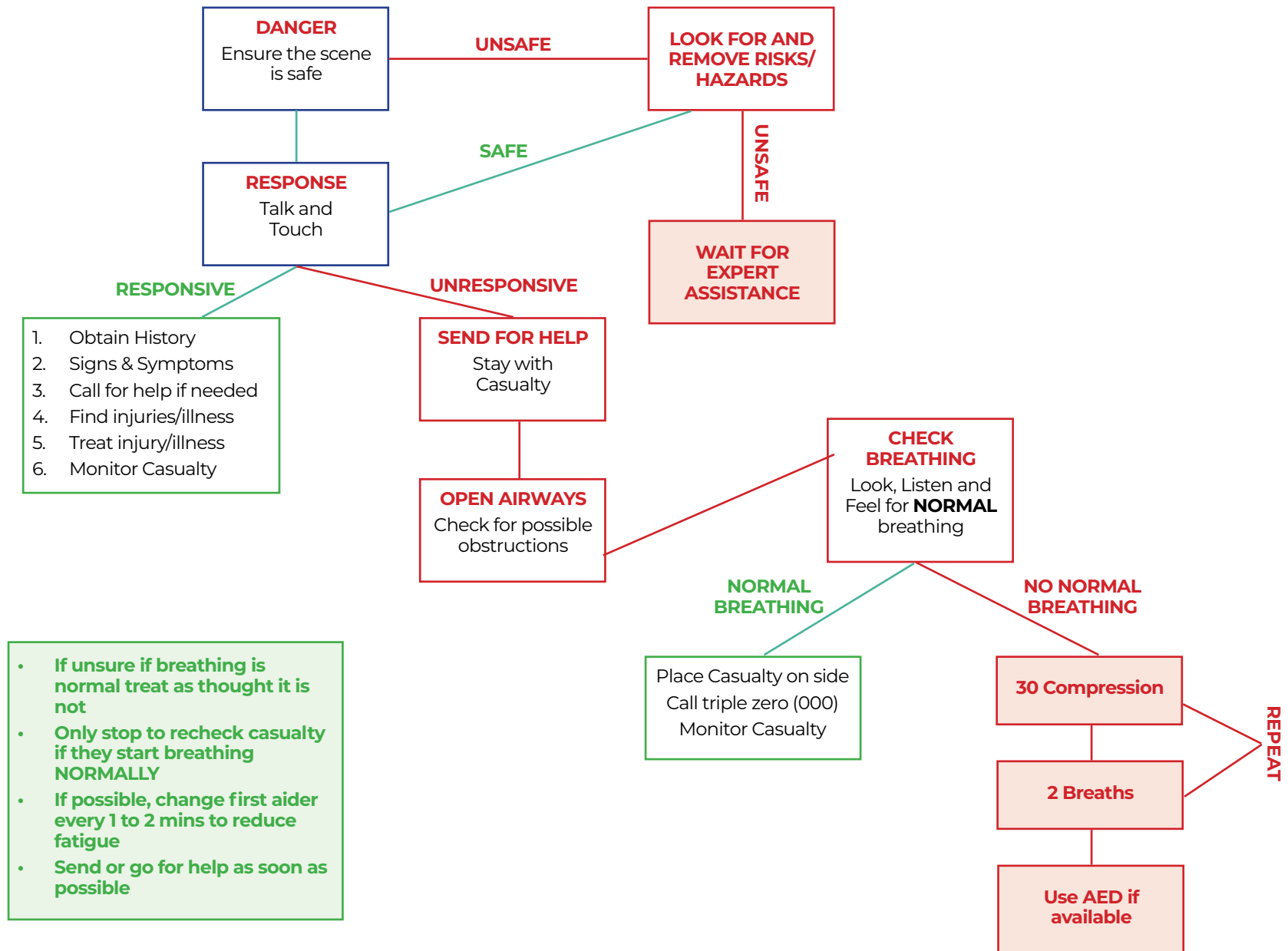
Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Basic Life Support Flow Chart



- If unsure if breathing is normal treat as though it is not
- Only stop to recheck casualty if they start breathing NORMALLY
- If possible, change first aider every 1 to 2 mins to reduce fatigue
- Send or go for help as soon as possible

ATTACHMENT 2

First Aid Responders Role

The following circumstances are examples of, but not limited to, when first aid is required until assistance from a qualified health professional becomes available:

- Life threatening injury or illness
- Choking/blocked airway
- Anaphylactic reaction to an allergen, e.g., nuts, eggs
- Bleeding
- Bone Fracture
- Convulsions and/or high temperature
- Injury to head, eye or back
- Asthma attack
- Excess vomiting and diarrhoea presenting a risk of dehydration
- Loss of consciousness
- Burns, which includes sunburn
- Poisoning from hazardous chemicals, plants, substances, and
- Bites from spiders, insects or snakes

In a medical emergency Educators/First Aid Responder needs to:

- Attend immediately to an injured/ill child or individual and implement appropriate first aid management.
- Assess if there is a need for an ambulance to attend and call 000 for attendance or advise a co-worker to make the call.
- Identify any risks in the immediate area and minimise/eliminate these.
- Implement any medical condition action plans that are required if a child with a diagnosed medical condition is involved.
- Monitor the child's/individual's condition and maintain appropriate first aid support if required until further assistance is available from qualified health professionals.
- Ensure that arrangements are made to remove the child/individual as soon as possible in the interests of the health, safety and wellbeing of that child and others.
- Notify as soon as practicable the parents/guardians of a child involved in a serious medical emergency or accident.
- Document as soon as practicable the incident details on the Incident, Injury, Trauma and Illness Record as per the Incident, Injury, Trauma and Illness Policy
- Notify DE within 24 hours of a serious incident (refer to Definitions) occurring at the service

- In the case of a serious accident/injury of an adult, as far as practicable, the scene of the accidents should not be touched as it may need to be inspected by an inspector from WorkSafe
- Notify WorkSafe if a serious workplace injury has occurred as soon as practicable possible and in writing within 48 hours of the accident occurring.
- In the event of anaphylaxis, the used adrenaline autoinjectors to be given to the ambulance officer attending the scene, with the date and time it was used.

ATTACHMENT 3

First Aid Kit Guidelines

First Aid Kits should:

- not be locked.
- be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service (refer to Note)
- be easy to access and if applicable, located where there is a risk of injury occurring, with no longer than a minute to reach, including time required to access secure areas
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit.
- be regularly checked using the First Aid Kit Checklist Guidelines to ensure the contents are as listed and have not deteriorated or expired (refer to First Aid Kit Checklist Guidelines).
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- display emergency telephone numbers, the phone number and location of the service
- be checked regularly (at beginning of each term) to ensure they are fully stocked, no products have expired and the contents replenished as necessary

First Aid kits must be taken on excursions and First Aid qualified ECTs or educators must be in attendance.

Note: When determining how many First Aid Kits are 'appropriate', the service should consider the number of children in attendance as well as the proximity of rooms to each other and the distances from outdoor spaces to the nearest First Aid Kit. For example, larger services may require a kit in each room or outside space, whereas a kit between two rooms might be appropriate in a smaller service with adjoining rooms.

First Aid kit checklist guidelines

The below checklist is a framework to guide implementation. The Compliance Code: First Aid in the workplace by WorkSafe Victoria states the employer needs to determine the appropriate contents and quantity of a first aid kit for their workplace.

Suggested contents include, but are not limited to:

- ✓ Basic First Aid Guide and CPR Chart
- ✓ Disposable Gloves
- ✓ Resuscitation Mask/Face Shield
- ✓ Individual sterile adhesive dressings (band aids)
- ✓ Compression Bandages and Sterile Eye Pads
- ✓ Sterile Coverings for Serious Wounds
- ✓ Triangular Bandages
- ✓ Safety Pins
- ✓ Small sterile unmedicated wound dressings
- ✓ Emergency accident blanket/space blanket
- ✓ Thermometer
- ✓ Medium Sterile unmedicated wound dressings
- ✓ Instant Cold Pack
- ✓ Large Sterile unmedicated wound dressings
- ✓ Non allergenic tape and Crepe Bandages
- ✓ Emesis Bag
- ✓ Scissors and Tweezers
- ✓ Notebook for recording details of first aid provided
- ✓ Sterile Saline Solution
- ✓ Plastic Bags for Disposal
- ✓ Sharps Container
- ✓ Black Permanent Marker

Asthma first aid:

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

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

Standard Portable First Aid Kit

Suggested contents include, but not limited to:

- ✓ Basic First Aid Guide and CPR Chart
- ✓ Plastic Bags for Disposal
- ✓ Gloves
- ✓ Emesis Bag
- ✓ Sterile Saline Solution
- ✓ Compression bandages and individually wrapped sterile adhesive dressings (e.g., band aids)
- ✓ Emergency accident blanket/space blanket
- ✓ Resuscitation Mask/Face Shield
- ✓ Scissors
- ✓ Instant Cold Pack
- ✓ Notebook for recording details of first aid provided

Emergency Backpack

Suggested contents include, but not limited to:

- ✓ Parent contact information including authorisations
- ✓ List of children/staff with additional/medical needs
- ✓ Facility keys (including gates/padlock keys)
- ✓ Portable non-perishable snacks (check use by date)
- ✓ Whistle
- ✓ Copy of facility site plan/EMP with evacuation routes
- ✓ Sunscreen and spare sunhats
- ✓ Plastic garbage bags
- ✓ Staff Emergency Contact Information
- ✓ Portable battery powered radio (batteries checked)
- ✓ Standard portable First Aid Kit
- ✓ Torch (batteries checked and/or charged)
- ✓ Children's enrolment records
- ✓ Bottled water (use by date checked)
- ✓ Toiletry supplies
- ✓ Traffic/emergency safety vest and tabards

ATTACHMENT 4

First Aid Risk Assessment

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

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

Recommendations

Reference Number	Recommendation	Responsibility and Time Frame

Names of those responsible for completing this form

Name: _____

Signed: _____

Date: _____

Name: _____

Signed: _____

Date: _____

Date for Next Review: _____

Administration of Medication

Quality Area 2

Purpose

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending any Hume City Council Early Years Service
- storage of medication
- responsibilities of staff, parents/guardians and the Approved Provider to ensure the safe administration of medication at all Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and other persons attending the service
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements
- protecting child privacy and ensuring confidentiality
- maintaining a duty of care to children at the service

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Authorisation to administer medication

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

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the Anaphylaxis Policy and Asthma Policy. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (Regulation 94). In these instances, notifications of serious incidents (refer to Definitions) must be made to the regulatory authority (DE)(refer to Definitions) as soon as is practicable but not later than 24 hours after the occurrence (National Law: Section 174(2), Regulation 175, 176)(refer to Incident, Injury, Trauma and Illness Policy)

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

Administration of medication

The Approved Provider must ensure that when early childhood teachers/educators administer medication, they must follow the guidelines of this policy and the procedures outlined in Attachment 1. A medication record must be completed with the following information:

- the name of the child
- the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- the name of the medication to be administered
- the time and date the medication was last administered
- the time and date or the circumstances under which the medication should be next administered
- the dosage of the medication to be administered
- the manner in which the medication is to be administered
- if the medication is administered to the child:
 - the dosage that was administered
 - the manner in which the medication was administered
 - the time and date the medication was administered
 - the name and signature of the person who administered the medication
 - the name and signature of the person who checked the dosage, if another person is required under Regulation 95 to check the dosage and administration of the medication.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)
- Therapeutic Goods Act 1989 (Cth)

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

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

Definitions

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

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

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

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

Injury: Any harm or damage to a person.

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

Non-prescribed medication/over the counter medication: Refers to medicine you can buy without a prescription, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional, such as a naturopath.

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

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that parents/guardians are provided with access to this policy	R	✓	✓		
Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours	R	✓	✓		
Ensuring that at least one educator on duty has a current approved first aid qualification, anaphylaxis management training and asthma management training (Regulation 136) (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, Hume City Council requires that all educators have current approved first aid qualifications, anaphylaxis management training and asthma management training.)	R	✓			
Ensuring that all staff are familiar with the procedures for the administration of medication (refer to Attachment 1)	R	✓	✓		
Ensuring that each child’s enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child (Regulation 160(3)(iv))	R	✓	✓		
Ensuring that medication is only administered to a child being educated and cared for by the service when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency (Regulations 93, 94)	R	✓	✓		
Ensuring that a medication record (refer to Sources) meets the requirements set out in Regulation 92(3) and is always available for recording the administration of medication to children at the service	R	✓	✓		
Ensuring that all details in the medication record (refer to Sources) have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication	R	✓	✓		
Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d))	R	✓	✓		
Ensuring that the medication is administered in accordance with Regulation 95, and 96 if relevant (refer to Attachment 1)	R	R	R		
Informing the ECT or educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service				✓	
Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided				✓	
Ensuring that no medication or over-the-counter (refer to Definitions) products are left in their child’s bag or locker				✓	
Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)	R	✓	✓		✓

Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))	R	✓	✓		
Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))	R	✓	✓		
Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))	R	✓	✓		✓
Being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form (Regulation 162), and displayed for use by those caring for children (being sensitive to privacy requirements)	R	✓	✓		✓
Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency				✓	
Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (refer to Attachment 1)	✓	✓	✓		
Documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)	✓	✓			
Informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, staff forgot to administer the medication or the medication was administered at the wrong time. Staff must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs	R	✓	✓		✓
Informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use	✓	✓	✓		
Clearly labelling non-prescription medications and over-the-counter products (for example sun block and nappy cream) with the child's name. The instructions and use-by dates must also be visible		✓	✓		✓
Informing parents/guardians that paracetamol is not supplied by Hume City Council and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2)	✓	✓	✓		
Ensuring medication is taken home at the end of each session/day. Unless the medication is stored at the service as part of the child's medical management plan (refer to Dealing with Medical Conditions Policy)		✓	✓	✓	✓

Sources and Related Policies

Sources

Australian Children's Education and Care Quality Authority (ACECQA), Medication Record sample template: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>

Allergy & Anaphylaxis Australia: <https://allergyfacts.org.au/>

Asthma Australia: www.asthma.org.au

Department of Health: <https://www2.health.vic.gov.au/>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au

Guide to the National Quality Standard (ACECQA): www.acecqa.gov.au

Healthdirect: www.healthdirect.gov.au

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Anaphylaxis and Allergic Reactions
- ✓ Dealing with Infectious Diseases
- ✓ Diabetes
- ✓ Epilepsy
- ✓ Incident, Injury, Trauma and Illness
- ✓ Administration of First Aid
- ✓ Asthma
- ✓ Dealing with Medical Conditions
- ✓ Enrolment and Orientation
- ✓ Excursions and Service Events
- ✓ Privacy and Confidentiality

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Procedures for the Safe Administration of Medication

Attachment 2: Administration of Paracetamol

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Procedures for the Safe Administration of Medication

Medication can **only** be administered:

- if it has been prescribed by a registered medical practitioner, from its original container with the original label including the name of the child for whom it is prescribed, before the expiry or use-by date, or
- from its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

Two staff, one of whom must be an educator, are responsible for the administration of any medication¹. At least one of these persons must hold a current approved first aid qualification.

One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication (Regulation 95(c)).

Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication:

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
3. Check that prescription medication:
 - is in its original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it (if the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
4. Check that non-prescription medication:
 - is in the original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record

- has the child's name on it
- is the required dosage, as listed in the medication record
- has not passed its expiry date.

When administering the medication, ensure that:

- the identity of the child is confirmed and matched to the specific medication
- the correct dosage is given
- the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
- both staff members complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
- one person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication and monitor the effect of the medication (Regulation 95(c))
- inform the parent/guardian on arrival to collect the child that medication has been administered and ensure that the parent/guardian completes the required details in the medication record.

¹Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children.

Administration of medication for ongoing medical conditions

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

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

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

ATTACHMENT 2

Administration of Paracetamol/Ibuprofen

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

There may be times when a child develops a fever and/or becomes unwell while at the service. It is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child, and taking a precautionary approach, request the parent/carer collect their child from the service as soon as possible.

If a child has any of the following symptoms of coronavirus (COVID-19) outlined below, however mild, they should get tested and must remain at home until they receive their results:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell and taste
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

If a staff member is unsure whether a child is unwell, a trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.

While the service is waiting for the child who may be experiencing compatible symptoms with coronavirus (COVID-19) to be collected by the parent/guardian, staff will use precautionary measures, such as:

- isolate the unwell child in an appropriate space with suitable supervision
- encourage the intake of fluids, to keep the child cool, comfortable and well hydrated
- practice hand hygiene, physical distancing and where possible utilise a face mask
- face masks should not be used in situations where a child is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children)
- follow the cleaning protocols of your COVID Safe Plan to ensure the area the child was waiting is disinfected.

Children with persistent symptoms due to underlying conditions such as hay fever or asthma whose symptoms are clearly typical of their condition can continue to attend the service. Parents should consider getting a medical certificate from their GP to attend the service if they have persistent symptoms that may overlap with symptoms of COVID-19 such as cough or runny nose.

If a child requires paracetamol and has returned a COVID negative result, families will be required to provide written and signed consent for the administration paracetamol.

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

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

References

Victorian State Government (February 2021), Managing illness in schools and early childhood:

<https://www.coronavirus.vic.gov.au/managing-unwell-child-or-staff-member>

Royal Children's Hospital Melbourne (July 2020), Fever in children:

https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Royal Children's Hospital Melbourne (July 2020), Pain relief for children – paracetamol and ibuprofen:

https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/

Anaphylaxis and Allergic Reactions

Quality Area 2

This policy was reviewed by the Australasian Society of Clinical Immunology & Allergy - Allergy & Anaphylaxis Australia Inc. Visit: <https://www.nationalallergystrategy.org.au>.

Purpose

This policy will provide guidelines to:

- minimise the risk of an allergic reaction including in anaphylaxis occurring while children are in the care of any Hume City Council Early Years Service
- ensure that service staff respond appropriately to allergic reactions including anaphylaxis by following the child's ASCIA action plan for Anaphylaxis and ASCIA action plan for Allergic Reactions
- raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation
- working with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in understanding risks and identifying and implementing appropriate risk minimisation strategies and communication plan to support the child and help keep them safe

This policy should be read in conjunction with the Dealing with Medical Conditions Policy and Incident, Injury, Trauma and Illness Policy.

Policy Statement

Values

Hume City Council believes that the safety and wellbeing of children who have allergic reactions and/or are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- ensuring that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child
-

- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

This policy will apply regardless of whether a child is diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

Background and Legislation

Background

Anaphylaxis is a severe and life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common causes of allergic reaction in young children are foods, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or communicate the symptoms of anaphylaxis. With planning and training, many reactions can be prevented, however when a reaction occurs, good planning, training and communication can ensure the reaction is treated effectively by using an adrenaline injector (EpiPen® or Anapen®).

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

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

Approved anaphylaxis management training is listed on the ACECQA website (refer to Sources). This includes ASCIA anaphylaxis e-training for Australasian children's education and care services, which is an accessible, evidence-based, best practice course that is available free of charge. The ASCIA course is National Quality Framework (NQF) approved by ACECQA for educators working in ECEC services.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)

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

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

Definitions

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

Adrenaline injector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Two brands of adrenaline injectors are currently available in Australia - EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA Action Plan for Anaphylaxis (refer to Definitions) must be specific for the brand they have been prescribed. Staff should know how to administer both brands of adrenaline injectors.

Used adrenaline injectors should be placed in a hard plastic container or similar and given to the paramedics. Or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

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

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is

usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed. Almost always, food needs to be ingested to cause a severe allergic reaction (anaphylaxis) however, measures should be in place for children to avoid touching food they are allergic to.

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

Mild to moderate signs & symptoms:

- hives or welts
- tingling mouth
- swelling of the face, lips & eyes
- abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects

Signs & symptoms of anaphylaxis are:

- difficult/noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse (child pale or floppy)

Anapen®: A type of adrenaline injector (refer to Definitions) containing a single fixed dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Three strengths are available: an Anapen® 250 and an Anapen® 300 and Anapen® 500, and each is prescribed according to a child’s weight. The Anapen® 150 is recommended for a child weighing 7.5–20kg. An Anapen® 300 is recommended for use when a child weighs more than 20kg and Anapen® 500 may be prescribed for teens and young adults over 50kg. The child’s ASCIA Action Plan for Anaphylaxis (refer to Definitions) must be specific for the brand they have been prescribed (i.e. Anapen® or EpiPen®).

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

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

ASCIA Action Plan for Anaphylaxis/Allergic Reactions: A standardised emergency response management plan for anaphylaxis prepared and signed by the child’s treating, registered medical or nurse practitioner that provides the child’s name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of adrenaline injector prescribed for each child. Examples of plans specific to different adrenaline injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>.

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

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

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

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

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

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that an anaphylaxis policy, which meets legislative requirements (Regulation 90) and includes a risk minimisation plan (refer to Definitions)(Attachment 3) and communication plan (refer to Definitions), is developed and displayed at the service, and reviewed annually	R	✓			
Providing approved anaphylaxis management training (refer to Sources) to staff as required under the National Regulations	R	✓			
Ensuring at least one educator with current (within the previous 3 years) approved anaphylaxis management training (refer to Definitions) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137) (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, Hume City Council requires that all educators have current approved first aid qualifications, anaphylaxis management training and asthma management training.)	R	✓			
Ensuring that all ECT/educators approved first aid qualifications, anaphylaxis management training (refer to Sources) and emergency asthma management training are current (within the previous 3 years), meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to Sources)	R	✓			
Providing opportunities for ECT/Educators to undertake food allergen management training (refer to Sources)	✓	✓			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan (Attachment 4) and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities.	✓	✓	✓		✓
Ensuring ECT/educators and staff are aware of the procedures for first aid treatment for anaphylaxis (Attachment 4)	R	✓	✓		

Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the Anaphylaxis and Allergic Reactions Policy and the Dealing with Medical Conditions Policy (Regulation 91)	R	✓			
Ensuring that staff undertake ASCIA anaphylaxis refresher e-training (refer to Sources) practice administration of treatment for anaphylaxis using an adrenaline injector trainer (refer to Definitions) twice a year, and that participation is documented on the staff record	R	✓			
Ensuring details of approved anaphylaxis management training are included on the staff record (refer to Definitions), including details of training in the use of an adrenaline injectors (refer to Definitions) (Regulations 145,146, 147)	R	✓	✓		
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child	R	✓		✓	
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to Excursions and Service Events Policy)	R	✓	✓	✓	
Identifying children at risk during the enrolment process and informing staff	✓	✓	✓		
Following appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma (Regulation 87)	R	✓	✓		✓
In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled is responsible for:					
Displaying notice prominently at the service stating a child diagnosed as at risk of anaphylaxis is being cared for and educated by the service (Regulation 173(2)(f))	R	✓			
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis (Attachment 2) is completed	R	✓			
Ensuring that before the child begins orientation and attending the service, that the parents have provided a medical management plan (refer to Definitions), a risk minimisation and communication plan has been developed, and authorisation for any medication and medical treatment has been obtained	R	✓		✓	
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed by the child's doctor or nurse practitioner is provided by the parents and is included in the child's individual anaphylaxis health care plan	R	✓	✓		
Ensuring a risk management plan (refer to Definitions) (Attachment 3) and communications plan (refer to Definitions) are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 3) and is reviewed annually	R	✓	✓		
Ensuring individualised anaphylaxis care plans are reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) ensuring information is up to date & correct, and any new procedures for the special activity are included	✓	✓	✓		✓
Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff (Regulation 162)	R	✓	✓		
Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each child (Attachment 5)	✓	✓	✓		
Compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA Action and ASCIA Action Plan for Allergic Reactions Plan for anaphylaxis for each child	✓	✓	✓		
Ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	R	✓	✓		✓
Ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service	✓	✓	✓	✓	✓
Ensuring that the child's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	✓	✓	✓		

Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis		✓	✓		✓
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations (Attachment 4) and ensuring all staff are aware of the procedure	R	✓	✓		✓
Ensuring that the adrenaline injector is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat, sunlight and cold	R	✓	✓		✓
Ensuring adequate provision and maintenance of adrenaline injector kits (refer to Definitions)	R	✓	✓	✓	✓
Ensuring that ECT/educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit (refer to Definitions) along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis (refer to Excursions and Service Events Policy)	R	✓			
Ensuring that medication is administered in accordance with Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)	R	✓	✓		✓
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)	R	✓	✓		✓
Ensuring that a medication record is kept that includes all details required by (Regulation 92(3) for each child to whom medication is to be administered	R	✓	✓		✓
Ensuring that written notice is given to a parent/guardian as soon as practicable if medication is administered to a child in case of an emergency (Regulation 93 (2))	R	✓	✓		✓
Ensuring that children at risk of anaphylaxis are not discriminated against	R	✓	✓		✓
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	R	✓	✓		✓
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	R	✓	✓		✓
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	R	✓	✓		✓
Responding to complaints and notifying the Department of Education, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk	R	✓			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to Sources) First Aid Plan for Anaphylaxis poster in key locations at the service	✓	✓			
Displaying Ambulance Victoria's AV How to Call Card (refer to Definitions) near all service telephones	✓	✓			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans, from Attachment 1	R	✓			
Organising allergy awareness information sessions for parents/guardians of children enrolled at the service, where appropriate	✓	✓			
Providing age-appropriate education to all children including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.	✓	✓	✓		✓
Providing information to the service community about resources and support for managing allergies and anaphylaxis	✓	✓			
Providing support (including counselling) for ECT/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	✓	✓	✓		✓

Sources and Related Policies

Sources

ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website:

www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training

All about Allergens for Children's education and care (CEC) training:

<https://foodallergytraining.org.au/course/index.php?categoryid=5>

The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for anaphylaxis prevention and management in children's education and care and links to useful resources for ECEC services to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources:

<https://www.allergyaware.org.au/>

Allergy & Anaphylaxis Australia is a not-for-profit support organisation for individuals, families, children's education and care services and anyone needing to manage allergic disease including the risk of anaphylaxis. Resources include a telephone support line and items available for sale including adrenaline injector trainers. Many free resources specific to CEC are available: <https://allergyfacts.org.au>

The Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information, and resources on allergies. ASCIA Action Plans can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided however doctors must not be called during an emergency. Call triple zero (000) for an ambulance as instructed on the ASCIA Action Plan.

The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC:

<https://etraining.allergy.org.au/>

Department of Education (DE) provides information related to anaphylaxis and anaphylaxis training: <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx>

Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription when required. Kids Health Info fact sheets are also available from the website, including the Allergic and anaphylactic reactions Fact Sheet (July 2019): www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions

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

Related Policies

- ✓ Administration of First Aid
- ✓ Asthma
- ✓ Dealing with Medical Conditions
- ✓ Enrolment and Orientation
- ✓ Food Safety
- ✓ Incident, Injury, Trauma and Illness
- ✓ Nutrition, Oral Health and Active Play
- ✓ Supervision of Children
- ✓ Administration of Medication
- ✓ Child Safe Environment and Wellbeing
- ✓ Diabetes
- ✓ Excursions and Service Events
- ✓ Hygiene
- ✓ Inclusion and Equity
- ✓ Privacy and Confidentiality

Evaluation

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Anaphylaxis risk minimisation strategies - download from: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-minimisation-strategies>

Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis - download from: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-management-checklist>

Attachment 3: Anaphylaxis risk minimisation plan template - download from: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-management-plan-template>

Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy - download from: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Attachment 5: Individualised anaphylaxis care plan template - download from: <https://allergyaware.org.au/childrens-education-and-care/individualised-anaphylaxis-care-plan-template>

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Asthma

Quality Area 2

This policy was reviewed by Asthma Australia. Visit Asthma Australia's website at www.asthma.org.au for more information.

Purpose

This policy will outline the procedures to:

- ensure ECT's/educators, staff and families are aware of their obligations and the best practice management of asthma at any Hume City Council Early Years Service
- ensure that all necessary information for the effective management of children with asthma enrolled at any Hume City Council Early Years Service is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service
- ensure ECT's/educators, staff and families follow the advice from Emergency Management Victoria associated with thunderstorm asthma event

Policy Statement

Values

Hume City Council is committed to:

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

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Hume City Council, including during offsite excursions and activities.

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

Background and Legislation

Background

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

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

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education & Care Services National Law Act 2010
- Education & Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)

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

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

Definitions

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

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

Asthma Care Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Care Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (Attachment 2)

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

Asthma first aid kit: Kits should contain:

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

Asthma Australia recommends that spacers and face masks are for single use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used. These used items can be provided to the child/family as a means of suitability.

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

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

Puffer: The common name for a metered dose inhaler.

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

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service (Attachment 3) .

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Providing all staff with access to the service's Asthma Policy, and ensuring that they are aware of asthma management strategies (Attachment 2) upon employment at the service	R	✓			
Providing families with access to the service's Asthma Policy and Medical Conditions Policy upon enrolment of their child (Regulation 90, 91)	R	✓			
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans	R	R			
Providing approved Emergency Asthma Management (EAM) training (refer to Definitions) to staff as required under the National Regulations 136	R	✓			
Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty at all times	R	✓			
Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA	R	✓			
Maintaining current approved Emergency Asthma Management (EAM) (refer to Definitions) qualifications		R	R		✓
Ensuring the details of approved Emergency Asthma Management (EAM) training (refer to Definitions) are included on the staff record (refer to Definitions)	R	✓			
Organising asthma management information sessions for families of children enrolled at the service, where appropriate	R	✓			
Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families	R	✓	✓		✓
Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	R	✓	✓		✓
Identifying children with asthma during enrolment process and informing staff	R	✓			
Ensuring families provide a copy of their child's Asthma Care Plan (refer to Definitions and Attachment 2), in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service (Regulation 90). The Asthma Care Plan should be reviewed and updated at least annually	R	✓		✓	
Developing a Risk Minimisation Plan (refer to Definitions and Attachment 4) for every child with asthma, in consultation with families	R	✓	✓	✓	
Ensuring all details on their child's enrolment form and medication record (refer to Definitions) are completed prior to commencement at the service				✓	
Ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record	R	✓		✓	

Notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record				✓	
Providing adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with child's name				✓	
Consulting with the families of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma	R	✓		✓	
Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities	✓	✓	✓		
Compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child	✓	✓	✓		
Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit	R	✓	✓		
Ensuring that medication is administered in accordance with the child's Asthma Care Plan and the Administration of Medication Policy	R	R	R		
Ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)	R	✓	✓		
Ensuring families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service	R	✓		R	
Implementing an asthma first aid procedure (Attachment 2) consistent with current national recommendations	R	R	R		
Ensuring that all staff are aware of the asthma first aid procedure	R	✓			
Ensuring adequate provision and maintenance of asthma first aid kits (refer to Definitions)	R	✓			
Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use	R	✓	✓		
Facilitating communication between management, ECT, educators, staff and families regarding the service's Asthma Policy and strategies	R	✓			
Identifying and minimising asthma triggers (refer to Definitions) for children attending the service as outlined in the child's Asthma Care Plan, where possible	R	✓	✓		
Ensuring that children with asthma are not discriminated against in any way	✓	✓	✓		✓
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	✓	✓	✓		✓
Ensuring that children with asthma can participate in all activities safely and to their full potential	✓	✓	✓		✓
Immediately communicating any concerns with families regarding the management of children with asthma at the service	R	✓	✓		
Displaying Asthma Australia's Asthma First Aid poster (refer to Sources and Attachment 3) in key locations at the service	R	✓			
Ensuring that medication is administered in accordance with the Administration of Medication Policy	R	R	R		
Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)	R	R	R		
Following appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		✓
Ensuring an asthma first aid kit (refer to Definitions) is taken on all excursions and other offsite activities (refer to Excursions and Service Events Policy)	R	✓	✓		

Sources and Related Policies

Sources

Asthma Australia: www.asthma.org.au or phone 1800 278 462 (toll free)

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA.

Related Policies

- ✓ Administration of Medication
- ✓ Dealing with Medical Conditions
- ✓ Excursions and Service Events
- ✓ Privacy and Confidentiality
- ✓ Anaphylaxis and Allergic Reactions
- ✓ Emergency and Evacuation
- ✓ Incident, Injury, Trauma and Illness
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Asthma Action Plan - download from the Asthma Australia website: <https://asthma.org.au/treatment-diagnosis/asthma-action-plan/>

Attachment 2: Asthma First Aid Poster - download from the Asthma Australia website: http://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_MASTER.pdf

Attachment 3: Asthma Risk Management Plan - download from the ELAA website: <https://elaa.org.au/wp-content/uploads/2023/02/asthma-risk-minimisation-plan.docx>

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Child Safe Environment and Wellbeing

Quality Area 2

Purpose

This policy provides a clear set of guidelines and procedures for Hume City Council Early Years Services to:

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

Policy Statement

Values

Hume City Council:

- is committed to the rights of all children to feel safe, and be safe at all times, including:
 - promoting the cultural safety of Aboriginal children
 - promoting the cultural safety of children from culturally and linguistically diverse backgrounds
 - promoting the safety of children with a disability
 - promoting the (right to) safety of trans and gender diverse children and their families in ECEC settings
 - ensuring that LGBTIQ+ children and families feel included
- values, respects and cares for children
- fosters opportunities for each child to participate, express their views and to learn and develop
- always acts in the best interests of each child and has zero tolerance of child abuse
- takes all reasonable steps to ensure the health, safety and wellbeing of children at all times, whilst also promoting their learning and development
- actively manages the risks of abuse or harm to each child, including fulfilling our duty of care (refer to Definitions) and legal obligations to protect children and

- prevent any reasonable, foreseeable risk of injury or harm
- continuously improves the way our service identifies risks of and responds to child abuse, and encourages reporting and improved responses to allegations of abuse.
- proactively sharing information with relevant authorities to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

A key requirement of the Education and Care Service National Law Act 2010 is to ensure every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury (National Law: Section 167). The approved provider must also ensure that each Nominated Supervisor and each person in day-to-day charge of the service has successfully completed the child protection training required by the Department of Education (National Law: Section 162A).

Under the Education and Care Services National Regulations 2011, the approved provider of an education and care service must ensure that the nominated supervisors and staff members at the service who work with children are advised of:

- the existence and application of the current child protection law
- any obligations that they may have under that law (Regulation 84).

Under the National Quality Standards, management, educators and staff are required to be aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect (element 2.2.3). At all times, reasonable precautions and adequate supervision must be provided to ensure children are protected from harm and hazard (element 2.2.1).

Approved providers operating under the Children's Services Act 1996 must ensure that every reasonable precaution is taken to protect children being cared for or educated by the service from harm and any hazard likely to cause injury (section 107).

The approved provider, persons with management control, nominated supervisor, persons in day-to-day charge, educators, staff, contractors, students and volunteers of early childhood services have legal and duty of care obligations to protect children under their supervision and care.

Duty of care obligations require the approved provider, person with management or control, nominated supervisor, persons in day-to-day charge, & staff to take reasonable steps to protect children from injury that is reasonably foreseeable.

In addition, organisations have an organisational duty of care (refer to Definitions) to take reasonable precautions to prevent the abuse of a child by an individual associated with the organisation while the child is under its care, supervision or authority. The Victorian Reportable Conduct Scheme (refer to Definitions) seeks to improve organisations' responses to allegations of child abuse and neglect by their workers and volunteers. The scheme is established by the Child Wellbeing and Safety Act 2005 (the Act) and relates to individuals associated with an organisation, including but not limited to committee members, employees, volunteers and contractors.

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

In line with the Victorian Government's Roadmap for Reform, Education State reforms and broader child safety initiatives, Part 6A of the Child Wellbeing and Safety Act 2005 was proclaimed in September 2018. The Act established the Child Information Sharing (CIS) Scheme, which enables sharing of confidential information between prescribed information sharing entities (refer to Definitions) in a timely and effective manner in order to promote the wellbeing and safety of children. Alongside the CIS Scheme, the Family Violence Protection Act 2008 includes the Family Violence Information Sharing (FVIS) Scheme and the Family Violence Multi-Agency Risk Assessment and Management Framework, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. It will allow professionals working with children to gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner.

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

Early childhood teachers are required to be registered with the Victorian Institute of Teaching and are mandatory reporters (refer to Definitions). In addition, all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service and all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service are mandatory reporters.

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

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

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

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

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Child Safe Standards (Vic)
- Crimes Amendment (Protection of Children) Act 2014 (Vic)
- Education and Care Services National Law Act 2010 (Vic): including but not limited to Sections 165, 166, 167
- Education and Care Services National Regulations 2011 (Vic): including but not limited to Regulations 84, 85, 86, 99, 100, 101, 102, 168(2) (h), 145, 146, 149, 150
- Education Training and Reform Act 2006 (Vic) (As amended in 2014)
- Family Law Act 1975 (Cth)
- Family Violence Protection Amendment (Information Sharing) Act 2017
- National Quality Standard, including Quality Area 2: Children's Health and Safety
- Reportable Conduct Scheme administered by the Commission for Children and Young People (Vic)
- Worker Screening Act 2020
- Worker Screen Regulations 2021 (Vic)
- Wrongs Act 1958 (Vic)

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

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

Definitions

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

Abuse: see Child abuse definition below.

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

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

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

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

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

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

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

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

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

Child Information Sharing Scheme (CISS): enables Information Sharing Entities (ISE) (refer to Definitions) to share confidential information about any person to promote the wellbeing and/or safety of a child or group of children. The CISS works in conjunction with existing information sharing legislative provisions. All Victorian children from birth to 18 years of age are covered. Unborn children are only captured when there has been a report to Child First or Child Protection. Consent is not required from any person when sharing under CISS. The CISS does not affect reporting obligations created under other legislation, such as mandatory reporting obligations under the Children, Youth and Families Act 2005.

Child Safe Standards: Promotes the safety of children, prevent child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

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

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

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

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

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

Department of Families, Fairness and Housing (DFFH): The department is responsible for child protection, prevention of family violence, housing, disability, multicultural affairs, LGBTIQ+ equality, veterans, and the offices for Women and Youth.

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

Family Violence Information Sharing Scheme (FVISS): enables the sharing of relevant information between authorised organisations to assess or manage risk of family violence.

Head of organisation: The heads of organisations under the Reportable Conduct Scheme are required to have systems in place to prevent reportable conduct within their organisation, and systems to enable staff to make reportable allegations. The head of organisation has the powers of the employer. A CEO or Principle Officer is a head of organisation. For stand-alone kindergartens, the head of organisation will usually be the president or another office bearer who consents to the nomination.

Information Sharing Entities (ISE): are authorised to share and request relevant information under the Child Information Sharing Scheme & the Family Violence Information Sharing Scheme (the Schemes) & required to respond to requests from other ISE's. All ISE's are mandated to respond to all requests for information.

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

Mandatory reporting: The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm. A broad range of professional groups are identified in the Children, Youth and Families Act 2005 as 'mandatory reporters', including:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service.
- educators registered with the Victorian Institute of Teaching (VIT).
- Mandated staff members must make a report to Victoria Police and/or Child Protection as soon as is practicable if, during the course of acting out their professional roles and responsibilities, they form a belief on reasonable grounds (refer to Definitions) that:
 - a child has suffered, or is likely to suffer, significant harm as a result of physical and/or sexual abuse (refer to Definitions) and
 - the child's parents/guardians have not protected, or are unlikely to protect, the child from harm of that type.

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

Neglect: see Child abuse definition above.

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

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

Orange Door: A free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children

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

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

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

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

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

Reportable Conduct Scheme: aims to improve oversight of how organisations respond to allegations of child abuse and child-related misconduct by their workers and volunteers. There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child.

Working with Children (WWC) Check: is a legal requirement under the Worker Screening Act 2020 for those undertaking paid or voluntary child-related work in Victoria.

Working with Children Clearance: A WWC Clearance is granted to a person under working with children legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring the learning environment provided considers appropriate child groupings, sufficient space, and includes carefully chosen and well-maintained resources and equipment (Regulations 103) (refer to Injury Trauma and Illness Policy)	R	R	✓		✓
Creating a culturally safe environment for Aboriginal Children	R	R	R		R
Ensuring public commitment to the cultural safety of Aboriginal children is available and displayed for public access (Attachment 5)	R	✓			
Supporting and encouraging a child’s ability to express their culture and enjoy their cultural rights	R	✓	✓		✓
Understanding children’s diverse circumstances, and providing support and responding to those who are vulnerable	R	✓	✓		
Implement risk assessments of the service environment and equipment to ensure risks to safety, health and wellbeing are minimised (National Law: Sections 167) (refer to Injury Trauma and Illness Policy)	R	R	✓		✓
Implementing risk management plans, considering risks posed by service setting, activities, and the physical environment	R	R	✓		
Complying with the legislated educator-to-child ratios at all times (National Law: Sections 169, Regulations 123) (Supervision of Children Policy)	R	R	✓		✓
Ensuring children are actively supervised at all times (Regulations 122) (refer to Supervision of Children Policy)	R	R	✓		✓
Ensuring all staff, contractors, volunteers and students do not consume or are under the influence of alcohol or be affected by drugs (Regulations 82, 83) (refer to Tobacco, Alcohol and other Drugs Policy)	R	✓	✓		✓
Providing leadership for organisational culture of accountability for child safety which is open to scrutiny & is continuously reviewed & improved	R	✓			
Ensuring the learning environment provided considers appropriate child groupings, sufficient space, and includes carefully chosen and well-maintained resources and equipment (Regulations 103) (refer to Injury Trauma and Illness Policy)	R	R	✓		✓
Ensuring there is a child safe champion/s who can lead discussions, answer questions and support child safety and wellbeing	R	✓			
Advising staff of current child protection legislation, and their legal and duty of care obligations (Regulation 84)	R	✓			
Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards (refer to Definitions) at Hume City Council Early Years Services	R	✓	✓	✓	✓
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy and contributing to an organisational culture of child safety	R	✓	✓		
Ensuring continuous improvement in the implementation of the Child Safe Standards (refer to Definitions) in Hume City Council Early Years Services, promoting an organisational culture of accountability for child safety which is open to scrutiny & is continuously reviewed & improved	R	✓	✓	✓	✓
Conducting recruitment and induction processes for staff in line with this policy (Attachment 1) and screening contractors, volunteers and students in line with their roles and this policy (Attachment 2)	R				

Ensuring that contractors, volunteers, students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children	R	R	✓		
Ensuring that contact is prevented or responding if it has occurred, when the service has been notified of a court order prohibiting an adult from contacting an enrolled child	R	R	✓		
Validating Working with Children Clearance (refer to Definitions) or Victorian Institute of Teaching Registration before staff, contractors, volunteers and students commence working with children (refer to Staffing Policy)	R	✓			
Identifying the potential for child abuse at any Hume City Council Early Years Service, and developing and implementing effective prevention strategies	R	R	R		
Following processes for responding to and reporting suspected child abuse (Attachment 3)	R	R	R	✓	✓
Ensuring appropriate annual training on child safety, including recognising the signs and symptoms of child abuse (refer to Definitions), knowing how to respond, and understanding responsibilities and processes for reporting (Attachment 3)	R	R	R		R
Ensuring systems are in place that cover all aspects of training each year (refer to Source). This includes refresher training and additional professional development where needed. Different roles in the service require specific training: <ul style="list-style-type: none"> • New staff, volunteers and students on placement will need comprehensive induction and training • Leadership group needs training on their specific responsibilities in the service • Governance bodies such Committees will also need training on their responsibilities. 	R	R	R		R
Ensuring procedures for reporting and responding to suspected child abuse or neglect are promoted across the service and regularly reviewed in partnership with all stakeholders (Attachment 3 and 4)	R	✓	✓	✓	✓
Fulfilling legal obligations, including mandatory reporting and duty of care obligations (refer to Definitions) (refer to Attachment 3 and 4)	R	R	R		
Being aware of this policy, the Code of Conduct Policy, Privacy and Confidentiality Policy and the Interactions with Children Policy and their ongoing obligations to behave in accordance with the policies	✓	✓	✓	✓	✓
Communicating to staff about their obligations under the Information Sharing Schemes (refer to Definitions), and ensure they have read and understood the Privacy and Confidentiality Policy	R	R	✓		
Promoting awareness and compliance with the Child Safe Standards (refer to Definitions) when disclosing information to promote the wellbeing and safety of a child or group of children	R	✓	✓		
Ensuring information sharing procedures abide by the CISS Ministerial Guidelines (refer to Source) and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it (refer to Privacy and Confidentiality Policy).	R	R	R		
Ensuring confidential information is only shared with relevant authorities to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children	R	R	R		
Maintaining co-operative relationships with appropriate services and/or professionals (including Child FIRST/Orange Door) (refer to Definitions) in the best interests of children and their families	✓	✓	✓		
Offering support to the child and their family, and to staff in response to concerns or reports relating to the safety, health and wellbeing of a child at any Hume City Council Early Years Service	✓	✓	✓		
Ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service (Attachment 3 and 4)	R	R	R		
Notifying DE within 24 hours of a serious incident (refer to Definitions) occurring at the service	R	✓			
Notifying DE within 24 hours of becoming aware of a notifiable complaint (refer to Definitions) or allegation regarding the safety, health and/or welfare of a child at the service	R				

Notifying the nominated head of organisation (refer to Definitions) to the Commission for Children and Young People and maintaining the currency of the information	R				
Notifying the Commission for Children and Young People within 3 business days of becoming aware of a reportable allegation (refer to Definitions), under the Reportable Conduct Scheme (refer to Definitions) (Attachment 3 and 4)	R				
Investigating an allegation (subject to police clearance on criminal matters or matters involving family violence), advising the Commission for Children and Young People who is undertaking the investigation	R				
Managing the risks to children whilst undertaking the investigation	R	✓	✓		
Updating the Commission for Children and Young People within 30 calendar days with detailed information about the reportable allegation and any action	R				
Notifying the Commission for Children and Young People of the investigation findings and any disciplinary action taken (or the reasons no action was taken)	R				
Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at any Hume City Council Early Years Service		R	R	✓	✓
Maintaining confidentiality at all times (refer to Privacy and Confidentiality Policy)	R	R	R	✓	R
Providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to Sources)	R				
Protecting the rights of children and families, and encouraging their participation in decision-making	R	✓	✓	✓	
Keeping informed of any relevant changes in legislation and practices in relation to this policy and abiding by the Code of Conduct Policy	R	✓	✓	✓	✓
Ensuring an explicit statement of Hume City Council's commitment to child safety is included in all advertising promotion for the organisation	R				
Being aware of this policy, the Code of Conduct Policy, Privacy and Confidentiality Policy and the Interactions with Children Policy and their ongoing obligations to behave in accordance with the policies	R	R	R	R	R
Ensuring when sharing information giving precedence to the wellbeing and safety of a child/group of children over the right to privacy when sharing information under the CISS and FVISS (refer to Privacy and Confidentiality Policy)	R	R	R		
Promoting awareness and compliance with the Child Safe Standards (refer to Definitions) when disclosing information to promote the wellbeing and safety of a child or group of children	R	✓	✓		
Seeking and taking into account the views of the child and the child's relevant family members, if it is appropriate, safe and reasonable to do so when sharing information under the CISS and the FVISS (refer to Definitions)	✓	✓	✓		
Being respectful of and have regard 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 when sharing information under the CISS and FVISS (refer to Definitions)	✓	✓	✓		
Promoting a child's cultural safety and recognising the cultural rights and familial and community connections of children who are Aboriginal, Torres Strait Islander or both when sharing information under the CISS and FVISS (refer to Definitions)	✓	✓	✓		
Educating and empowering children to talk about events and situations that make them feel uncomfortable	✓	✓	✓	✓	✓
Providing support to staff who disclose harm	R	✓			
Ensuring that children have access to information, support and handling complaints through processes that are culturally safe, accessible and easy to understand (refer to Compliments and Complaints Policy)	✓	✓			
Identifying and mitigating risks in the online and physical environments without compromising a child's right to privacy, access to information, social connections and learning opportunities (refer to eSafety for Children Policy)	R	✓	✓		✓
Reviewing this policy in consultation with stakeholders	R	✓	✓	✓	✓

Sources and Related Policies

Sources

Australian Human Rights Commission: www.humanrights.gov.au

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

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

Child Information Sharing Scheme Ministerial Guidelines:
www.vic.gov.au/guides-templates-tools-for-information-sharing

Commission for Children and Young People (CCYP):
[Generic learning or training action plan and training materials](#)

Commission for Children and Young People (CCYP): <https://ccyp.vic.gov.au>

Cultural safety for Aboriginal children and combatting racism:
[Keeping our kids safe: Understanding cultural safety in Child Safe Organisations](#)

Department of Education Mandatory Reporting eLearning Module:
<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/eonlinelearning.aspx>

Ministerial Guidelines for the Family Violence Information Sharing Scheme:
www.vic.gov.au/family-violence-information-sharing-scheme

National Children's Commissioner: <https://humanrights.gov.au>

Quality Assessment and Regulation Division's online guidance:
[Early Childhood Guidance on the Child Safe Standards](#)

Service Agreement Information Kit for Funded Organisations:
<https://fac.DFFH.vic.gov.au/service-agreement-requirements>

Star Health's 'Being Equal' model for change in early childhood services:
[Gender Equality and Respect in Early Learning Services](#)

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

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

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

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Compliments and Complaints
- ✓ Incident, Injury, Trauma and Illness
- ✓ Interactions with Children
- ✓ Occupational Health and Safety

- ✓ Privacy and Confidentiality
- ✓ Supervision of Children
- ✓ Code of Conduct
- ✓ Delivery and Collection of Children
- ✓ Inclusion and Equity
- ✓ Mental Health and Wellbeing
- ✓ Participation of Volunteers and Students
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns.
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Guidelines for Incorporation of Child Safety into Recruitment & Management of Staff

Attachment 2: Guidelines for Incorporation of Child Safety into recruitment of contractors, volunteers and students

Attachment 3: Processes for responding to incidents, disclosure & suspicions of child abuse

Attachment 4: Responding to suspected child abuse: template for all Victorian Early Childhood Services

Attachment 5: Public commitment to the cultural safety of Aboriginal children Template

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Guidelines for Incorporation of Child Safety into the Recruitment and Management of Staff

The following guidelines and processes for the incorporation of child safety into the recruitment and management of staff demonstrate Hume City Council's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work at any Hume City Council Early Years Service.

Preparation for Recruitment

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

Selection Process

- At least three people are on the interview panel including, where possible, a gender mix and a person external to the service or someone with human resource/ interviewing experience
- Questions are behaviour-based and ask the interviewee to provide examples of their past behaviour in specific situations relevant to the job being applied for
- Questions regarding relationships with children are values-based and include a consideration of issues such as professional boundaries, resilience and motivation, teamwork, accountability and ethics
- Questions are based on key selection criteria
- More detail is asked for when answers seem incomplete
- Confirm identity by sighting (and taking a copy of) a driver's licence or a passport
- Verify qualifications and, where relevant, Working with Children Clearance or Victorian Institute of Teaching registration
- Thorough reference checks:
 - at least two referees are contacted (including the current or most recent employer or direct line manager) in person or via telephone
 - all referees must have observed the applicant working with children first-hand
 - referees are asked about the candidate's past behaviour including relationships with children, professional boundaries, resilience and motivation, teamwork, accountability and ethics.

- Orientation and induction covers information about values, attitudes, expectations and workplace practices in relation to maintaining a child safe environment
- Information provided to new staff member on commencing work at the service includes Child Safe Environment and Wellbeing, Code of Conduct, Compliments and Complaints, and Staffing Policies.
- Regular meetings are held between staff members and the approved provider or the person with management or control
- A mentoring or buddy system for staff members is in place
- Training and education with regard to child safety and child protection is provided for all staff
- Resources and support are provided for all staff to ensure a child safe environment.

Ongoing Management

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

ATTACHMENT 2

Guidelines for Incorporation of Child Safety into the Recruitment and Management of Contractors, Volunteers and Students

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

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

ATTACHMENT 3

Processes for Responding to Incidents, Disclosure and Suspicions of Child Abuse

OVERVIEW

- The approved provider or staff, including those with mandatory reporting responsibilities (refer to Definitions) must act when they form a reasonable belief or have a suspicion that a child has been, or is at risk of being abused. Regardless of the suspected cause, all concerns about the wellbeing of a child (or an unborn child) should be taken seriously and acted upon. This includes concerns about the wellbeing of a child, which does not appear to be the result of abuse
- Staff must seek advice from the approved provider or person with management or control, DFFH Child Protection, Child First and/or Victoria Police if they are uncertain about whether they have sufficient grounds to form a reasonable belief.
- If staff hold a reasonable belief that a child has been or is at risk of being abused, regardless of the advice of the Approved Provider or Person with Management or Control, or any other staff member, they must still make a report to Child Protection and/or Victoria Police.
- The steps outlined in the Department of Education's flowchart: Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse, provides a summary of the critical actions which are to be followed: www.education.vic.gov.au
- Records are kept about all child safety concerns or complaints. These records contain comprehensive descriptions of incidents/ issues of concern and provide evidence for actions taken, including reports made to statutory authorities or professional bodies and follow-up actions to be completed. The records are stored in accordance with the service's Privacy and Confidentiality Policy.
- Privacy is maintained, and information is disclosed when it promotes the safety or wellbeing of a child.
- Permission is not required from parents/guardians of a child to make a report where abuse is suspected.

RESPONDING TO CONCERNS ABOUT THE WELLBEING OF A CHILD

When to report wellbeing concerns to Child FIRST (Family Information, Referral and Support Team)

A referral to Child FIRST or Orange Door (refer to Definitions) should be made if the approved provider/staff member has significant concerns for a child's wellbeing and the child is not in immediate need of protection. This may include circumstances when there are:

- significant concern for a child's wellbeing

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

WHEN TO MAKE A REFERRAL TO ORANGE DOOR

Orange Door is a free service for women, children and young people who are experiencing family violence, or families who need assistance with the care and wellbeing of children to access the services they need to be safe and supported. Both services ensure that vulnerable children, young people and their families are linked effectively into relevant services, and this may be the best way to connect children, young people and their families with the services they need.

WHEN TO REPORT WELLBEING CONCERNS TO VICTORIA POLICE

In addition to reporting suspected abuse to appropriate authorities, you must contact Victoria Police on 000 if:

- the child's immediate safety is compromised
- the child is partaking in any risk taking activity that is illegal and extreme in nature or poses a high risk to their safety, or the safety of somebody else.

WHEN TO REPORT WELLBEING CONCERNS TO DFFH CHILD PROTECTION

In addition to reporting suspected abuse to appropriate authorities, you should contact DFFH Child Protection if you have significant protective concerns for the wellbeing of a child, but the parents are unable or unwilling to address or resolve these concerns.

This includes all concerns that:

- have a serious impact on a child's safety, stability or development (including abandonment, death or incapacity, extreme risk-taking behaviour, or harm to an unborn child)
- are persistent and entrenched and likely to have a serious impact on a child's safety, stability or development
- relate to a parent/s who cannot or will not protect the child from significant harm
- include a belief that the family is likely to be uncooperative in seeking assistance.

MANAGING A DISCLOSURE

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

Strategies include:

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

RESPONDING TO INCIDENTS, DISCLOSURE AND SUSPICIONS OF CHILD ABUSE

To make a report to child protection a staff member needs to have formed a reasonable belief (refer to Definition) that a child has suffered or is likely to suffer significant harm as a result of abuse or neglect, and that their parent has not protected or is unlikely to protect the child from harm of that type.

It is strongly recommended that ALL early childhood service staff follow the Four Critical Actions as soon as they witness an incident, discloser or form a reasonable belief that a child has or is at risk of being abused.

ACTION 1: RESPONDING TO AN EMERGENCY

If a child has just been abused or is at immediate risk of harm you must take reasonable steps to protect them.

These include:

- separating the alleged victim and others involved, ensuring all parties are supervised by a service staff member
- arranging and providing urgent medical assistance where necessary by:
 - administering first aid assistance
 - calling 000 for an ambulance and following any instructions from emergency service officers/paramedics
 - calling 000 for urgent police assistance if the person who is alleged to have engaged in the abuse poses an immediate risk to the health and safety of any person

- you should also identify a contact person at the service for future liaison with police
- taking reasonable steps to preserve evidence, such as the environment, clothing, other items, and potential witnesses until the police or other relevant authorities arrive on the premises.

ACTION 2: REPORTING TO AUTHORITIES

As soon as immediate health and safety concerns are addressed you must report all incidents, suspicions and disclosures of child abuse as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

IF THE SOURCE OF SUSPECTED ABUSE IS FROM WITHIN THE FAMILY OR COMMUNITY:

DFFH CHILD PROTECTION

You must report to DFFH Child Protection if a child is considered to be:

- in need of protection from child abuse
- at risk of being harmed (or has been harmed) and the harm has had, or is likely to have, a serious impact on the child's safety, stability or development.

VICTORIA POLICE

You must also report all instances of suspected sexual abuse (including grooming) to Victoria Police.

REPORT TO MANAGEMENT

You must report to your approved provider.

NOTIFY THE REGULATOR

The Approved Provider early childhood services must notify the Quality Assessment and Regulation Division of any serious incidents, circumstances, or complaints which raise concerns about the safety, health and wellbeing of a child being educated and cared for by a service. Notifications may be made at National Quality Agenda IT System: <https://www.acecqa.gov.au>

If you believe that a child is not subject to abuse, but you still hold significant concerns for their wellbeing you must still act. This may include making a referral or seeking advice from Child FIRST (in circumstances where the family are open to receiving support), or to DFFH Child PROTECTION or Victoria Police.

If the source of suspected abuse is from within the service:

If the source of suspected abuse comes from within the service (this includes any forms of suspected child abuse involving a staff member, contractor, committee member or volunteer):

- you must contact Victoria Police via your local police station (where appropriate they will refer you on to the local Sexual Offences and Child Abuse Investigation Team)
- you must also report internally to the approved provider or person with management or control
- the approved provider must also notify the Quality Assessment and Regulation Division. Notifications made via the National Quality Agenda IT System: <https://www.acecqa.gov.au>
- The approved provider must notify the Commission for Children and Young People (CCYP) of within three business days of becoming aware of an allegation (refer to Reportable Conduct Scheme)
- a contact person must also be identified at the service for future liaison with Child Protection and Victoria Police and seek advice about contacting parents/carers.

ACTION 3: CONTACTING PARENTS/CARERS

You must consult with Victoria Police or DFFH Child Protection to determine what information can be shared with parents/carers. They may advise:

- not to contact the parents/carers (e.g. in circumstances where the parents are alleged to have engaged in the abuse, or the child is a mature minor and has requested that their parent/carer not be contacted)
- to contact the parents/carers and provide agreed information as soon as possible (for approved provider's, it is a requirement that parents/carers are notified within 24 hours if the suspected abuse occurred at the service).

ACTION 4: PROVIDING ONGOING SUPPORT

Your service should take reasonable steps to make a child feel safe and supported whilst they are attending your service.

- your service should also consider providing support for children impacted by abuse. Eg. Referral to wellbeing professionals.
- you must follow the Four Critical Actions every time you become aware of a further instance or risk of abuse. This includes reporting new information to authorities.

THE REPORTABLE CONDUCT SCHEME

The Approved Provider must notify the Commission for Children and Young People (The Commission) of a reportable allegation (refer to Definitions) within three business days of becoming aware of an allegation. The Approved Provider must provide certain detailed information about the allegation and their proposed response within 30 calendar days.

The approved provider must also investigate the reportable allegation and provide the findings of the investigation to the Commission. The service must also respond to the

Commission when contacted for information.

The Commission provides guidance on the processes and documentation required when making a report: refer to <https://ccyp.vic.gov.au>

CHILD PROTECTION IN EARLY CHILDHOOD: PRIVACY AND INFORMATION SHARING

The Child Information Sharing Scheme, and the Family Violence Information Sharing Scheme allow professionals working with children to gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner.

Following a report to DFFH Child Protection, Victoria Police and/or ChildFIRST you should:

- consult with your approved provider before disclosing information about the report and the child and their family to another information sharing entity (except to verified Victoria Police and DFFH Child Protection workers in very urgent situations and/or if the information is required to protect the safety of that child) and/or
- seek consent from a child or their parents/carers before disclosing information about the report and the child and their family to anyone other than authorities and service staff members (provided this does not place the child or another person at risk).

PRIVACY LAWS ALLOW FOR STAFF TO SHARE A CHILD'S PERSONAL AND HEALTH INFORMATION TO ENABLE THE SERVICES TO:

- provide and support the education of the child, plan for individual needs and address any barriers to learning
- support the social and emotional wellbeing and health of the child
- fulfil duty of care obligations to the child, other children, staff and visitors
- make reasonable adjustments if the child has a disability, including a medical condition or mental illness
- provide a safe and secure workplace.

RESOURCES

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

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

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

ATTACHMENT 4

Responding to Suspected Child Abuse: Template for all Victorian Early Childhood Services

This template has been adapted from the Department of Education's *Responding to Suspected Child Abuse: Template for all Victorian Early Childhood Services*.

Under the National Quality Framework, the approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept (Regulation 87). This template aligns with this requirement and it is strongly recommended that all early childhood service staff utilise this template for incidents, disclosures and suspicions of child abuse.

Completing this template should not impact on reporting times. If a child is in immediate danger staff should immediately contact Victoria Police on 000.

When completing this template, the aim should be to provide as much factual information as possible. This information will be critical and may be sought at a later date if the matter is the subject of Court proceedings.

Staff Member Leading the Response

Name:

Occupation:

Service Address:

Relationship to the Child:

CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT

Responding to an Emergency

Did the child require first aid? If YES, provide details:

Who administered first aid? (Name and Title)

Did the child require further immediate medical assistance?

Current location and safety status (e.g., are all impacted children safe and not in any immediate danger? If a child is in immediate danger, staff should report immediately to Victoria Police on 000.

INFORMATION OF THE ALLEGED VICTIM**Child's Personal Details**

Name:	Gender:
Relationship to Service (e.g., 2 days, 3YO Kinder)	Date of Birth:
Residential Address:	
Parent/Carer Name:	
Parent/Carer Contact Number:	
Language(s) spoken by Child:	
Disabilities, mental or physical health issues:	

Child's Background

Cultural Status and Religious background:
Previous history or indicators of suspected abuse:

Family Background

Family Composition (if known): <i>List parenting or carer arrangements and siblings names and ages</i>
Any other people living with the child (if known):
Disability, mental physical health issues in family (if known):
Likely reaction to report being made (if known):

DETAILS OF THE INCIDENT / DISCLOSURE OF SUSPICION**Grounds for your belief that a child has been or is at risk of abuse**

Indicators or instances which led you to believe that a child/children are subject to child abuse or at risk of abuse: *Detail any disclosures or incidents or suspicion including names times and dates documenting a child's exact words as far as possible include specific detail here on what led you to form a reasonable belief that a child has been or is in risk of being abused*

Any physical indicators of abuse:

Any behavioural indicators of abuse:

Any pattern of behaviour or prior concern leading up to an incident, disclosure or suspicion:

Gender:

Date of Birth (if known):

Relationship to the child:

Address:

Contact Details:

CRITICAL ACTION 2: REPORTING**Reporting to Authorities**

Tick the authority you have reported to:

Victoria Police Child First DFFH Child Protection Decision not to Report

If you have decided not to report, list your reasons and also include any follow up actions undertaken below:

Provide your Report:

Date:

Time:

Authority:

Name of the Person Spoken To:

Outcomes from the report:

Reporting Internally

Provide details of your discussion with the approved provider

Time:

Date:

Name:

Discussion Outcomes:

Notification to the regulator: All approved providers must notify the quality assessment and regulatory division if there is an incident at the service and/or the health, safety and wellbeing of a child has been compromised while attending the service.

Time:

Date:

Names:

Discussion Outcomes:

CRITICAL ACTION 3: REPORTING

Actions taken (alleged victim)

Provide details of your discussion with parents/carers (if appropriate): You must consult with Victoria police and/or DFFH child protection to determine if it is deemed appropriate, parents must be contacted as soon as possible (within 24 hours of the incident, disclosure or suspicion)

Have you sought advice from DFFH child protection or Victoria Police? Yes No

Is it appropriate to contact parent/carer? Yes No

List reasons if it is not appropriate to contact parent/carer:

If contacting parent/carer, provide the following details:

Name of staff member making the call:

Name of parent/carer receiving the call:

Discussion Outcomes:

CRITICAL ACTION 4: PROVIDING ONGOING SUPPORT**Actions taken (alleged victim)**

Follow Up Actions:

Support:

Referrals:

Process of Review

Complete this section between four to six weeks after an incident, suspicion or disclosure of abuse in conjunction with the approved provider. This will support you and your service to continue to protect children in your care and to reflect on your process and determine the need for any follow up action.

Safety and Wellbeing**Current Safety and Wellbeing of the Child**Is the child safe from abuse and harm? Yes No *(if not, consider the need to make a further report)*Does the child have any wellbeing issues that are not currently being addressed? Yes No *If so, consider how these can be addressed and captured within a child support plan***Current Wellbeing of other Children who may be Impacted by the Abuser**Are there any other children who may be impacted by the abuser? Yes No If so, have their wellbeing needs been met? Yes No **Current Wellbeing and Impact on Staff Members**Does the staff member who made the report/witnessed the incident, formed a suspicion or received a disclosure require any support? Yes No If so, has this been received? Yes No **Review of Actions Taken**

Have the staff followed the four critical actions for early childhood services: responding to incidents disclosure for suspicion of child abuse?

Was an appropriate decision made in relation to when to act? Yes No **ACTION 3** Did the service contact the parent/carer as soon as possible? Yes No Could the suspected abuse have been detected earlier? Yes No Have the parents continued to engage if appropriate? Yes No **ACTION 1** Did the staff take appropriate actions in an emergency? Yes No **ACTION 4** Service has provided adequate ongoing support for child? Yes No **ACTION 2** Report made to the appropriate authorities and internally? Yes No Have any complaints been received? Yes No Where subsequent reports made if necessary? Yes No Have the complaints been resolved? Yes No

ATTACHMENT 5

Public Commitment to the Cultural Safety of Aboriginal Children



This template was reviewed by the Victorian Aboriginal Education Association Incorporated.

Hume City Council is committed to the cultural safety of Aboriginal children.

We are committed to:

- actively supporting and facilitating participation and inclusion of Aboriginal children, young people and their families within our service
- the safety, participation and empowerment of Aboriginal children
- providing an educational program that strengthens Aboriginal children's culture and identity
- actively supporting and encouraging Aboriginal children to express their culture and enjoy their cultural rights

- supporting Aboriginal children and their families to identify as Aboriginal without fear of retribution or questioning
- supporting Aboriginal children to maintain connection to their kinship ties, land and country
- supporting Aboriginal children to be taught their cultural heritage by Elders
- facilitating regular training and education on Aboriginal cultural and cultural safety
- establishing policies, procedures, systems and processes to create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young people and their families.

Dealing with Infectious Diseases

Quality Area 2

Purpose

This policy provides a clear set of guidelines and procedures to follow when:

- a child attending any Hume City Council Early Years Service shows symptoms of an infectious disease
- a child at Hume City Council Early Years Service has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses
- managing and minimising infections relating to epidemics (refer to Definitions) and pandemics (refer to Definitions) (e.g. coronavirus (COVID-19)).

Policy Statement

Values

Hume City Council is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- adhering to evidence-based practice infection prevention and control procedures
- preventing the spread of infectious and vaccine-preventable diseases
- complying with current exclusion schedules and guidelines set by the Department of Health (DH)
- complying with the advice of the Australian Health Protection Principal Committee (AHPCC), Victorian Chief Health Officer and DH
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Hume City Council supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All early childhood teachers, educators/staff at [Service Name] are committed to preventing the spread of infectious diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children, early childhood teachers and educators/staff.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Infectious diseases such as the chickenpox, common cold, measles and mumps, are common in children and adults may also be susceptible. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children.

The DH publishes the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and children's services and is regulated by the Public Health and Wellbeing Regulations 2019. During an epidemic or pandemic, further instruction and guidance may be issued by the DH and the Australian Health Protection Principal Committee (AHPCC).

An approved provider must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88 of the Education and Care Services National Regulations 2011). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying (as soon as practicable) children, families and educators/staff when an excluded illness/disease is detected at the service
- complying with relevant health department exclusion guidelines, advice and information
- educator/staff awareness of cross-infection through physical & close contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. There is also the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. Early childhood education and care services that are regulated under the Education and Care Services National Law Act 2010 have obligations under No Jab No Play legislation (Public Health and Wellbeing Act 2008), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements (refer to Enrolment and Orientation Policy).



Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulation 88
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017 (Cth)
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities
- Public Health & Wellbeing Amendment (No Jab No Play) Act 2015 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)

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

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

Definitions

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

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

Communicable Disease Section: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DH.

Epidemic: is an outbreak of a contagious disease that spreads rapidly and extensively and affects many individuals simultaneously in an area or population.

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

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

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

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

Infectious disease: An infectious disease designated by the Communicable Disease Section (refer to Definitions), Department of Health Victoria (DH) as well as those listed in Schedule 7 of the Public Health and Wellbeing Regulations 2019, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.

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

Minimum exclusion period: The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the Public Health and Wellbeing Regulations 2019. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DH, can be accessed at <https://www.health.vic.gov.au/publications/minimum-period-of-exclusion-from-primary-schools-and-childrens-services-for-infectious>

Pandemic: is an epidemic (refer to Definitions) occurring worldwide, or over a wide geographic area and affecting a large proportion of the population.

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

Standard precautions: work practices that achieve a basic level of infection prevention and control. Using standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection, particularly those caused by blood-borne viruses. Standard precautions include but are not limited to: hand hygiene, cleaning equipment and the environment, respiratory hygiene and cough etiquette and appropriate use of PPE.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring standard precaution practices (refer to Definitions) are carried out every day to minimise and, where possible, eliminate the risk of transmission of infection	R	✓	✓		✓
Ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))	R	✓	✓	✓	✓
Ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))	R	✓	✓		
Ensuring that information from the DH about the minimum exclusion periods (refer to Definitions) is displayed at the service and is available to all stakeholders	R	✓	✓		
Ensuring that a child is excluded from the service in accordance with minimum exclusion periods (refer to Definitions) when informed that the child is infected with an infectious disease (refer to Definitions) or has been in contact with a person who is infected with an infectious disease (refer to Definitions) as required under Regulation 111(1) of the Public Health and Wellbeing Regulations 2019	R	✓	✓	✓	✓
Contacting the Communicable Disease Section, DH (refer to Definitions) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period (refer to Sources)	R	✓			
Ensuring obligations under No Jab No Play legislation (Public Health and Wellbeing Act 2019), including to request, assess and manage immunisation documentation are met, and to assist parents/carers and families who may face difficulties in meeting the requirements (Enrolment and Orientation Policy)	R	✓			
Ensuring when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed (Regulation 111(2)(4) of the Public Health and Wellbeing Regulations 2019)	R	✓	✓	✓	
Ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (Administration of First Aid Policy). (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, Hume City Council requires that all educators have current approved first aid qualifications, anaphylaxis management training and asthma management training.)	R	✓	✓		
Notifying DE within 24 hours of a serious incident (refer to Definitions) via the NQAITS	R	✓			
Conducting a thorough inspection of the service on a regular basis, and consulting with staff to assess any risks by identifying the hazards and potential sources of infection	R	✓	✓		✓
Establishing and complying with good hygiene and infection prevention and control procedures (refer to Hygiene Policy) (refer to Attachment 3)	R	✓	✓	✓	✓
Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management		✓	✓	✓	✓

Providing appropriate and current information and resources to all stakeholders regarding the identification and management of infectious diseases, blood-borne viruses and infestations	✓	✓	✓		✓
Keeping informed of current legislation, information, research and evidence-based practice	✓	✓	✓	✓	✓
Complying with the Hygiene Policy of the service and the procedures for infection prevention and control relating to blood-borne viruses (refer to Attachment 3)	R	✓	✓	✓	✓
Communicating changes to the exclusion table or immunisation laws to all stakeholders in a timely manner	R	✓	✓		✓
Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event (refer to Attachment 4)	R	✓	✓	✓	✓
Notifying everyone at the service of any outbreak of infectious disease at the service including information about the nature of the illness, incubation and infectious periods, and the service's exclusion requirements for the illness, and displaying this information in a prominent position	R	✓	✓		
Advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to: www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table).	R	✓	✓		
Providing information to staff and families about child and adult immunisation recommendations (refer to Attachment 5)	✓	✓			
Advising the parents/guardians of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks grace period, that they will be required to keep their child at home when a vaccine-preventable disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased	R	✓	✓		
Ensuring that parents/guardians understand that they must inform the approved provider or nominated supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified (Regulation 110, Public Health and Wellbeing Regulations 2019)	R	R	R	R	
Providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations	✓	✓	✓		
Conducting head lice inspections whenever an infestation is suspected, which involves visually checking children's hair and notifying the approved provider and parents/guardians of the child if an infestation of head lice is suspected		✓	✓		
Providing a head lice action form (refer to Attachment 1) to the parents/guardians of a child suspected of having head lice	R	✓	✓		
Providing a head lice notification letter (refer to Attachment 2) to all parents/guardians when an infestation of head lice has been detected at the service	R	✓	✓		
Maintaining confidentiality at all times (refer to Privacy and Confidentiality Policy)	R	R	R	✓	✓
Keeping their child/ren at home if they are unwell or have an excluded infectious disease or infestation (refer to Definitions)				✓	
Informing service management as soon as practicable if their child has an infectious disease or infestation (refer to Definitions) or has been in contact with a person who has an infectious disease (Regulation 110 of the Public Health and Wellbeing Regulations 2019)					R
Complying with the minimum exclusion periods (refer to Definitions) or as directed by the approved provider or nominated supervisor after the Chief Health Officer directed them to exclude a child enrolled whom the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease (Regulation 111(2) of the Public Health and Wellbeing Regulations 2019)					R

Sources and Related Policies

Sources

Communicable Disease Section, Victorian Department of Health & Human Services (2019), A guide to the management and control of gastroenteritis outbreaks in children's centres. Victorian Government, Melbourne: <https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>

Department of Health, Victoria (2012) Head lice management guidelines: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011 (2017), ACECQA: <https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>

Guide to the National Quality Standard (2023), ACECQA: <https://www.acecqa.gov.au/sites/default/files/2023-03/Guide-to-the-NQF-March-2023.pdf>

Immunisation Enrolment Toolkit for early childhood services: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>

Information about immunisations, including immunisation schedule, DH: <https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>

Increase in gastroenteritis outbreaks in childcare: <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/gastro-outbreaks-childcare>

National Health and Medical Research Council (2013) Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

National Immunisation Program, Department of Health, Australian Government: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

Statements Section for statements on health emergencies, AHPPC. Available at: <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

Victorian Department of Health. Disease information and advice. Available at: <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>

WorkSafe, Victoria (2008) Compliance code: First aid in the workplace: <https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>

Related Policies

- ✓ Administration of First Aid
- ✓ Child Safe Environment and Wellbeing
- ✓ Enrolment and Orientation
- ✓ Incident, Injury, Trauma and Illness
- ✓ Occupational Health and Safety
- ✓ Administration of Medication
- ✓ Dealing with Medical Conditions
- ✓ Hygiene
- ✓ Inclusion and Equity
- ✓ Privacy and Confidentiality

Evaluation

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor implementation, compliance, complaints & incidents in relation to policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Head Lice Action Form

Attachment 2: Head Lice Notification Letter

Attachment 3: Procedures for Infection Control Relating to Blood-Borne Viruses

Attachment 4: Actions for Early Childhood Care Services in an Epidemic/Pandemic

Attachment 5: Child and Adult Immunisation Recommendations

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.



ATTACHMENT 1

Head Lice Action Form

Dear parents/guardians,

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

Please note that while head lice do not spread disease, they are included in the "Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts" published by the Department of Health which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

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

Head Lice Treatment - Action Taken

Parent/Guardian Response Form

To Hume City Council Early Years Service

CONFIDENTIAL

Child's Name: _____ Group: _____

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

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

_____ [write name of treatment used]

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

Signature of Parent/Guardian: _____ Date: _____

ATTACHMENT 2

Head Lice Notification Letter

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at [Service Name] and we seek your co-operation in checking your child's hair regularly throughout this week, [Date]. Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair. While head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced. We request that you observe these exclusion periods if head lice or lice eggs are detected on your child.

How do I treat my child for head lice?

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

Who do I contact if my child has head lice?

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

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

When can my child return to the service?

Department of Health regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

[Service Name] is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

"[Signature of Nominated Supervisor]"

"[Name of Nominated Supervisor]"

ATTACHMENT 3

Procedures for Infection Prevention and Control Relating to Blood-Borne Viruses and Bodily Fluids

The use of standard precaution practice (refer to Definitions) is the best way to prevent transmission of blood borne viruses and body fluids.

The procedures are based on information available from the Department of Education (DE), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

***Important note on blood spills**

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

MANAGING EXPOSURES TO BLOOD AND/OR BODY FLUIDS

Exposures include sharps injuries (including needlestick) and splashes into or onto mucous membranes (such as eyes, nose, mouth) or non-intact skin (cuts, sores or abrasions).

- Remove contaminated clothing (if applicable) and thoroughly wash exposed area with soap and water.
- Affected mucous membranes should be flushed with large amounts of water.
- Eyes should be flushed gently (no soap)
- The exposed person must report any occupational exposures immediately.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment

CLEANING AND REMOVAL OF BLOOD SPILLS AND BODY FLUIDS

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/biohazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/biohazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/biohazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the Hygiene Policy).

NEEDLE STICK INJURIES

If you get pricked by a discarded needle and syringe (often referred to as 'needle stick injury') the following steps should be taken:

- Flush the injured area with flowing water.
- Wash the wound well with soap and warm water.
- Dry the wound and apply a waterproof dressing
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.
- If the needle and syringe cannot be retrieved, mark the area so others are not at risk and contact the Disposal Helpline.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps

Procedure

1. Put on disposable gloves.
2. Do not try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. If appropriate, clean the area with warm water and detergent/bleach, then rinse and dry.
8. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
9. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the Hygiene Policy).

Under no circumstances should children, work-experience students or volunteers be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins. To dispose of the container, take it to your local Needle and Syringe Program or council office or contact the Disposal Helpline (1800 552 355) for further advice

ATTACHMENT 4

Actions for Early Childhood and Care Services in an Epidemic or Pandemic Event

Important note: A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. The contents of this policy are relevant to a pandemic event. In considering what actions are required by an approved provider, information and guidance provided by the Australian Health Protection Principal Committee (AHPPC), Victorian Government, the Department of Health (DH) and the Department of Education (DE) should be followed and adhered to.

Early childhood education and care services should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of infection transmission within the practical limitations of an early learning environment.

ACTIONS

The following actions are to be considered, adapted and implemented as necessary according to the education setting and the individual needs of the staff, children and the wider service community:

- Display educational materials, which can be downloaded and printed from the Department of Health's (DH) website
- Comply with National Health and Medical Research Council (NHMRC) guidance, Staying healthy: Preventing infectious diseases in early childhood education and care services
- Alert your approved provider about any child or staff absenteeism due to an infectious disease outbreak
- Keep parents and staff informed of the actions you are taking.
- All unwell staff and children must stay home. Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell staff and children remain at home.
- Staff or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner. Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
- It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.

- Additional staff, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

HYGIENE

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene:

- All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. You are a good role model for the children and their parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this.
- Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the facility and throughout.
- Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.
- It is recommended that children do not drink directly from drinking fountains at this time. Children should bring their own water bottle for use (and refilling) at the service.
- Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance Staying healthy: Preventing infectious diseases in early childhood education and care services. Sharing of food should not occur.
- Use of mobile phones by staff during work hours should be discouraged. Staff should be reminded to clean their phones regularly.

ARRIVAL AND DEPARTURE

To assist in minimising the spread of infection, procedures to reduce close proximity between attendees at the service should be considered:

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children's play areas.
- It may be possible, for example, for children to be dropped off and picked up in the service entrance or foyer,
- While staggered start and finish times occur naturally in some early childhood education and care service types, other services will often have one arrival and pick up time. Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
- Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining physical distance requirements between staff and children is not practical in early childhood services. In the case of coronavirus (COVID-19) physical distancing is most important between adults.

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment.

- Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
- A greater range of activities will encourage children and staff to spread out more broadly.

- Mixing of staff and children between rooms should be minimised where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
- Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

CONSIDERATIONS FOR OFFICES AND STAFF FACILITIES

- Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms.
- Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices.
- Remind staff to maintain physical distancing from each other as much as possible in the reception, staff room and offices.

CLEANING AND FACILITIES MANAGEMENT

- Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
- Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:
 - clean and disinfect high-touch surfaces at least twice daily (e.g. play gyms, tables, hard-backed chairs, doorknobs, light switches, phones, remotes, handles, desks, toilets, sinks, kitchenware).
 - wash and launder play items and toys (avoid using plush toys that are shared among children), as appropriate, in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - **Note:** In an epidemic/pandemic disinfecting and cleaning of toys and equipment should be done after every use before another child uses the toy/item
- Hand hygiene before and after use of shared equipment is recommended (for example, prior to a new activity).
- Excursions should not be undertaken other than to local parks.

PROVISION OF ROUTINE CARE AND FIRST AID

Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection prevention and control.

- Standard precautions (refer to Definitions) are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
- Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
- Additional personal protective equipment (PPE), for example face masks, is not required (unless specified otherwise from the Department of Health) to provide routine care or first aid (unless coming into contact with blood or body fluids) for children who are well.

MANAGEMENT OF AN UNWELL CHILD OR STAFF MEMBER

It is important that any staff member or child who becomes unwell while at an early childhood service returns home. Sensible steps services can take while a child awaits collection by a parent or carer as a precaution include the following.

- Staff or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.
- Where staff or children are experiencing compatible symptoms important actions to take include hand hygiene, physical distance and where possible putting a face mask on the person who is unwell. Staff caring for or supervising an unwell child should also wear a face mask.
- Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children).
- Urgent medical attention should be sought where indicated.
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
- If a staff member is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. A trained staff member could take the temperature of the child, where appropriate, to support decision making.

- Staff or children experiencing compatible symptoms with the infection should be encouraged to seek the advice of a healthcare professional who can advise on next steps. A medical certificate is not required to return to an early childhood setting after a period of illness, however staff and children should not return until symptoms resolve.
- Follow cleaning guidance according to the situation of the case. If a child spreads droplets (for example by sneezing, coughing or vomiting), clean surfaces immediately with disinfectant wipes while wearing gloves.

SOURCE

Health and safety advice for early childhood education and care services in the context of coronavirus (COVID-19), Department of Education and DH.

ATTACHMENT 5

Child and Adult Immunisation Recommendations

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011 have legislative responsibilities under the Public Health and Wellbeing Act 2008 to only offer a confirmed place in their programs to children with an Australian Immunisation Register (AIR) Immunisation History Statement (refer to Definitions). To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the National Immunisation Program Schedule (refer to Sources) set out by the Australian Government Department of Health.

Routine childhood immunisations help to protect children against:

- Diphtheria
- Tetanus
- Whooping Cough (Pertussis)
- Polio
- Pneumococcal Disease
- Meningococcal ACWY Disease
- Hepatitis B
- Haemophilus influenzae type b (HIB)
- Rotavirus
- Chickenpox (Varicella)
- Measles
- Mumps
- Rubella (German Measles)
- Influenza
- Aboriginal and Torres Strait Islander infants are also protected against meningococcal B disease.

For more information visit: <https://www2.health.vic.gov.au/public-health/immunisation>

People who work with children are at an increased risk of catching and passing on infectious diseases. Infected staff, especially people working in early childhood education and care, may transmit infections to susceptible people. This has potential for serious health outcomes. Many infectious diseases are highly infectious several

days before symptoms appear. Vaccination can protect the staff member who is at risk of acquiring the disease, and also reduce the risk of disease transmission to people who the worker is in contact with.

These infections may include:

- Influenza
- COVID-19
- Rubella
- Measles
- Mumps
- Varicella
- Pertussis

All people who work with children are recommended to receive vaccines:

- Influenza
- Measles, mumps, rubella (MMR)
- Pertussis (dTpa)
- Varicella

In addition to the vaccines for all people who work with children, hepatitis A vaccine is recommended for staff working in early childhood education and care. Additional vaccinations are recommended for special categories of educators and other staff:

- Hepatitis B for staff who care for children with intellectual disabilities
- Japanese encephalitis for those who work in the outer Torres Strait islands for 1 month or more during the wet season.

For more information visit:

<https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk>

Under the Occupational Health and Safety Act 2004 employers must provide a working environment that is safe and without risks to health. Further, employers are required to take steps to eliminate risks so far as is reasonably practicable. If it is not reasonably practicable to eliminate these, they are required to reduce those risks so far as is reasonably practicable.

To reduce the risk to employees of acquiring a vaccine-preventable disease or transmitting such a disease to other staff, children or their families, employers should:

- develop a staff vaccination policy that states the vaccination requirements for educators and other staff
- develop a staff vaccination record that documents each staff member's previous infection or vaccination for the diseases listed previously in 'Vaccines – possible recommendations'
- require all new and current staff to complete the staff vaccination record
- regularly update staff vaccination records as staff become vaccinated
- provide staff with information about vaccine-preventable diseases – for example, through in-service training and written material, such as fact sheets
- take all reasonable steps to encourage non-immune staff to be vaccinated.
- give advice to early childhood teachers, educators and other staff, and any refusal to comply with vaccination requests, should be documented.
- exclude staff who are not vaccinated from the workplace in the event of an outbreak of a vaccine-preventable disease.

Aside from reinforcing the immunisation recommendations, the approved provider should also advise staff of the potential consequences if staff refuse reasonable requests for immunisation. These consequences could include:

- being restricted to working with children over 12 months old;
- potentially having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable; and
- being excluded from work during outbreaks of vaccine-preventable diseases (even if the staff member is not ill).

Although these guidelines provide for exclusions and encourage vaccination, they are currently not supported by accreditation and licensing requirements.

The Australian Government is committed to providing all Australians with access to free, safe and effective COVID-19 vaccines. While the Government aims to have as many Australians as possible choose to be vaccinated, receiving a vaccination is voluntary. The approved provider can encourage staff to get a COVID-19 vaccination, if they are able to.

Dealing with Medical Conditions

Quality Area 2

Purpose

This policy provides guidelines for Hume City Council Early Years Services to ensure that:

- clear procedures exist to support the safety, health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements
- information is provided to staff and volunteers about managing individual children's medical conditions
- requirements for medical management plans are provided by parents/guardians for the child
- risk-minimisation and communication plan are developed in conjunction with the service. and parents/guardians.

Policy Statement

Values

Hume City Council is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- fulfilling the service's duty of care requirement under the Occupational Health and Safety Act 2004, the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011 to ensure that those involved in the programs and activities of any Hume City Council Early Years Service are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the Dealing with Medical Conditions Policy to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

This policy should be read in conjunction with, but not limited to, the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma
- Diabetes
- Epilepsy

Background and Legislation

Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2019 (Vic) and Public Health and Wellbeing Regulations 2019 (Vic)

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

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

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies (Regulation 91, 168)	R	✓			
Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers (Regulations 162)	R	✓		✓	
Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service (Regulation 90)	R	✓		✓	
Ensuring that a risk minimisation plan (refer to Definitions) is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (refer to Attachment 1) (Regulation 90 (iii))	R	✓	✓	✓	

Definitions

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

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Developing and implementing a communication plan (refer to Definitions) and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (Regulation 90 (c) (iii))	R	✓	✓	✓	
Ensuring a copy of the child's medical management plan is visible and known to staff in the service. (Regulations 90 (iii)(D)). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (refer to Privacy and Confidentiality Policy)	R	✓			
Informing the approved provider of any issues that impact on the implementation of this policy		✓	✓	✓	✓
Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines	✓	✓			
Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions	✓	✓	✓		
Ensuring that at least one ECT/educator with current approved first aid qualifications (refer to Definitions) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	✓			
Ensuring that if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service (refer to Anaphylaxis and Allergic Reactions Policy)	R	✓	✓		
Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur		✓	✓		✓
Administering medications as required, in accordance with the procedures outlined in the Administration of Medication Policy (Regulation 93)	R	R	✓		
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	✓	✓	✓		
Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan (refer to Attachment 1), to ensure current information is shared about specific medical conditions within the service	R	✓	✓		
Following appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	✓	✓		✓
Ensuring that the Ambulance Victoria How to Call Card (refer to Sources) is displayed near all telephones	✓	✓			
Ensuring children do not swap or share food, drink, food utensils or food containers	✓	✓	✓		✓
Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis (Regulation 90 (iii)(B))	R	✓	✓		✓
Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	✓	✓			

Sources and Related Policies

Sources

Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition, 2013) National Health and Medical Research Council:

<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: www.acecqa.gov.au

Ambulance Victoria: How to call card:

<https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>

Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au

Related Policies

- ✓ Administration of First Aid
- ✓ Anaphylaxis and Allergic Reactions
- ✓ Dealing with Infectious Diseases
- ✓ Epilepsy
- ✓ Privacy and Confidentiality
- ✓ Administration of Medication
- ✓ Asthma
- ✓ Diabetes
- ✓ Incident, Injury, Trauma and Illness
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Risk Assessment and Communication Plan Guideline

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Risk Management and Communication Plan Guidelines

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
- policies and procedures ensuring all ECT/educators/staff members and volunteers can identify the child, the child's medical management plan, and the locations of the child's medication, are developed and implemented;

If relevant, policies and procedures to ensure the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, are developed and implemented;

When developing a communication plan ensure:

- ECT/educators/staff members and volunteers are informed about the medical conditions policy, and the medical management plans, and risk minimisation plans for the child;
- ECT/educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's parents/guardians can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise parents/guardians when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- parents/guardians provide permission for their child's medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service. Dated handwritten permission should be recorded on the back of the child's plan, and the relevant sections in the Acknowledgment and Consent Form as part the Confidentiality and Privacy Policy

- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all ECT/educators/staff and volunteers at the service;
- relief ECT/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all staff;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all ECT/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

ECT/Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.

ECT/educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all ECT/educators at the service must undertake quarterly practice with an adrenaline auto injection device.

Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.

Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child's medical condition.

Promptly communicate to parents/guardians any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.

Implement the Protection from Allergen procedures to support children's health and safety.

Delivery and Collection of Children

Quality Area 2

Purpose

This policy will provide clear guidelines to ensure the safe delivery and collection of children attending any Hume City Council Early Years Services by ensuring:

- children are given into the care of a parent/guardian or authorised nominee named in the child's enrolment record, or a person authorised by the parent/guardian or authorised nominee
- children leave in accordance with the written authorisation of the child's parent or authorised nominee
- children are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee
- children 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

Policy Statement

Values

Hume City Council is committed to:

- the safety, health and wellbeing of the children at our service
- ensuring all Hume City Council policies and procedures safeguard the safe delivery and collection of children being educated and cared for at the service
- ensuring that service leaders, ECT's, educators and staff are provided with the necessary training and support to implement the policies and procedures for the delivery of children to, and collection from, the service premises
- meeting its duty of care obligations under the law

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

A duty of care exists at all times the child is attending a children's service. In addition, the service has a duty of care to a child while they are on the service's premises even if they haven't yet been signed into the service or has been signed out of the service and is legally under the care and supervision of the parent/guardian (refer to Supervision of Children Policy). The child may only leave the service in the care of a parent/guardian, authorised nominee or a person authorised by one of these parties to collect the child. An authorised person does not include a parent who is prohibited by a court/parenting order from having contact with the child. An exception is made in the event of a medical or other emergency (refer to Incident, Injury, Trauma and Illness Policy and Emergency and Evacuation Policy) and for excursions (refer to Excursions and Service Events Policy).

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Law Act 1975 (Cth)
- National Quality Standard, Quality Area 2: Children's Health and Safety

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

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

Definitions

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

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

Unauthorised person: (in relation to this policy) is any person who has not been listed as an authorised nominee on the child's enrolment form.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met	R	✓	✓	✓	✓
Ensuring parents/guardians have completed the authorised nominee (refer to Definitions) section of their child’s enrolment form, and that the form is signed and dated (refer to Enrolment and Orientation Policy) Regulation 160, 161	R	✓		✓	
Providing an attendance record (refer to Definitions) that meets the requirements of Regulation 158(1) and ensure the arrival and departure times are recorded by the parent/guardian or authorised nominee on delivery and collection of their child from the service every day	R	✓			
Ensuring the arrival and departure times are recorded in the attendance record is by the parent/guardian, authorised nominee, nominated supervisor or an educator, detailing the child’s time of arrival and departure from the service (Regulation 158(1))	R	✓	✓	✓	✓
Developing safety procedures for the mass arrival and departure of children from the service	R	✓	✓		
Ensuring educators and parents are aware that their child has arrived at/been collected from the service and to have procedures in place to ensure this process			✓	✓	✓
Ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these (refer to Attachment 2) or in the case of a medical or other emergency (Regulation 99) (Acceptance and Refusal of Authorisations, Dealing with Medical Conditions, Incident, Injury Trauma and Illness and Child Safe Environment Policies)	R	✓	✓		✓
Refusing to allow a child to depart from the service with a person who is not the parent/guardian or authorised nominee, or where there is no written authorisation of one of these (refer to Attachment 2) (refer also to Acceptance and Refusal of Authorisations Policy)	R	✓	✓	✓	✓
Ensuring a child is not taken outside the service premises on an excursion or regular outing except with the written authorisation of a parent/guardian or authorised nominee (refer to Excursions and Service Events Policy)	R	✓	✓	✓	✓
Ensuring authorisation procedures are in place for excursions, regular outings and other service events (refer to Excursions and Service Events Policy), including the authorisation for transporting children (Regulation 102D)	R	R	✓		
Ensuring that there are procedures in place when a child is given into the care of another person, such as for a medical or other emergency (refer to Emergency and Evacuation Policy and Incident, Injury, Trauma and Illness Policy)	R	✓			
Implementing the authorisation procedures outlined in Attachment 1 in the event that a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child’s enrolment form will be collecting their child	R	✓			
Ensuring that parents/guardians or authorised nominees are contacted in the event that an unauthorised person arrives to collect a child from the service, and that appropriate procedures are followed (refer to Attachment 1)	R	✓			
Following the authorisation procedures (refer to Attachment 1) and contacting the parents/guardians or authorised nominees if an unauthorised person arrives to collect a child from the service	R	✓			
Following the procedures to ensure the safe collection of children (Attachment 3)	R	✓	✓	✓	✓

Following procedures in the event that an inappropriate person (refer to Definitions) attempts to collect a child from the service (refer to Attachment 3)	R	✓	✓		✓
Informing the approved provider as soon as is practicable, but within 24 hours, if a child has left the service unattended by an adult or with an unauthorised person (refer to Definitions)		✓	✓		✓
Keeping a written record of all visitors to the service, including time of arrival and departure	R	✓	✓		
Ensuring procedures are in place for the care of a child who has not been collected from the service on time (refer to Attachment 4)	R	✓			
Following procedures for the late collection of children (refer to Attachment 4)	R	✓	✓	✓	✓
Collecting their child on time at the end of each session/day				✓	
Alerting the service if they are likely to be late collecting their child				✓	
Paying a late-collection fee if required by the service's Fees Policy				✓	
Ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service (including when children are collected late from the service) according to the requirements of Regulations 123 and 360 (refer also to Supervision of Children Policy)	R	✓	✓		✓
Should any incidents occur relating to the delivery of children to, or collection from, the service premises, ensuring that the response meets all regulatory requirements, including implementing the Incident, injury, trauma and illness policy (Regulations 86 and 87)	R	✓	✓		✓
Ensuring children are adequately supervised at all times (refer to Supervision of Children Policy)	R	✓	✓		✓
Supervising their own child before signing them into the program and after they have signed them out of the program				✓	
Supervising other children in their care, including siblings, while attending or assisting at the service				✓	
Ensuring the entry/exit doors and gates are kept closed during program hours	R	✓	✓	✓	✓
Notifying DE in writing within 24 hours, and the parents as soon as is practicable, in the event of a serious incident (refer to Definitions), including when a child has left the service unattended by an adult or with an unauthorised person (Regulations 12, 86, 176)	R	✓			
Providing parents/guardians with information regarding procedures for delivery and collection of children prior to their child's commencement at the service	R	✓			
Ensuring that early childhood teachers; educators, staff and parents/guardians comply with the service's Road Safety and Safe Transport Policy	R	✓	✓	✓	✓
Displaying an up-to-date list of the telephone numbers of the Approved Provider, DE, Child FIRST, DHS Child Protection Service and the local police station	R	✓			

Sources and Related Policies

Sources

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

Department of Education Licensed Children's Services, phone 1300 307 415 or email
licensed.childrens.services@edumail.vic.gov.au

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Dealing with Medical Conditions
- ✓ Enrolment and Orientation
- ✓ Fees
- ✓ Privacy and Confidentiality
- ✓ Supervision of Children
- ✓ Child Safe Environment and Wellbeing
- ✓ Emergency and Evacuation
- ✓ Excursions and Service Events
- ✓ Incident, Injury, Trauma and Illness
- ✓ Road Safety and Safe Transport

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Authorisation Procedures

Attachment 2: Authorisation Form

Attachment 3: Procedures to Ensure the Safe Collection of Children

Attachment 4: Procedures for the Late Collection of Children

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Authorisation Procedures

These procedures are to be followed when a child is collected by an unauthorised person, including where a parent/guardian or authorised nominee telephones the service to notify that such a person will be collecting their child.

The nominated supervisor will:

- request that the parent/guardian or authorised nominee email the authorisation if it is possible to do so, detailing the name, address and telephone number of the person who will be collecting the child
- accept a verbal authorisation if it is not possible for the parent/guardian or authorised nominee to provide authorisation via email, provided the following procedure is followed:
 - all details of the person collecting the child, including the name, address and telephone number of the person must be obtained
 - two educators take the verbal authorisation message (recommended by DE)
 - the verbal authorisation is documented and stored with the child's enrolment record for follow-up
 - photo identification is obtained to confirm the person's identity on arrival at the service
 - ensure that parents/guardians or authorised nominees follow up a verbal authorisation by completing an Authorisation Form (refer to Attachment 2) when next at the service, or by adding details of the new authorised nominee to the child's enrolment form
- ensure that email authorisation is stored with the child's enrolment record
- ensure the attendance record is completed prior to child leaving the service
- refuse to release a child where authorisation is not/cannot be provided by the parent/guardian or authorised nominee
- contact police if the safety of the child or service staff is threatened
- implement late collection procedures (refer to Attachment 4) if required
- notify the approved provider in the event that written authorisation is not provided for further follow-up

ATTACHMENT 2

Authorisation Form

To be used as a follow-up to a verbal/email authorisation when the parent/guardian or authorised nominee is next at the service

I _____ authorised by telephone/email (please circle)

for my child/ren (write name/s) _____ to be

collected from _____ on _____ by:

Name: _____

Address: _____

Telephone number: _____ Ongoing One Off

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment record.

Authorisation Form

To be used where the parent/guardian or authorised nominee is able to provide prior written authorisation

I _____ authorise

Name: _____

Address: _____

Telephone Number: _____

to collect my child/ren (write name/s) _____

from _____ on _____ Ongoing One Off

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment record.

ATTACHMENT 3

Procedures to Ensure the Safe Collection of Children

Early childhood professionals have a duty of care not to endanger children at the service by knowingly placing them in a situation that could reasonably be expected to be dangerous, including releasing a child into the care of an inappropriate person (refer to Definitions) including a person who may pose a risk to the safety, health or wellbeing of any child/ren at the service.

Where an educator believes that the parents/guardians or authorised nominee may be ill, affected by alcohol or drugs, or not able to safely care for the child, the following procedures must be followed:

- Consult with the nominated supervisor or the approved provider, if possible.
- Advise the person collecting the child of their concerns and suggest contacting an alternative authorised nominee to collect the child.
- If the nominated supervisor or the approved provider fears for the safety of the child, themselves or other service staff at any time, call 000 or contact the police immediately.
- Complete the Incident, Injury, Trauma and Illness Record and file with the child's enrolment form.
- Inform the approved provider as soon as is practicable, and at least within 24 hours of the incident.
- Inform the Regulatory Authority (DE) within 24 hours of a serious incident occurring (refer to Definitions).

ATTACHMENT 4

Procedures for the Late Collection of Children

Scenario 1: The service has been notified of the late collection

Where a parent/guardian or authorised nominee has notified the service that they will be late collecting their child, the nominated supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee if the child has not been collected by the agreed time, and informing the approved provider of the situation
- following the steps listed in scenario 3 (below) if parents/guardians or the authorised nominee do not arrive to collect the child and cannot be contacted.

Scenario 2: The service has not been notified of the late collection

Where a parent/guardian or authorised nominee is late collecting their child and has not notified the service that they will be late, the nominated supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee to request collection
- informing the Regional Leadership Team of the situation
- following the steps listed in scenario 3 (below) if the parents/guardians or authorised nominee cannot be contacted.

Scenario 3: The child has not been collected and a parent/guardian/authorised nominee is unable to be contacted

Where the parent/guardian or authorised nominee is late collecting their child and is unable to be contacted, the nominated supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting Child FIRST or the local police if a child has not been collected within a set time period (to be determined by the service)
- notifying DE as soon as is practicable
- informing the approved provider and Regional Leadership Team of the situation.

Late collection fee

A late collection fee may be charged in accordance with the Fees Policy of the service in all of the above scenarios.

Diabetes

Quality Area 2

This policy was reviewed by Diabetes Australia. Visit their website at <https://www.diabetesaustralia.com.au> for more information.

Purpose

To ensure that enrolled children living with type 1 diabetes and their families are supported, while children are being educated and cared for by the service. This Diabetes Policy should be read in conjunction with the Dealing with Medical Conditions Policy of Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council believes in ensuring the safety and wellbeing of children living with type 1 diabetes, and is committed to:

- Providing a safe and healthy environment in which children can participate fully in all aspects of the program
- Actively involving families in developing a risk minimisation plan for the service for each child to minimise health risk
- Ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- Facilitating ongoing communication between the service and family to ensure the safety and wellbeing of children living with type 1 diabetes.

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Hume City Council, including during offsite excursions and activities.

Background and Legislation

Background

Services that are subject to the National Quality Framework must have a policy for managing medical conditions in accordance with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011. This policy must define practices in relation to the management of medical conditions including administration of prescribed medications:

- Procedures requiring families to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- Development of a risk minimisation plan in consultation with a child's families
- Development of a communication plan in consultation with staff members and the child's families.

Diabetes is considered a disability under the Disability Standards for Education 2005 (Cth) and the Equal Opportunity Act 2010 (Vic). Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Families of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the Dealing with Medical Conditions Policy (in addition to any other relevant service policies). The Education and Care Services National Regulations 2011 states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

Services must ensure that each child with pre-existing type 1 diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes action and management plan provide staff members with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service staff to support children with type 1 diabetes:

- Follow the service's Dealing with Medical Conditions Policy (and this Diabetes Policy) and procedures for medical emergencies involving children with type 1 diabetes.
- Families should notify the service immediately about any changes to the child's individual diabetes action and management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide families with a diabetes action and management plan to supply to the service. Examples can be found here: www.diabetesvic.org.au/resources
- Contact Diabetes Victoria for further support, information and professional development sessions.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)

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

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

Definitions

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

The terms defined below have been reviewed in comparison with their definition as per the Diabetes Australia website. To find more information or an updated definition of the below terms please refer to the Diabetes Australia website

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Type 1 diabetes is not linked to modifiable lifestyle factors. Currently there is no cure nor can be prevented. Type 1 diabetes can be life threatening. - [Type 1 diabetes - Diabetes Australia](#)

Type 2 diabetes: Type 2 diabetes in children is a chronic disease that affects the way your child's body processes sugar (glucose) for fuel. Type 2 diabetes occurs more commonly in adults. If a child at your service is diagnosed with type 2 diabetes, please refer to the Dealing with Medical Conditions Policy. For more information about type 2 diabetes visit: [Type 2 Diabetes - Diabetes Australia](#)

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e., below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood

changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Causes of hypoglycaemia (hypo) are:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of carbohydrate at a meal
- undertaking unplanned or unusual exercise
- illness

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and possibly convulsions. Never leave the child alone during a hypo episode. The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo. - [Hypoglycaemia - Diabetes Australia](#)

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and extra toilet visits, affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin/or missed insulin doses
- eating more carbohydrate than planned
- common illnesses or infections such as a cold
- excitement of stress

The child's diabetes action and management plan will provide specific guidance in preventing and treating a high glucose level (hyperglycaemia). - [Hyperglycaemia - Diabetes Australia](#)

Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy and is essential for life. - [Insulin - Diabetes Australia](#)

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level. - [Blood glucose monitors - Diabetes Australia](#)

Continuous Glucose Monitor: Continuous Glucose Monitoring (CGM) is a means of measuring glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A Continuous Glucose Monitoring System sensor is inserted into the skin separately to the insulin pump and measures the level of glucose in the interstitial fluid (fluid in the tissue).

The sensor continuously sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smart phone or dedicated device) so the user can view the information. The CGM receiver and/or compatible smart device can usually be set to send custom alerts to the user when certain glucose thresholds are reached or if levels are changing rapidly, reducing or eliminating the need for blood glucose finger prick tests and enabling early intervention to prevent the person becoming 'hypo' or 'hyper'. Children in Australia with type 1 diabetes have free access to CGM technology. - [Continuous glucose monitoring - Diabetes Australia](#)

Flash Glucose Monitor: Flash Glucose Monitoring (FGM) uses a sensor attached to the skin, much like a continuous glucose monitor, to measure glucose levels without finger pricks. In contrast to CGM, the FGM sensor will not continuously send readings to a device. The reader (certain blood glucose monitors and smart phones) is scanned over the sensor to obtain the data. [Flash glucose monitoring - Diabetes Australia](#)

Insulin pump: An insulin pump is a small battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump is Included more detail from the Diabetes Australia website to have a similar level of detail to other areas worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it stays in place. - [Insulin pumps - Diabetes Australia](#)

Ketoacidosis: Ketoacidosis is related to hyperglycaemia, it is a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It develops gradually over hours or days. It is a sign of insufficient insulin. High levels of ketones can make children very sick. Extra insulin is required (given to children by families) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

Symptoms of ketoacidosis may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone (similar to paint thinner or nail polish remover) smell on the breath, vomiting and/or dehydration.

This is a serious medical emergency and can be life threatening if not treated properly. If the symptoms are present, contact a doctor or call an ambulance immediately. - [Ketoacidosis - Diabetes Australia](#)

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that a Diabetes Policy is developed, implemented and complied by all staff, families, students and volunteers by all Hume City Council Early Years Services (Regulation 90)	R	✓	✓	✓	✓
Ensuring that at least one ECT/educator with current approved first aid qualifications (refer to Definitions) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	✓			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, families, students and volunteers at the service are provided with a copy of the Diabetes Policy, including the section on management strategies (refer to Attachment 1), and the Dealing with Medical Conditions Policy (Regulation 91)	R	✓	✓	✓	✓
Ensuring that all staff members and volunteers can identify the child living with diabetes, the child’s medical management plan and the location of the child’s medication are developed and implemented (Regulation 90)	R	✓	✓		✓
Ensuring that the programs delivered at the service are inclusive of children living with type 1 diabetes (refer to Inclusion and Equity Policy), and can participate in all activities safely and to their full potential	R	✓	✓		✓
Ensuring that the nominated supervisor, staff and volunteers at the service are aware and have discussed the child's diabetes action and management plan with their families. This plan details the strategies to be implemented for the child's diabetes management at the service (refer to Attachment 1)	R	✓	✓		✓
Following and implementing the diabetes management strategies detailed on the child's diabetes action and management plan while at the service (refer to Attachment 1)		✓	✓		✓

Administering medications as required, in accordance with the procedures outlined in the Administration of Medication Policy (Regulation 93)	R	R	✓		
Ensuring that staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families	✓	✓	✓	✓	✓
Organising appropriate professional development for early childhood teacher, educators and staff to enable them to work effectively with children living with type 1 diabetes and their families	✓	✓	✓	✓	✓
Compiling a list of children (including their photograph) living with type 1 diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child	R	✓	✓	✓	✓
Ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at enrolment or prior to commencement Regulation 90	R	✓		✓	
Ensuring that the nominated supervisor, early childhood teacher, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes	R	✓	✓		✓
Ensuring that a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's families, in accordance with Regulation 90(iii)	R	✓		✓	
Providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team				✓	
Working with the approved provider to develop a risk minimisation plan for their child				✓	
Ensuring that a communication plan is developed for staff and families at enrolment in accordance with Regulation 90(iv), and encouraging ongoing communication between families and staff regarding the management of the child's medical condition	R	✓	✓	✓	✓
Working with the approved provider to develop a communication plan				✓	
Communicating daily with families regarding the management of their child's diabetes		✓	✓	✓	✓
Ensuring that families provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan	R	✓		✓	
Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children living with type 1 diabetes		✓	✓		✓
Ensuring that children living with type 1 diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service	R	✓	✓		✓
Following appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma (Regulation 86).	R	✓	✓		✓

Sources and Related Policies

Sources

Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: <http://www.rch.org.au/diabetesmanual/>

Information about professional learning for teachers (i.e. Diabetes in Schools one day seminars for teachers and early childhood staff), sample management plans and online resources at Diabetes Victoria: www.diabetesvic.org.au/resources

Diabetes Victoria, Professional development program for schools and early childhood settings: https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R9000000HsgqyEAB&bdc=1

Diabetes in Schools - Resources and Information: <https://www.diabetesinschools.com.au/resources-and-information/>

Related Policies

- ✓ Administration of First Aid
- ✓ Child Safe Environment and Wellbeing
- ✓ Enrolment and Orientation
- ✓ Food Safety
- ✓ Incident, Injury, Trauma and Illness
- ✓ Nutrition, Oral Health and Active Play
- ✓ Privacy and Confidentiality
- ✓ Administration of Medication
- ✓ Dealing with Medical Conditions
- ✓ Excursions and Service Events
- ✓ Hygiene
- ✓ Inclusion and Equity
- ✓ Occupational Health and Safety
- ✓ Supervision of Children

Evaluation

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or following a hypo emergency at the service, to identify any changes required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Strategies for the Management of Diabetes in Children at the Service

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Strategies for the Management of Diabetes in Children at the Service

Strategy	Action
Monitoring of Glucose Levels	<ul style="list-style-type: none"> • Checking of glucose levels is performed using either a finger pick blood glucose monitor, continuous glucose monitoring or a flash glucose monitoring (refer to Definitions). The child's diabetes action and management plan should state the times that glucose levels should be checked, the method of relaying information to families about glucose levels and any intervention required if the glucose level is found to be below or above the child's target glucose range. A communication book can be used to provide information about the child's glucose levels between families and the service at the end of each session. • Children will need assistance with checking their glucose levels and if required to do a finger pick blood glucose check. • Families should be asked to teach service staff about glucose checking procedures. • Families are responsible for supplying a finger pick blood glucose monitor and in-date test strips if required for their child while at the service.
Managing Hypoglycaemia (Hypos)	<ul style="list-style-type: none"> • Hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. • Families are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.
Administering Insulin	<ul style="list-style-type: none"> • Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • As a guide, insulin for service-aged children may be administered via: <ul style="list-style-type: none"> • Twice daily injections: before breakfast and dinner at home • Multiple daily injections: either before meals or other specified times as indicated on the child's diabetes management plan • By a small insulin pump worn by the child • If insulin is required to be administered by the staff, then it is recommended that they receive skills-based training from the child's diabetes treating team.
Managing Ketones	<ul style="list-style-type: none"> • Finger pick blood ketone checking may be required when their blood glucose level is greater than or equals 15.0 mmol/L. • Refer to the child's diabetes action and management plan.
Off Site Excursions and Activities	<ul style="list-style-type: none"> • With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's families, as required.

Strategy	Action
Infection Control	<p>Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking finger pick blood glucose levels ensure child's hands are washed and dried prior to check.</p> <p>Ensure staff checking finger pick blood glucose level:</p> <ul style="list-style-type: none"> • wear disposable gloves • use the child's own lancet device • ensure it is stored safely so it cannot be used by other children; if more than one child living with type 1 diabetes at the service, never share lancet devices; staff should not remove the lancet from the device • safely disposing of all medical waste. • if insulin injections are administered at the service, staff should be instructed on the safe removal of the pen needle (without manually handling it) by the child's diabetes treating team, to avoid a possible needlestick injury. • a sharps' container to be supplied by families if insulin injections are administered at the service, for the disposal of used pen needles
Timing Meals	<ul style="list-style-type: none"> • Most meal requirements will fit into regular service routines. • Children living with type 1 diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot have delayed mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).
Physical Activity	<ul style="list-style-type: none"> • Some children living with diabetes may require carbohydrate food before planned extra physical activity. Their diabetes management plan will provide specific guidance • Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.
Participation in Special Events	<p>The service should seek families' advice regarding foods for special events such as parties/celebrations</p>
Communicating with Parents	<ul style="list-style-type: none"> • Services should communicate directly and regularly with families to ensure that their child's individual diabetes action and management plan is current. • Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. • Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.

Emergency and Evacuation

Quality Area 2

Purpose

This policy will provide a framework for:

- the development of specific emergency and evacuation procedures, practices and guidelines at all Hume City Council Early Years Services
- being informed by a risk assessment that identifies potential emergencies at Hume City Council Early Years Services
- raising the awareness of everyone attending any Hume City Council Early Years Service about potential emergency situations and appropriate responses.

Policy Statement

Values

Hume City Council is committed to:

- providing a safe environment for all children, staff and persons participating in programs at [Service Name]
- having a plan to manage emergency situations in a way that reduces risk to those present on the premises,
- ensuring effective procedures are in place to manage emergency incidents at the service,
- ensuring an appropriate response during and following emergency incidents to meet the needs of the children, their families, staff and others at the service,
- informing parents/guardians how communication will be provided in a case of emergency.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during off site excursions and activities.

Background and Legislation

Background

The Education and Care Services National Regulations 2011 define an emergency in relation to an education and care service as any situation or event that poses an imminent or severe risk to the persons at the service premises e.g., flood, fire or a situation that requires the service premises to be locked down.

Comprehensive emergency management includes prevention, preparedness, response and recovery. Services are required to have policies and procedures in place detailing what needs to be done in an emergency, including an emergency and evacuation floor plan. These policies and procedures must be based on a risk assessment that identifies potential emergencies relevant to the service (Regulation 97).

Policy and procedures should account for various emergency scenarios. These emergencies can encompass fires, smoke, personal injuries, threats, bomb threats, suspicious mail, biohazards, chemical spills, gas leaks, floods, and other natural disasters. In such situations, it may be necessary to evacuate or implement a lockdown. The policy and procedures must include comprehensive information to effectively handle all potential emergency situations within each specific service environment. Various emergency scenarios can entail varying levels of risk and demand different responses, depending on the location of the service. It is crucial to address these distinctions adequately in the policy and procedures.

In addition to the Education and Care Services National Law and National Regulations, service jurisdiction may have legislation regulating building facility requirements, such as workplace, and health and safety legislation which should also be considered.

Early childhood services have a duty of care to all attending the facility including the children, staff, volunteers, students, visitors, and contractors. It is also a requirement under the Occupational Health and Safety Act 2004 that employers provide a healthy and safe environment for all persons who access the service's facilities and/or programs. All services in Victoria are required to have an Emergency Management Plan (EMP) (refer to Definitions) as part of their everyday operations and are required to regularly rehearse their emergency and evacuation procedures (Regulation 97).

They must:

- Rehearse the procedures every 3 months and document it,
- Involve everyone present at the service at the time of the rehearsal. This includes all staff members, volunteers, children, and the responsible person who is present at the time of the rehearsal.

A copy of the service's emergency and evacuation policy and procedures must be available for inspection at the service premises at all times or on request.

DE provides Emergency Management Plan Guidelines and an Emergency Management Plan template (refer to Sources) to assist services to develop and review their EMP (refer to Sources). A copy should also be attached to this policy.

It is required in Element 2.2.2 of the National Quality Standard that emergency and evacuation procedures are developed in conjunction with relevant authorities/experts.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 Including Regulations 97, 98, 168(2)(e)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)

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

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

Definitions

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable Complaints, Serious Incidents, Duty of Care, etc. refer to the General Definitions section of this manual.

Country Fire Authority (CFA): CFA respond to a variety of fire and emergency incidents. They are also involved in a range of other activities including:

- fire safety building inspections
- delivering community awareness, education and safety programs
- post-incident analysis and fire investigation
- fire prevention planning and land use planning at a municipal level

Bushfire at Risk Register (BARR): Kindergartens and childcare facilities assessed to be at the highest risk of fire are placed on the department's BARR. Inclusion on this register is a trigger for the kindergarten or childcare facility to pre-emptively close on days determined Catastrophic in their Bureau of Meteorology district, as well as other pre-emptive and preparedness actions in line with their fire risk category.

Emergency drill/rehearsal: A process to rehearse anticipated emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and verify the adequacy of the emergency response

Emergency Management Plan (EMP): A written set of instructions for the service to prepare for and respond to emergencies. A guide to preparing an emergency plan and an Emergency Management Plan templates are available on the DE website (refer to Sources)

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

Evacuation floor plan: An evacuation plan is used where it is deemed necessary to evacuate the immediate area or building to ensure the safety and wellbeing of children and adults. It may also have the name 'evacuation diagram'

Evacuation route: Continuous path of travel (including exits, public corridors and the like) from any part of a building to a safe place

Fire Rescue Victoria (FRV): (previously known as Metropolitan Fire Brigade) respond to fires, complex rescues, road crashes, emergency medical calls and hazardous chemical spills. The FRV aims to reduce the incidence and impact of fire and other emergencies on the community. This is achieved through the delivery of educational strategies that assist the community to become more self-reliant, including:

- delivering expert fire and rescue services to the community they serve
- driving systemic change to the built environment through reforms to building design, regulations and legislation, and
- educating the community through fire prevention programs that improve community safety and build resilience

Fire Safety advisor: A specified role in some jurisdictions. May coordinate fire safety management plans, fire & evacuation plans, procedures, review & practice, and give/arrange instruction to staff on evacuation & the operation of firefighting equipment.

Hazard: A source/situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these

Incident Management Team (IMT): Is the group of incident management personnel comprising of the incident controller and other personnel appointed to be responsible for the functions of operations, planning, and logistics

Lock down: A security measure taken during an emergency to prevent people from leaving or entering a building or premises until the threat or risk has been resolved

Lock in: A security measure taken during an emergency to prevent people from leaving a building or premises until the threat or risk has been resolved

Lock out: A security measure taken during an emergency to prevent people from entering a building or premises until the threat or risk has been resolved

Planned closure: services identified as being at high fire risk and on the DET's Bushfire At-Risk Register will close on days determined to have a fire danger rating of Code Red by the Emergency Management Commissioner. Where possible, four to seven days' notice of a planned closure will be provided. Services not on the Department's Bushfire At-Risk Register will remain open, unless directly threatened by fire or another emergency

Risk assessment: A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations

Risk management: A structured approach to managing uncertainty related to a threat; a sequence of activities including the identification, assessment & prioritisation of risks followed by co-ordinated & economical application of resources to minimise, monitor and control the probability and/or impact of those risks.

WorkSafe Victoria: The manager of Victoria's workplace safety system. WorkSafe Victoria:

- strives to prevent workplace injuries, illness & fatalities
- provides benefits to injured workers & helps them to return to work
- enforces Victoria's occupational health & safety laws
- provides reasonably priced workplace injury insurance for employers
- provides emergency response 24 hours per day

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring the Emergency and Evacuation Policy and procedures are in place (Regulations 168) and available to all stakeholders (Regulations 171)	R	✓			
Taking reasonable steps to ensure that nominated supervisors, early childhood teachers, educators, staff and volunteers follow the policy and procedures and are aware of their responsibilities (Regulations 170)	R	✓			
Completing the DE Emergency Management Plan (refer to Definitions)	R	✓	✓		
Ensuring the service's emergency management contact details are up to date on NQAITS online portal & identifying if the service is on the BARR	R	✓			
Conducting a risk assessment to identify potential emergencies that the service may encounter at least once every 12 months, or as soon as practicable after becoming aware of any circumstance that may affect the safe evacuation of children from the service (Regulation 97(2))	R	✓	✓		
Conducting a risk assessment (refer to Definitions) of emergency evacuation routes and assembly points	R	✓	✓		
Developing instructions for what must be done in the event of an emergency (Regulation 97(1)(a)) (refer to Attachment)	R	✓	✓		
Ensuring necessary updates to the emergency & evacuation policies & procedures are implemented as soon as practicable after reviewing the risk assessment	R	✓	✓		✓
Developing an emergency and evacuation floor plan (refer to Definitions) (Regulation 97(1)(b)) (refer to Attachment)	R	✓			
Ensuring that a copy of the emergency and evacuation floor plan (refer to Definitions) and instructions are displayed in a prominent position near each exit at the service premises, and near each exit that forms part of the evacuation route out of the service (Regulation 97(4))	R	✓	✓		
Ensuring that the emergency and evacuation drills (refer to Definitions) are rehearsed and documented at least once every 3 months by everyone attending the service. If both a lock down and evacuation response procedure have been identified in the risk assessments and have been incorporated into the emergency plan, they will both need to be rehearsed every three months (Regulation 97(3)(a)) (refer to Attachment)	R	✓	✓		
Ensuring that all staff, students, volunteers and visitors are aware of emergency evacuation points	R	✓	✓		
Ensuring up-to-date portable emergency contact lists are held in each room within the service and that evacuation procedures state who will carry this list during evacuation	R	✓	✓		
Developing procedures that consider collecting children's medication and managing children's medical conditions	R	✓	✓		
Providing feedback regarding the effectiveness of emergency and evacuation procedures to inform policy, procedures and manuals etc.	✓	✓	✓	✓	✓
Testing alarms and communication systems regularly, such as on a monthly basis	R	✓			
Ensuring that those working at, or attending the service, have access to a phone (or similar means) for immediate communication with parents/guardians and emergency services (Regulation 98), and that phone numbers of emergency services are displayed	R	✓			
Identifying potential onsite hazards and taking action to manage and minimise risks (refer to Attachment)	R	✓	✓		✓

Ensuring all infrastructure and service equipment are regularly checked for condition and maintenance, including emergency exit lighting	R	✓			
Ensuring the location of first aid kits, fire extinguishers and other emergency equipment are clearly signposted	R	✓			
Ensuring all emergency equipment is maintained on a regular basis in accordance with requirements specified by regulations, such as the Australian Standards Building Code e.g. fire extinguishers, smoke detectors, evacuation kits, sprinkler systems and alarm or duress systems	R	✓			
Providing a fully-equipped portable first aid kit (Administration of First Aid Policy)	R	✓			
Ensure that designated emergency exits/routes are kept clear at all times to ensure that everyone can exit safely in the event of an evacuation	R	✓	✓		✓
Keeping lock-down (refer to Definitions) areas in a state of readiness so they are safe for children, staff and visitors to use	✓	✓	✓		✓
Attending regular training to ensure that they are able to deal with emergency situations e.g., first aid (Regulation 136), emergency management & OHS training	R	R	✓		✓
Regularly reviewing, evaluating and updating emergency management plans, manuals and procedures	R	✓	✓		✓
Developing procedures to debrief staff following emergency incidents and providing support to children before, during and after emergencies	✓	✓			
Conducting checks of documentation and practices to ensure all requirements of this policy are being complied with	R	✓	✓		✓
Informing the nominated supervisor or persons in day-to-day charge or, in their absence, the approved provider or person with management and control, about any serious incidents or notifiable incidents (refer to Definitions) at the service			✓		✓
Notifying DE in writing within 24 hours of a serious incident, change of circumstances and/or complaints (refer to Definitions)	R	✓			
Completing the Incident, Injury, Trauma and Illness Record (refer to Definitions) where required	R	✓	✓		✓
Notifying DE within 7 days of an incident that required the service to be closed, or a circumstance that posed a significant risk to the health, safety or wellbeing of a child attending the service (National Law: Section 174(2)(c); Regulations: 175(2)(b) & (c), 176)	R	✓			
Reporting notifiable incidents (refer to Definitions) in the workplace to WorkSafe Victoria (refer to Definitions)	R	✓			
Where possible engaging with Fire Rescue Victoria and/or Country Fire Authority (refer to Definitions) regarding fire safety awareness and training for the service, including demonstrations of fire equipment, basic fire safety, smoke alarm, fire blankets and escape plans	✓	✓	✓		
Identifying staff and children requiring additional assistance in the event of an emergency (refer to Attachment)	✓	✓	✓		✓
Ensuring that emergency contact details are provided on each child's enrolment form and that these are kept up to date	R	R	✓	✓	
Ensuring that an attendance record is completed and maintained to account for all children attending the service (Regulation 158)	R	R	R	R	
Keeping a written record of all visitors to the service, including time of arrival and departure	R	R	✓		
Ensuring all staff, parents/guardians, children, volunteers and students on placement understand the procedures to follow in the event of an emergency	R	R	✓	✓	✓
Ensuring there are induction procedures in place to inform new staff, including casual or relief staff, of the emergency and evacuation policy and procedures	R	✓			
Ensuring all staff, parents/guardians, children, volunteers, students on placement and others attending the service are accounted for in the event of an evacuation	R	✓			
Developing procedures to deal with loss of critical functions, such as power/water shut off	R	✓			
Ensuring that children are adequately supervised at all times and protected from hazards and harm (refer to Supervision of Children Policy)	R	R	R		
Raising children's awareness about potential emergency situations and appropriate responses		✓	✓		✓

Sources and Related Policies

Sources

Community Early Learning Australia – CELA's Simple Guide to bushfire advice for children's services: cela.org.au/2020/12/04/bushfire-advice-2020

Department of Education, Bushfire At-Risk Register: <https://www.education.vic.gov.au/about/programs/health/pages/bushfirerisk.aspx>

Department of Education, Emergency Management Requirements: www.education.vic.gov.au/childhood/providers/regulation/Pages/emergencymanagementrequirements.aspx

Department of Education, Risk Assessment Template: www.education.vic.gov.au/documents/childhood/providers/support/risk-assessment-table.docx

Fire Rescue Victoria: www.frv.vic.gov.au

Country Fire Authority: www.cfa.vic.gov.au

State Emergency Service: www.ses.vic.gov.au

WorkSafe Victoria: www.worksafe.vic.gov.au

Related Policies

- ✓ Administration of First Aid
- ✓ Child Safe Environment and Wellbeing
- ✓ Excursions and Service Events
- ✓ Incident, Injury, Trauma and Illness
- ✓ Staffing
- ✓ Administration of Medication
- ✓ Enrolment and Orientation
- ✓ Delivery and Collection of Children
- ✓ Occupational Health and Safety
- ✓ Supervision of Children

Evaluation

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

- review the policy to determine whether it adequately addresses a range of potential emergency situations
- regularly seek feedback from everyone affected by the policy regarding its effectiveness particularly following an emergency
- review procedures, including evacuation procedures, to determine their effectiveness, including timing and processes
- use information gained from checks on documentation and practices and the Incident, Injury, Trauma and Illness Record to inform proposed changes to this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required by legislation, research, policy and best practice
- consult with emergency services such as the FRV and CFA, to ensure the policy and procedures meet current best practices
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment : Emergency Management Plan Template
www.content.vic.gov.au/sites/default/files/2023-06/ECS_EMP_Template_2023-24.docx

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Epilepsy and Seizures

Quality Area 2

This policy was reviewed by the National Epilepsy Foundation. Visit the National Epilepsy Foundation website at <https://epilepsyfoundation.org.au/> for information.

Purpose

This policy will outline the procedures to:

- ensure that educators, staff, volunteers and families are aware of their obligations and required strategies in supporting children with epilepsy and non-epileptic seizures to safely and fully participate in the program and activities of any Hume City Council Early Years Service
- ensure that all necessary information for the effective management of children with epilepsy and non-epileptic seizures enrolled at any Hume City Council Early Years Service is collected and recorded so that these children receive appropriate attention when required.

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

Policy Statement

Values

Hume City Council is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy and non-epileptic seizures can participate to their full potential
- involving families in developing the policy and management plan for children with epilepsy or non-epileptic seizures
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy and non-epileptic seizures, its effects and strategies for appropriate management, among educators, staff, families and others involved in the education and care of children enrolled at the service

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students

on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during off site excursions and activities.

Background and Legislation

Background

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not.

“Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child’s abilities, learning and skills will be affected by seizures. Because the child’s brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan” (Children with epilepsy: A Teacher’s Guide, Epilepsy Foundation– refer to Sources).

Most people living with epilepsy have good control of their seizures through medication. It is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

Epilepsy smart Australia (ESA) (refer to Sources) has a range of resources and can assist with the development of an Epilepsy Management Plan. ESA and its national partners in every state/territory provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. Regulation 136 of the Education and Care Services National Regulations 2011 requires the approved provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, Hume City Council requires all educators have current approved first aid qualifications. Services who are caring for children living with epilepsy are advised that educators may need to undertake epilepsy emergency medication training and seizure first aid training for educators depending on the child’s needs. The Education and Care Services National Regulations 2011 states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)

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

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

Definitions

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

Absence seizure: Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.

ASMs: Anti-seizure medications used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

Emergency epilepsy medication: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of midazolam can administer this medication.

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: www.epilepsyfoundation.org.au

Epilepsy: A neurological disorder marked by sudden recurrent (two or more) episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain.

Epilepsy Management Plan (EMP): Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: www.epilepsyfoundation.org.au

Epileptic seizures: Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour. Most seizures are spontaneous and brief. However, multiple seizures known as seizure clusters can occur over a 24 hour period.

Non-epileptic seizures (NES): also known as dissociative seizures. There are 2 types of non-epileptic seizures:

- organic NESs which have a physical cause
- psychogenic NESs which are caused by mental or emotional processes

Focal (previously called simple or complex partial) seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

Generalised seizure: Both sides of the brain are involved and the person will lose consciousness. A Tonic-Clonic seizure is one type of generalised seizure.

Ketogenic diet: A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the families or carers.

Midazolam: Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of midazolam should occur rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer midazolam.

Midazolam kit: An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's families, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if families cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g., buccal, gloves, tissues, pen and paper, +/- stopwatch.

Seizure record: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

Seizure triggers: Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy.

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Providing all staff with a copy of the service's Epilepsy and Seizures Policy and ensuring that they are aware of all enrolled children living with epilepsy or non-epileptic seizures	R	✓	✓		✓
Providing families of children with epilepsy or non-epileptic seizures with a copy of the service's Epilepsy and Seizures Policy (Regulation 91) and Administration of Medication Policy, upon enrolment/diagnosis of their child	R	✓		✓	
Facilitating communication between management, educators, staff and families regarding the service's Epilepsy and Seizures Policy	✓	✓	✓	✓	✓
Ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law: Section 169(4) and National Regulations 137, and are approved by ACECQA	R	✓	✓		✓
Informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy or non-epileptic seizures				✓	
Providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service at the time of enrolment. This plan should be reviewed and updated at least annually				✓	
Ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old	✓	✓		✓	
Providing staff with a new updated Epilepsy Management Plan and medication record when changes to the order have been made (signed by the child's doctor/neurologist)				✓	

Communicating regularly with educators/staff in relation to the ongoing general health and wellbeing of their child, and the management of their child's epilepsy or non-epileptic seizures				✓	
Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with families/ their state epilepsy organisation/medical practitioner	R	✓	✓	✓	✓
Identifying and, where possible, minimising possible seizure triggers (refer to Definitions) as outlined in the child's Epilepsy Management Plan	R	✓	✓	✓	✓
Taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and to other offsite events	R	✓	✓		✓
Ensuring that all staff have current CPR training and are aware of seizure first aid procedures (refer to Attachment 1) when a child with epilepsy or non-epileptic seizures is enrolled at the service	R	✓	✓		✓
Ensuring all staff attend training conducted by their state/territory -based epilepsy organisation on the management of epilepsy and emergency management of seizures using emergency (epileptic) seizure medication, when a child with epilepsy is enrolled at the service	R	✓	✓		✓
Ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication	✓	✓			
Ensuring that medication is administered in accordance with the Administration of Medication Policy and information provided in the EMMP (method of administration, dose, time frame, frequency, maximum doses in a 24-hour period)	R	✓	✓		✓
Ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)	R	✓	✓		✓
Ensuring that emergency medication is stored correctly, as outlined in the training provided by the state/ territory- based epilepsy organisation, and that it remains within its expiration date	R	✓	✓	✓	✓
Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times				✓	
Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime or following administration of emergency medication following an emergency event.	R	✓	✓	✓	✓
Compiling a list of children with epilepsy and non-epileptic seizures and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy	R	✓			
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy and non-epileptic seizures, and the location of their medication and management plans	R	✓			
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy and non-epileptic seizures	R	✓	✓		✓
Ensuring that children with epilepsy and non-epileptic seizures are not discriminated against in any way	R	✓	✓		✓
Ensuring that children living with epilepsy and non-epileptic seizures can participate in all activities safely and to their full potential	R	✓	✓		✓
Encouraging their child to learn about their epilepsy and non-epileptic seizures, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.				✓	
Immediately communicating any concerns with families regarding the management of children with epilepsy at the service	R	✓	✓		✓
Communicating any concerns to families if a child's epilepsy is limiting his/her ability to participate fully in all activities	✓	✓	✓	✓	✓
Following appropriate reporting procedures set out in the Incident, Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		R
Organising general epilepsy management information sessions for families of children enrolled at the service, where appropriate. Information identifying which students within the service have a diagnosis of epilepsy, or student specific information, should only be shared with other parents/ guardians if consent has been gained from the Parent/ Guardian of the child with Epilepsy.	✓	✓			

Sources and Related Policies

Sources

The National Epilepsy Support Service phone 1300 761 487 Monday – Saturday, 9.00am to 7.00pm (AEST) provides support and information across Australia.

Epilepsy Foundation: www.epilepsyfoundation.org.au or phone (03) 9805 9111 or 1300 852 853

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA

Epilepsy Smart Schools initiative and resources: www.epilepsysmartschools.org.au

Related Policies

- ✓ Administration of First Aid
- ✓ Dealing with Medical Conditions
- ✓ Excursions and Service Events
- ✓ Inclusion and Equity
- ✓ Staffing
- ✓ Administration of Medication
- ✓ Emergency and Evacuation
- ✓ Incident, Injury, Trauma and Illness
- ✓ Privacy and Confidentiality

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Seizure First Aid

Attachment 2: Enrolment Checklist for Children Prescribed Midazolam

Attachment 3: Sample Risk Minimisation Plan for Children Prescribed Midazolam

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Seizure First Aid

Tonic-Clonic Seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- Do not attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Cover the person's body with a blanket.
- Stay with and reassure the person until they have recovered.

Absence Seizure

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for daydreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

Focal Seizure

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call an Ambulance:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan
- if the seizure continues for more than five minutes
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

Emergency services: 000

National Epilepsy Support Service

- The National Epilepsy Support Service is available Mon – Sat, 9:00am – 7:00pm (AEST) to provide support and information across Australia. Phone: 1300 761 487. Email: support@epilepsysmart.org.au
- The National Epilepsy Support Service is not a medical emergency line. If you are experiencing a medical emergency, call 000.

Epilepsy Smart Australia

- A [national partnership](#) working together to bring you the best knowledge and resources about the management of epilepsy. There's help for people with epilepsy, those who support them, and for broader community organisations and companies.
- Please contact the National Epilepsy Support Service for details of your state/territory epilepsy organisation.

ATTACHMENT 2

Enrolment Checklist for Children Prescribed Midazolam

- A risk minimisation plan is completed in consultation with families prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Families of a child prescribed midazolam have been provided with a copy of the service's Epilepsy Policy and Dealing with Medical Conditions Policy.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at: <https://www.epilepsyfoundation.org.au/epilepsy-management-plans/>).
- A copy of the child's EMMP is included in the child's midazolam kit (refer to Definitions).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Staff have undertaken epilepsy training through their state/territory epilepsy organisation, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to Definitions).
- Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to Definitions).
- A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- Contact details of all families and authorised nominees are current and accessible.

ATTACHMENT 3

Sample Risk Minimisation Plan for Children Prescribed Midazolam

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with families.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?

- Who are the children?** List the name & room of each child diagnosed with epilepsy & ensure appropriate privacy is maintained in identifying these names to non-staff.
- What are their seizure triggers?** What are the seizure triggers for the children?
 List strategies that will minimise these triggers occurring (e.g., avoiding flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.).
- Do staff know what the child's seizures look like and how to support the child?** List the strategies for ensuring that all staff, including casual and relief staff, recognise what the child's seizures look like and what support the child may need.
 If the child is prescribed midazolam for emergency use, ensure that trained staff know where the midazolam kit is located.
- Do staff know what constitutes an emergency and do they know what to do?** All staff have read and understood the child's Epilepsy Management Plan (EMP), and know:
 - what constitutes an emergency and when to call an ambulance
 - how to provide support to the child during and after a seizure.
- If midazolam is prescribed, how does the service ensure its safe administration and storage?** Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's Epilepsy Policy.
 Record the date that families provide an unused, in-date and complete midazolam kit.
 Record the date and name of staff who have attended child-specific training in the administration of midazolam.
 Test that all trained staff know the location of the midazolam kit and Emergency Medication Management Plan (EMMP) for each child.
 Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule.
 Ensure the midazolam kit is maintained according to the instructions in this Epilepsy Policy (refer to Definitions: midazolam kit).
 Display the Epilepsy First Aid poster in staff areas.
 The midazolam kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g., for excursions.

Do trained people know when and how to administer midazolam to a child who is prescribed it?

- Know the contents of each child's EMMP & EMP and implement the procedures, and ensure that all staff have undertaken training through your Epilepsy Smart Australia state/territory epilepsy organisation.
- Know:
 - who will administer the midazolam and stay with the child
 - who will telephone the ambulance and the families of the child
 - who will ensure the supervision of other children at the service
 - who will let the ambulance officers into the service and take them to the child.

E Safety for Children

Quality Area 2

Purpose

This policy will provide guidelines for Hume City Council Early Years Services to:

- provide a safe online environment for all children which ensures their safety, health and wellbeing
- support young children to develop an understanding of digital networks and to using digital networks in safe and appropriate ways
- incorporate technology into early learning environment in an age appropriate and safe way
- support and communicate with families about safe online practices at home and in the community

Policy Statement

Values

Hume City Council is committed to:

- the rights of all children to feel safe, and be safe at all times
- fostering opportunities for each child to participate in the digital environment, express their views and to learn safely
- always acting in the best interests of each child and has zero tolerance of online abuse
- supporting families in creating a safe on-line environment both at home and at the service

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during off site excursions and activities.

Background and Legislation

Background

Young children are growing up in a technological world and need to be supported to understand how technology works and the impact it has on their lives. Technology is now used by young children in early childhood services, and at home for gaming, socialising and learning. When used wisely technology can support children's learning and relationships. Enjoyable and engaging shared experiences that optimise the potential for children's learning and development can support children's relationships both with adults and their peers.

The Early Years Learning Framework (the Framework) was developed to extend and enrich children's learning from birth to five years. The Framework assists early childhood teachers and educators' in providing young children with opportunities to maximise their potential and develop a foundation for future success in learning. Outcome 4 of the Framework talks about how children are confident and involved learners. It encourages early learning services to introduce children to appropriate tools, technologies and media and provide the children with skills, knowledge and techniques to enhance their learning. Outcome 4 also states that children should experiment with different types of technologies to investigate, and problem solve.

Outcome 5 of the Framework talks about how children are effective communicators and provides guidance to early childhood teacher and educators in supporting children to use information and communication technologies to access information, investigate ideas and represent their thinking.

That being the case, the early childhood sector plays an important role in supporting children's learning and development in relation to technology and staying safe online. Importantly, young children need to be provided the opportunity to learn about online safety and use technology in appropriate ways.

Young children and their families participate in digital contexts in different ways according to their access to digital technologies, the internet, and the views they hold about the role digital technology plays in their lives. Research indicates that internet access and digital technology is influenced by socioeconomic resources, geographic location, gender and age (Judge, Puckett & Cabuk, 2004). Families' beliefs and attitudes about digital technology also influence the access their children have to different types of digital technologies (Blackwell, Lauricella, Wartella, Robb & Schomburg, 2013). Therefore, the experience of growing up in digital contexts is not universally the same, as not every child and family will use, value or understand digital technologies in the same way. However, all children have the right to actively participate online, this includes the right to be heard, the right to be respected and the right to feel safe.

Educators are accustomed to working in partnership with families in many areas of children's development. Now that young children are growing up in digital contexts, it's also important for educators and families to work in partnership regarding the use of digital technologies with, by and for young children. An educator's role is not necessarily to teach children about the technology itself, but to create learning environments where educators and children think, talk and learn about technology and online safety together.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Early Childhood Australia Code of Ethics
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety and Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Online Safety Act 2021
- Privacy Act 1988 (Cth)
- United Nations Convention on the Rights of the Child

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

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

Definitions

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

Co-playing: When two or more children and/or an adult and child(ren) engage in play together, communicating about their actions, about the content, or interacting in any way.

Co-viewing: Occurs as two or more people view the same content together, promoting opportunity for conversation and communication about the content they are viewing.

Digital citizenship: Citizenship in digital contexts recognises that young children are active participants in their communities now and into the future

Digital communication platforms: video teleconferencing software program such as Zoom, Google Classroom, Microsoft Teams, Webex Meetings, Skype

Digital contexts: involve both actual access to digital technologies and the ways in which people think about and value the use of digital technologies in their lives.

Digital data: Information that is transmitted digitally, including (but not limited to) text, audio, images and video.

Digital documentation: Recording and analysing children's engagement and learning using digital tools. This can include photos, text and video and may be communicated via an online platform.

Digital literacy: The ability to identify and use technology confidently, creatively and critically to meet the demands and challenges of living, learning and working with digital technologies like internet platforms, social media, and mobile devices.

Digital technology: Microprocessors or small 'chips' that convert information into numbers, digital technology enables large amounts of data to be stored and shared so that it can be accessed, created and used by people anywhere, at any time. Digital technologies are frequently networked or connected, enabling people to share, communicate, store, retrieve and manipulate digital data for education, entertainment, recreational, organisational and work purposes. There many types of digital technologies used by people in daily life include computers, tablets, smart televisions, smartphones and smart watches

eSafety Commissioner: Australia's national independent regulator for online safety. purpose is to help safeguard Australians at risk from online harms and to promote safer, more positive online experiences

Filtering: Software designed to automatically sort incoming emails into folders, block access to certain web pages, etc., according to present rules or conditions.

Interactive media: refers to digital and analog materials, including software programs, applications (apps), broadcast and streaming media, some children's television programming, e-books, the Internet, and other forms of content designed to facilitate active and creative use by young children and to encourage social engagement with other children and adults.

Screen time: A general term that includes any time a child engages with an electronic screen, including (but not limited to) watching television, engaging with educational games or creating digital books.

Sedentary behaviour: Sitting or lying down; awake but relatively inactive or stationary.

Self-regulation: The capacity for children (and adults) to regulate their behaviour in response to their emotions and thinking.

Technology: The development of new objects or tools by people that help them in their lives. Three broad types of technology are mechanical technology (e.g. wheels, blocks, levers, gears); analogue technology (e.g. film-based photography, drawing, painting); and digital technology (e.g. mobile phones and computers).

Wearable technologies: Digital technologies that can be worn, e.g. watches, fitness tracking devices, jewellery and clothes made with electronic textiles.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Designating a staff member/s to champion online safety and be a first point of contact for early childhood teachers, educators, staff, parents/guardians and children to report online safety issues	R	✓			
Online environment is used in accordance with Code of Conduct, Child Safe Environment & Wellbeing & Mental Health & Wellbeing Policy	R	R	✓		✓
Early childhood teachers and educators engaged in professional learning about online safety (such as eSafety’s professional learning modules) (refer to Sources), enabling them to identify and mitigate the risks associated with being online	✓	✓	✓		✓
Providing early childhood teachers and educators with regular opportunities to engage in ongoing, informal professional learning so they have up-to-date information about the risks and changing practices in online safety	✓	✓			
Engaging in professional learning to build capacity and support the implementation of online safety education.	✓	✓	✓		✓
Ensuring that early childhood teachers and educators are aware of and compliant with Information and Communication Technology and Privacy and Confidentiality policies and prior to children's use, undertake a risk assessment of all online tools & platforms	R	R	✓		✓
Consider risk management plans when engaging with third party contractors to assess whether, and the extent to which, the engagement of third-party contractors pose risks of child abuse and harm	R	R	✓		✓
Ensuring safety procedures are developed and implemented when using digital communication platforms (refer to Definitions) with children and their families	R	R	✓		✓
Ensuring when using digital documentation platforms, early childhood teachers and educators consider the security of their digital data and the privacy of children and families (refer to Privacy and Confidentiality Policy and Information and Communication Technology Policy)	R	R	✓		✓
Ensuring there are procedures and processes around the capturing, storing and sharing of children’s images and videos (refer to Information and Communication Technology and Privacy and Confidentiality policy)	R	R	✓	✓	✓
Creating a shared understanding between Hume City Council, families, and educators about digital technology use, by adults, in front of children	✓	✓	✓	✓	✓
Ensuring that appropriate filtering (refer to Definitions) and monitoring are in place for all devices used at the service	R	R	✓		✓
Reviewing online safety education annually to identify strengths & weaknesses & update to ensure relevance to online safety issues, risks, & harms and ensuring parents/guardians are involved in the development and review of the eSafety policy	R	✓	✓	✓	✓
Providing families with information on where to go for help with online safety issues, including the eSafety Commissioner (refer to Sources) and regularly discussing concepts of ‘being online’ or ‘the internet’ and online safety with children (refer to Sources)	✓	✓	✓	✓	✓
Providing children with the opportunity to engage in digital play through communicating, creating and consuming digital content in safe and age-appropriate ways	✓	✓	✓	✓	✓
Providing proactive supervision when young children are using digital technology (refer to Supervision of Children policy) and Ensuring an online safety agreement is created in collaboration with children and families (refer to Sources)	R	✓	✓	✓	✓

Developing and implementing a digital learning environment and opportunities that are accessible to and relevant for all age groups	✓	✓	✓		
Using digital technologies to promote social interactions between children, peers and early childhood teacher/educators	✓	✓	✓		
Teaching digital citizenship (refer to Definitions) and digital/media literacy (refer to Definitions) to support critical thinking		✓	✓		✓
Developing social and emotional learning skills to support children understanding and management of emotions, respectful online relationships and resilience		✓	✓		✓
Providing opportunities for children to explore and experiment with the functions of a diverse range of digital technologies (refer to Definitions) alongside adult modelling and instruction in digital technology use		✓	✓		✓
Considering the needs of all children including those with disability, Aboriginal and Torres Strait Islander students, LGBTQI students, those from diverse linguistic & cultural backgrounds, children experiencing family breakdown or in out of home care & others who may be more vulnerable and susceptible to online harms.	R	✓	✓		✓
Modelling self-regulated (refer to Definitions) digital technology use with children and families that recognises the importance of sustained social interactions between children and adults		✓	✓		✓
Respecting children and family's diversity and strive to meet their needs for online safety education inclusive of gender, age, culture, ability, appearance, socioeconomic status, family background, geographical location, and access	R	R	✓	✓	✓
Ensuring processes are in place to ensure children and parents/guardian who speak languages other than English understand this policy	R	✓			
Upholding children's rights to provision, participation and protection in digital environments and ensure children know what to do if they encounter inappropriate materials online	R	✓	✓		✓
Asking children their permission before taking photos or videos and implementing the uses of technologies in everyday life and use real or imaginary technologies as props in children's play	✓	✓	✓		✓
Supporting the use of digital technologies (refer to Definitions) in the curriculum as tools for designing, drawing, editing, reflecting and composing and modelling internet use with children for learning purposes and provide opportunities for assessing the quality and relevance of information		✓	✓		✓
Providing opportunities for children to explore and experiment with the functions of a diverse range of digital technologies (refer to Definitions) alongside adult modelling and instruction in digital technology use.		✓	✓		✓
Modelling active decision making regarding digital technology use with, by and for young children that provides a balance of digital and non-digital experiences and activities at the service		✓	✓		✓
Providing digital technology experiences for young children that promote movement opportunities and ensuring that screen-based digital technology use while sitting is only for short periods & does not replace periods of active physical movement		✓	✓		✓
Promoting postural awareness and change by providing a variety of spaces and heights for children to use digital technologies		✓	✓		✓
Helping children develop self-regulation (refer to Definitions) for using digital technologies and support them to transition from digital to non-digital activities		✓	✓		✓
Encouraging the use of digital technologies (refer to Definitions) in the curriculum for children to access images and information, explore diverse perspectives and make sense of their world		✓	✓		✓
Teaching children skills and techniques that encourage them to use technologies to explore new information and represent their ideas.		✓	✓		✓
Developing strategies for families to communicate and raise online issues	R	R			
Supporting families to understand that exposure to disturbing or arousing content and screens in the hour before sleep time decreases the length and quality of children's sleep and directing families towards government and/or not-for-profit organisations for advice and resources on controls and the selection of digital media, content, apps and games that are appropriate for use by young children (refer to Sources)	✓	✓	✓		

Sources and Related Policies

Sources

Early Childhood Australia Statement on young children and digital technology:
<http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2018/10/Digital-policy-statement.pdf>

Early Year Learning and Development Framework:
<https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

eSafety Commissioner: <https://www.esafety.gov.au/>

eSafety's professional learning modules:
<https://www.esafety.gov.au/educators/training-for-professionals/early-years>

Online Safety Agreement: <https://www.esafety.gov.au/educators/early-years-program/online-safety-agreement>

The eSafety Guide: <https://www.esafety.gov.au/key-issues/esafety-guide>

The Playing IT Safe Framework and Alignment: <https://playingitsafe.org.au/>

Victorian Early Years Learning and Development Framework:
<https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Educational Program
- ✓ Inclusion and Equity
- ✓ Interactions with Children
- ✓ Privacy and Confidentiality
- ✓ Compliments and Complaints
- ✓ Enrolment and Orientation
- ✓ Information Communication Technology
- ✓ Occupational Health and Safety
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2023**.

Review Date: **31 March 2026**.

Excursions and Service Events

Quality Area 2



This policy is aligned to the key policies & guidelines of the Healthy Early Childhood Services Achievement Program.

Purpose

This policy will provide guidelines for Hume City Council Early Years Services to plan and conduct safe and appropriate excursions, regular outings, and service events.

Policy Statement

Values

Hume City Council:

- providing opportunities through the educational program for children to explore and experience the wider environment and broader community
- ensuring that all excursions, regular outings and service events are accessible, affordable and contribute to children's learning and development
- ensuring the health, safety and wellbeing of children at all times, conducting risk assessments and ensuring authorisations are obtained from parents/guardians
- providing adequate supervision of all children during excursions, regular outings and service events
- promoting road safety education and safe active travel for children.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during off site excursions and activities.

Background and Legislation

Background

Excursions and service events are planned to extend the educational program and further develop the current interests of children. The Victorian Early Years Learning and Development Framework (refer to Sources) states that "Participating in their

communities strengthens children's sense of identity and wellbeing" (Outcome 2: Children are connected with and contribute to their world). The purpose and educational value of each excursion or service event should be clearly communicated to parents/guardians.

When planning excursions and service events, it is important to ensure that they are inclusive of all members of the service community. Consideration must be given to any extra costs involved and the ability of families to pay these costs. Consideration must also be given to ensuring that all children can attend regardless of their abilities, additional needs or medical conditions (refer to Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy). Clear procedures must be developed and followed, and these should be communicated to parents/guardians.

A risk assessment must be carried out for each excursion to determine any risks to children's health, safety or wellbeing before permission is sought from parents/guardians (Regulations 100, 101). The risk assessment must identify each risk and specify how the risk will be managed and/or minimised (Regulation 101). Written authorisation for the child to attend the excursion must be obtained from a parent/guardian or person named in the child's enrolment record before the child can be taken outside the service premises. For details regarding information to be included in the written authorisation, refer to Attachment 1.

Active travel excursions near the service have a range of benefits including:

- children and staff being physically active
- providing the opportunity to practice road safety
- engaging with the community

Early childhood road safety education aims to reduce the risk of serious injury and death from road trauma. It also aims to lay the foundations for children to become safe and independent road and transport users in the future. Road safety education is an important part of a holistic approach to keeping children safe around traffic and in the road environment. Effective traffic skills are best learned if they occur in a real environment i.e., using crossings and traffic lights.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 1: Educational Program and Practice and Quality Area 2: Children's Health and Safety

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

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

Definitions

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

Adequate supervision: (In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

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

Excursion: An outing organised by the education and care service. The written permission of parents/guardians or a person named on the child's enrolment record as having lawful authority must be obtained before educators/staff take children outside the service premises. Under the National Regulations, the definition of 'excursion' does not include an outing organised by services operating from a school site, where the child/ren leave the service premises with an educator/staff member, but do not leave the school site'.

Risk assessment: (In the context of this policy) a risk assessment must identify and assess any hazard that poses a risk to a child's health, safety and/or wellbeing while on an excursion, and specify how these risks will be managed and/or minimised (Regulation 101). Risk assessments must consider:

- the proposed route and location of the excursion
- any water hazards (refer to Water Safety Policy)
- any risks associated with water-based activities (refer to Water Safety Policy)
- transport to and from the proposed location of the excursion (refer to Occupational Health and Safety Policy)
- the number of adults and children participating in the excursion

- the number of educators or other responsible adults who will be providing supervision given the level of risk, and whether or not specialised skills are required (e.g., lifesaving skills)
- the proposed activities, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- the proposed duration of the excursion, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- any items/information that should be taken on the excursion e.g., first aid kit, emergency contact details for children, medication for children with known medical conditions (such as asthma, anaphylaxis and diabetes) and a mobile phone.

A sample Excursion Risk Management Plan is provided on the ACECQA website at: www.acecqa.gov.au (search Sample forms and templates)

Regular outing: (In relation to education and care services) means an excursion (refer to Definitions) such as a walk, drive or trip to/from a location that the service visits regularly as part of its educational program, and where the circumstances covered by the risk assessment are the same on each trip. If an excursion is a regular outing, an authorisation from parents/guardians is only required to be obtained once every 12 months. A new authorisation is required if there is any change to the circumstances of the regular outing.

Service event: A special activity, event, visitor or entertainment organised by the education and care service that may be conducted as part of a regular session at the service premises or as an excursion.

Supervision: refer to adequate supervision in Definitions above.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Developing an Excursions and Service Events Policy in consultation with the nominated supervisor, staff and parents/guardians at the service (Regulation 168)	R	✓	✓	✓	✓
Ensuring that staff, volunteers, students and others at the service are provided with a copy of the Excursions and Service Events Policy and comply with its requirements (Regulation 171)	R	✓	✓	✓	✓
Ensuring that all parents/guardians have completed, signed and dated their child's enrolment form (refer to Enrolment and Orientation Policy) including details of persons able to authorise an educator to take their child outside the service premises (Regulation 99, 160, 161)	R	✓	✓	✓	✓
Ensuring that parents/guardians or persons named in the enrolment record have provided written authorisation (Regulation 99) within the past 12 months where the service is to take the child on regular outings (refer to Definitions), and that this authorisation is kept in the child's enrolment record (Regulation 161) (refer to Attachment 1)	R	✓	✓	✓	✓
Ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 99, 102(4) (refer to Attachment 1)	R	✓	✓		✓
Ensuring that the number of children attending an excursion does not exceed the number for which service approval has been granted on that day	R	✓	✓		
Ensuring that educator-to-child ratios are maintained at all times, including during excursions, regular outings and service events (Regulations 123)	R	✓	✓		
Ensuring that children are adequately supervised (refer to Definitions) at all times (Regulation 122) (National Law: Section 165)	R	✓	✓		✓
Ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children (refer to Participation of Volunteers and Students Policy)	R	✓	✓		
Ensuring that a risk assessment (refer to Definitions) is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100), including suitability of venue	R	✓	✓		
Ensuring the risk assessment (refer to Definitions) identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101	R	✓	✓		
Developing strategies to improve children's safety in high-risk situations such as excursions near water or near a road (refer to Supervision of Children Policy, Water Safety Policy and Road Safety and Safe Transport Policy)	R	✓	✓		
Ensuring a new risk assessment is completed when circumstances change for regular outings	R	✓	✓		
Ensuring that staff comply with the Road Safety and Safe Transport Policy	R	✓	✓	✓	✓
Encouraging families to comply with the Road Safety and Safe Transport Policy	R	✓	✓	✓	✓

Providing road safety education as part of the curriculum		✓	✓		
Where appropriate, taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness		✓	✓		
Ensuring that excursions and service events are based on an approved learning framework, the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to Educational Program Policy)		✓	✓		
Ensuring that there is a clear purpose and educational value to each excursion or service event, and that this is communicated to parents/guardians		✓	✓		
Discussing the aims and objectives of the excursion or service event, and items of special interest, with children prior to undertaking the activity		✓	✓		
Involving children in consultation and decision-making processes		✓	✓		✓
Ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions (refer to Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy)	R	✓	✓		
Ensuring strategies are in place to provide an accurate attendance record (refer to Definitions) for children attending an excursion, and for children remaining at the service while an excursion is happening	R	✓			
Ensuring strategies are in place to ensure that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual	R	✓	✓		
Ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities (refer to Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy)	R	✓	✓	✓	✓
Ensuring an accurate attendance record (refer to Definitions) is kept for children attending an excursion, and for children remaining at the service while an excursion is happening	R	✓	✓		✓
Ensuring that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual	✓	✓	✓		
Understanding that, if they participate in an excursion or service event as a volunteer, they will be always under the immediate supervision of an ECT/educator or the approved provider				✓	✓
If participating in an excursion, regular outing or service event, informing an educator immediately if a child appears to be missing from the group				✓	✓
Supervising and caring for siblings and other children in their care who are not enrolled in the program				✓	
Taking a portable first aid kit (including required medication for dealing with medical conditions) on excursions and other offsite activities (Regulation 89)	R	✓	✓		✓
Ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities (refer to Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy) (Regulation 90)	R	✓	✓	✓	✓
Ensuring a mobile phone, the emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness (Regulation 98)	R	✓	✓		
Ensuring sunscreen and hats are taken on excursions and is available as required for service events and that outdoor excursion venues provide adequate shade	R	✓	✓		✓
Informing parents/guardians of items required by children for the excursion, adventure activities or service event e.g., snack/lunch, sunscreen, coat etc	✓	✓	✓		
Displaying a notice at the service indicating that children are on an excursion, and including the location of the excursion and expected time of return to the service	✓	✓	✓		

Sources and Related Policies

Sources

Belonging, Being & Becoming – The Early Years Learning Framework for Australia: www.acecqa.gov.au

Guide to the National Quality Standard, ACECQA: www.acecqa.gov.au

ELAA's Road Safety Education program www.childroadsafety.org.au

Victorian Early Years Learning and Development Framework: www.education.vic.gov.au

VicRoads: www.vicroads.vic.gov.au

Child Health Promotion Research Centre & Edith Cowan University (2012) National Practices for Early Childhood Road Safety Education: <https://childroadsafety.org.au/assets/Research/National-Practices-for-EC-RSE.pdf>

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Administration of Medication
- ✓ Asthma
- ✓ Dealing with Medical Conditions
- ✓ Diabetes
- ✓ Emergency and Evacuation
- ✓ Epilepsy
- ✓ Hygiene
- ✓ Inclusion and Equity
- ✓ Nutrition, Oral Health and Active Play
- ✓ Participation of Volunteers and Students
- ✓ Road Safety and Safe Transport
- ✓ Supervision of Children
- ✓ Administration of First Aid
- ✓ Anaphylaxis
- ✓ Code of Conduct
- ✓ Delivery and Collection of Children

- ✓ Educational Program
- ✓ Enrolment and Orientation
- ✓ Food Safety
- ✓ Incident, Injury, Trauma and Illness
- ✓ Interactions with Children
- ✓ Occupational Health and Safety
- ✓ Privacy and Confidentiality
- ✓ Sun Protection
- ✓ Water Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Developing an excursion/service event authorisation form

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Developing an Excursion/Service Event Authorisation Form

The Education and Care Services National Regulations 2011 (Regulation 102 (4)) specify that written authorisations for excursions, given by a parent/guardian or person authorised on the child's enrolment record, must include the following details:

- the child's name
- the reason the child is to be taken outside the service premises
- the date the child is to be taken on the excursion (unless the authorisation is for a regular outing (refer to Definitions))
- a description of the proposed location of the excursion
- the method of transport to be used
- proposed activities to be undertaken as part of the excursion
- the period of time that the child will be away from the service premises
- the anticipated number of children attending the excursion
- the anticipated ratio of educators to children attending the excursion
- the anticipated number of staff members, and any other adults who will accompany and supervise children on the excursion
- confirmation that a risk assessment has been prepared and is available at the service.

The authorisation form should require parents/guardians to include contact details for two people and for the child's medical practitioner in the event that the child experiences an incident, injury, trauma or illness while on the excursion.

The form must be signed and dated by the parent/guardian or a person authorised on the child's enrolment form.

Services should also include information about:

- additional costs involved, if any, and
- whether parents/guardians/siblings are able to participate in the excursion and, if so, details of the supervision requirements for additional family members.

Family Violence Support

Quality Area 2

Purpose

This policy outlines the range of supports available to children, families and staff affected by family violence and outlines Hume City Council's reporting requirements in relation to family violence.

Policy Statement

Values

Hume City Council is committed to:

- zero tolerance to family violence
- promoting collaborative, multi-agency practice and information sharing
- promoting a shared understanding of family violence across the community, including Aboriginal and diverse communities
- providing a culturally safe response, recognising victim survivor as the expert in their own experience and including and supporting them to make decisions about their own safety and wellbeing.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during off site excursions and activities.

Background and Legislation

Background

Family violence is a widespread and serious problem in Australia, which can have serious consequences for individuals, families and the community. Family violence has profoundly negative effects on children, whether they are directly targeted, witness the violence or are aware of the violence in the family. Children can suffer from a variety of physical, spiritual, emotional, mental and developmental effects as a result of family violence. Long term effects of trauma from family violence can be carried into adulthood and result in a range of detrimental emotional, mental

and behavioural problems. Family violence differs from other forms of violence; it is generally underpinned by a pattern of coercion, control and domination by one person over another. While family violence can begin at the start of a relationship, it can also increase and change over time. There are times where there is increased risk, including pregnancy and separation (or attempted separation). Family violence is generally part of a longer-term pattern, rather than a one-off event. The Royal Commission into Family Violence (the Commission) delivered its report in March 2016, with 227 recommendations. The Commission recommended the review and redevelopment of the Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework [CRAF]), and to embed it into the Family Violence Protection Act 2008 (Vic) (FVPA). The Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) updates and replaces the CRAF and is informed by consultations with more than 1650 practitioners, subject matter experts, and evidence-base reviews.

The MARAM Framework outlines:

- an approach to practice which is underpinned by the framework principles
- four conceptual 'pillars' for organisations to align their policies, procedures, practice guidelines and tools
- information to support a shared understanding of the experience of risk and its impact on individuals, families and communities
- expectations of practice that are underpinned by a shared understanding of the range of roles across the service system, and consistent and collaborative practice
- an expansion of the range of organisations and sectors who will have a formal role in family violence risk assessment and risk management practice.

The MARAM Framework can be used by all services that come into contact with individuals and families experiencing family violence. The MARAM Framework creates a shared responsibility between individual professionals, services and whole sectors. This allows the service to provide more options to keep victim survivors safe, and for a stronger, more collaborative approach that can keep perpetrators in view and accountable for their actions and behaviours. The Family Violence Information Sharing Scheme (FVISS) (refer to Definitions) has been established under Part 5A of the Family Violence Protection Act 2008, enabling relevant information to be shared between prescribed information sharing entities [ISEs] (refer to Definitions) to assess and manage family violence risk. The Child Information Sharing Scheme [CISS] (refer to Definitions), established under Part 6A of the Child Wellbeing and Safety Act 2005, enables prescribed ISEs (refer to Definitions) to share information with each other in order to promote the wellbeing and safety of children, including in situations where family violence is suspected or established as being present. Guidelines issued under each of the information sharing schemes require ISEs (refer to Definitions) to refer to the MARAM Framework where family violence is present.

The Information Sharing Scheme does not change child safety obligations. It complements existing privacy laws (refer to Privacy and Confidentiality Policy) and will enhance the ability of early education and care services to meet child wellbeing and safety responsibilities under the Child Safe Standards (refer to Definitions) and comply with mandatory reporting and other reporting obligations. The Information Sharing Scheme will enable services to request and share information and collaborate earlier and more proactively to support outcomes for children and their families and streamline their experience across services. It removes barriers for ISEs (refer to Definitions) to share information as they allow information to be shared before serious risk or threat occurs, allowing earlier identification of needs or issues and early support for children and families.

Furthermore, while mandatory reporting is often a one-way information exchange, CISS (refer to Definitions) and FVISS (refer to Definitions) allow ISEs (refer to Definitions) to request information back and have an ongoing dialogue to promote the wellbeing and safety of children and manage dynamic risks. Child Link will be a web-based platform that displays information about a child to authorised key professionals who have responsibility for child wellbeing and safety. Child Link will show limited but critical information, such as a child's participation in early childhood and education services. Information displayed on Child Link will only be accessible to authorised users. Most users will be professionals who have regular contact with children and families and will be able to identify and intervene early where there is a wellbeing or safety concern. Professionals will need to be authorised by a designated senior staff member within their service to gain access to Child Link. Child Link will become operational by December 2021, with authorised professionals progressively onboarded from 2022 onward. Professionals will have to undertake mandatory training before gaining access to Child Link.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards (Vic)
- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety (Information Sharing) Regulations 2018 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Violence Protection Act 2008
- Family Violence Protection (Information Sharing and Risk Management) Regulations 2018
- National Quality Standard, Quality Area 2: Children's Health and Safety and Quality Area 6: Collaborative Partnerships with Families and Communities
- Privacy and Data Protection Act 2013 (Vic)

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

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

Definitions

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

Child: a person who is under the age of 18 years (which includes infants and adolescents).

Child FIRST: A Victorian community-based intake and referral service linked with Family Services. Child FIRST links vulnerable children, young people and their families to support services, including where required Child Protection

Child Information Sharing Scheme (CISS): enables Information Sharing Entities (ISEs) (refer to Definitions) to share information to promote the wellbeing or safety of children.

Child Protection Service (also referred to as Child Protection): The statutory child protection service provided by the Victorian Department of Families, Fairness and Housing to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services

Child Safe Standards: Promotes the safety of children, prevent child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

Culturally safe: to practice in a culturally safe way means to carry out practice in collaboration with the service user, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.

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

Family violence: behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; 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. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.

Family Violence Information Sharing Scheme (FVISS): enables Information Sharing Entities (refer to Definitions) to share information to facilitate assessment and management of family violence risk to children and adults.

Information Sharing Entities (ISEs): are authorised to share and request relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and required to respond to requests from other ISEs. All ISEs are mandated to respond to all requests for information.

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

A broad range of professional groups are identified in the Children, Youth and Families Act 2005 as 'mandatory reporters', including:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service.
- educators registered with the Victorian Institute of Teaching (VIT).

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Fulfilling legal obligations, including mandatory reporting and duty of care obligations (refer to Definitions) (refer to Attachment 1)	R	R	R		R
Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards (refer to Definitions) at all Hume City Council Early Years Services	R	✓	✓		✓
Following processes in identifying family violence (refer to Attachment 2)	R	R	R		R
Ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service	R	R	R		R
Creating a culturally safe environment (refer to Definitions) for safe disclosure of family violence and respond to disclosures sensitively, with empathy and without judgement	✓	✓	✓		
Collaborating with specialist services to make an informed decision and promote collaborative practice around children and families where relevant (refer to Attachment 2)	✓	✓	✓		
Staff identified by Hume City Council to use the Information Sharing Schemes (refer to Definitions) can proactively share and request relevant information and must respond to requests from other information sharing entities (refer to Definitions) under the Child Information Sharing Scheme and Family Violence Information Sharing Scheme. Both schemes are relevant where a child is involved in a family violence context.	R	R	R		
Sharing relevant information under privacy law or other legislative authorisation (refer to Privacy and Confidentiality policy).	R	R	R		
Engaging with specialist services or professionals who are appropriately qualified to support the particular needs of the child or family (refer to Attachment 2)	✓	✓	✓		
Ensuring confidential information is only shared with relevant authorities to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child/ren (refer to Privacy and Confidentiality policy).	R	R	R		R
Maintaining co-operative relationships with appropriate services and/or professionals in the best interests of children and their families	✓	✓	✓		
Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at [Service Name]		R	R	R	R
Maintaining confidentiality at all times (refer to Privacy and Confidentiality Policy)	R	R	R	✓	R
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy	R	✓	✓		✓

Sources and Related Policies

Sources

Child protection in early childhood (PROTECT): www.education.vic.gov.au

Family Violence Multi Agency Risk Assessment and Management Framework Practice Guides: www.vic.gov.au

Family Violence Multi-Agency Risk Assessment and Management Framework: www.vic.gov.au

Foundation Knowledge Guide: www.vic.gov.au

Information Sharing and Family Violence Reforms Contextualised Guidance: www.vic.gov.au

MARAM Framework: summary for organisational leaders: www.vic.gov.au

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Delivery and Collection of Children
- ✓ Inclusion and Equity
- ✓ Participation of Volunteers and Students
- ✓ Staffing
- ✓ Compliments and Complaints
- ✓ Incident, Injury, Trauma and Illness
- ✓ Interactions with Children
- ✓ Privacy and Confidentiality
- ✓ Supervision of Children

Evaluation

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

- seeking feedback from early childhood teachers, educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness. This can be done via surveys, questionnaires and formal or informal interviews with stakeholders
- monitoring implementation, compliance, complaints and incidents in relation to the policy and procedures
- keeping up to date with current legislation, research, policy and best practice
- observing changes to the service environment e.g. increased/decreased enrolments
- revising the policy and procedures in light of the above
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Mandatory Reporting

Attachment 2: Identifying Family Violence

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2023**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Mandatory Reporting

Early childhood Education and Care services are well placed to identify family violence risk, respond to disclosures, and support affected students and families.

Mandatory reporters include Victorian Institute of Teaching registered early childhood teachers, early childhood workers, other persons in licensed and approved early childhood services are also mandatory reporters. This includes:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- the proprietor or primary nominee of a children's service, or the approved provider or nominated supervisor of an education and care service.

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

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

It is a criminal offence not to report in these circumstances.

Mandatory reporting requirements, duty of care and the Child Safe Standards (refer to Definitions) must be followed as outlined on the [PROTECT website](#).

Refer to the Child Safe Environment Policy and/or the [Four Critical Actions for early childhood services](#) as a reference guide on how to report and respond to disclosures, suspicions or allegations of child abuse including family violence.

For more detailed information and guidance on responding to child abuse and family violence under PROTECT, refer to: [Identifying and Responding to All Forms of Abuse in Early Childhood Services](#).

ATTACHMENT 2

Identifying Family Violence

The below information has been adapted from the Department of Education Family Violence Support School Operations Policy.

The Family Violence Protection Act 2008 (Vic) defines family violence as behaviour towards a family member where the behaviour:

- is physically or sexually abusive
- is emotionally or psychologically abusive
- is economically abusive
- is threatening or coercive or
- in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

A child can be the victim to any of these behaviours.

Family violence includes any behaviour by a family member that causes a child to hear or witness, or otherwise be exposed to the effects of family violence, including violence between adults and/or adolescents in the home. Coercive and controlling behaviours are common across all experiences of victim-survivors. These behaviours add up to a pattern of abuse and violence which build and maintain fear of escalation to physical and sexual violence.

What to look out for in children

Awareness of family violence and child safety risk indicators form part of your professional judgement and inform your decision about what action to take. While most of the risk indicators listed below do not necessarily mean that family violence or abuse is present, it is important to recognise they may indicate that family violence is occurring, or other child wellbeing issues are present. Any concerns, doubts or observations need to be shared with the approved provider and /or nominated supervisors.

The below information has been adapted from the MARAM Practice Guides, Responsibility 2: Identification of Family Violence Risk, the Victorian State Government 2020.

General observable signs of trauma for a child or young person that may indicate family violence is occurring

Signs of trauma can manifest as either physical, emotional or behavioural and can include:

- Being very passive and compliant
- Showing wariness or distrust of adults
- Demonstrating fear of particular people and places
- Poor sleep patterns and emotional dis-regulation
- Becoming fearful when other children cry or shout
- Developmental regression (i.e. reverting to bed-wetting)
- Bruises, burns, sprains, dislocations, bites, cuts
- Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- Poisoning
- Internal injuries
- Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury
- Being excessively friendly to strangers
- Being excessively clingy to certain adults
- A strong desire to please or receive validation from certain adults
- Excessive washing or bathing
- Unclear boundaries and understanding of relationships between adults and children
- Excessive sexualised behaviour/advanced sexual knowledge
- Violence or sexualised behaviour to other children

Observable signs of trauma that may indicate family violence for:

An unborn child	A baby (under 18 months)	A toddler
<ul style="list-style-type: none"> • Poor growth and neural development caused by rushes of maternal adrenalin and cortisol • Injuries sustained via injury to mother or by the perpetrator targeting the unborn child directly (such as inflicting blows to mother’s stomach) 	<ul style="list-style-type: none"> • Excessive crying • Excessive passivity • Underweight for age • Significant sleep and/or feeding difficulties • Reactions to loud voices or noises and/or • Extreme wariness of new people • No verbal ‘play’ (such as imitating sounds) • Frequent illness • Anxiety, overly clingy to primary caregiver 	<p>As for baby (under 18 months), and also:</p> <ul style="list-style-type: none"> • Excessive irritability • Excessive compliance • Poor language development • Delayed mobility • Blood in nappy, underwear

Age-related signs of trauma that may indicate family violence in a child or young person

Many indicators may be expressions of trauma that may be observed through the presentation, behaviour or circumstances of a child or young person. Some indicators are related to trauma from specific forms of family violence, including sexual abuse (indicated by #) or emotional abuse (indicated by *), or indicate signs of neglect.

Observable signs of trauma that may indicate family violence for:

A preschooler	A primary school -aged child	An adolescent
<ul style="list-style-type: none"> • Extreme clinginess • Significant sleep# and/or eating difficulties • Poor concentration in play • Inability to empathise with other people • Frequent illness • Poor language development and/or significant use of ‘baby talk’ • Displaying maladaptive behaviour such as frequent rocking, sucking and biting# • Aggression towards others • Adjustment problems (for example, significant difficulties moving from kindergarten to school) • Anti-social play or lack of interest in engaging with others 	<ul style="list-style-type: none"> • Rebelliousness, defiant behaviour • Limited tolerance and poor impulse control • Temper tantrums or irritability, being aggressive or demanding* • Physical abuse or cruelty of others, including pets • Avoidance of conflict and/or showing low self-esteem* • Extremely compliant behaviour, being passive, tearful or withdrawn* • Excessively oppositional or argumentative behaviour • Risk-taking behaviours that have severe or life-threatening consequences • Lack of interest in social activities and/or delayed or poor language skills* • Experiencing problems with schoolwork# • Poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)*# • Acting like a much younger child* • Poor school performance and poor coping skills and self harm • Sleep issues and Bed wetting# and/or excessive washing • Frequent Illness and/or complaining of headaches or stomach pains# • Displaying maladaptive behaviour# • Displaying sexual behaviour or knowledge unusual for the child’s age# • Telling someone sexual abuse has occurred# • Complaining of pain going to the toilet • Enacting sexual behaviour with other children and/or excessive masturbation 	<p>As for primary school aged children, and also:</p> <ul style="list-style-type: none"> • School refusal/avoidance (absenteeism/ disengagement) • Criminal or antisocial behaviours, including using violence against others • Eating disorders • Substance abuse • Depression • Suicidal ideation • Risk-taking behaviours • Anxiety • Pregnancy • Controlling or manipulative behaviour • Obsessive behaviour • Homelessness or frequent changes in housing arrangements <p><small>Source: Victoria State Government, 2021. Family Violence Multi Agency Risk Assessment and Management Framework: Practice Guide. Melbourne, p.102-105</small></p>

Further information about the identification of family violence, including a more extensive list of physical and behavioural indicators, can be found in [Child Protection and Child Safe Standards \(PROTECT\)](#), under [Identify signs of child abuse](#).

Known risk factors relating to severe risk of family violence for families are:

- physical harm or threatened to harm a member of household, including pets
- recent separation of parents, including separation under the same roof
- harm of, or threat to harm a child
- mother/carer/partner (e.g. for adolescent) is pregnant
- child under one years of age in the household
- isolation
- financial difficulties
- Child Protection previous or current involvement
- behaviour indicating non-return of child
- threat of suicide or previous attempts
- unemployment of person perpetrating family violence
- alcohol or drug misuse of person perpetrating family violence

Supporting children and families experiencing family violence

It is important to be aware that family violence is likely to be an issue in your community and to address the violence and affirm the right of those affected to live free from violence. If you notice signs or indicators of family violence, or a child, parent or carer discloses family violence, accept this and provide appropriate information and support (refer to the External resources section below). Information for parents about family violence, including family violence supports, can be found on the Family violence page.

Family violence support during emergency and traumatic situations

Family violence incidents and risk can increase during emergency and traumatic situations and in the aftermath of these situations.

During these times family violence and other wellbeing and safety issues for children and their families can be impacted by:

- isolation from support networks
- inability to seek and access support services
- difficulty telling someone what is happening at home (disclosing)
- family violence or abuse for the first time
- increased unemployment, financial and housing insecurity
- limited ability for community members, peers or services to monitor known issues.

Mandatory reporting requirements, duty of care and the Child Safe Standards continue to apply during or following emergency or traumatic situations and should be followed as outlined on the [PROTECT](#) website.

External resources — advice and support for services and for parent/guardian experiencing of disclosing family violence

SAFE STEPS (24/7)

This Victorian state-wide family violence crisis support service for women and children includes accommodation (refuge) options and information in 10 languages. You can contact safe steps by phone or email at anytime or online chat through their website Monday to Friday 9am to 9pm.

- 1800 015 188 or email safesteps@safesteps.org.au
- www.safesteps.org.au

1800RESPECT (24/7)

This national service can provide counselling advice and support for people experiencing family violence. The website has resources in 29 languages. The service also provides debriefing to those providing to support to people experiencing family violence including family, friends and professionals.

- 1800 737 732
- 1800respect.org.au

THE ORANGE DOOR

The Orange Door is a free service for all adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children.

Early childhood teachers/Educators can also seek expert advice, other relevant information and referral options from area-based specialist family violence services. To locate your local specialist family violence service visit:

- [Orange Door website](#)

INTOUCH

State-wide family violence support for Multicultural women and men, their families and communities. They can provide information and referral options for family violence, support relating to visas, family court issues and case management.

- 1800 755 988
- www.intouch.org.au

DJIRRA

Djirra is an Aboriginal Family Violence Legal Service supporting Aboriginal people who are experiencing or have experienced family violence (women and men). Djirra also assists non-Aboriginal people experiencing family violence who are parents of Aboriginal children.

- 1800 105 303
- Legal Services team: info.afvls@djirra.org.au

MEN'S REFERRAL SERVICE

State-wide phone service providing support and information for men who are concerned about their behaviours or have used violence.

- 1300 766 491
- www.ntv.org.au

Food Safety

Quality Area 2

Purpose

This policy will provide guidelines for:

- effective food safety practices at all Hume City Council Early Years Services that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

This policy should be read in conjunction with Nutrition, Oral Health and Active Play Policy.

Policy Statement

Values

Hume City Council is committed to:

- ensuring the safety of all children and adults attending the service
- taking all reasonable precautions to reduce potential hazards and harm to children attending the service
- ensuring adequate health and hygiene procedures are implemented at the service, including safe practices for handling, preparing, storing and serving food
- promoting safe practices in relation to the handling of hot drinks at the service
- educating all service users in the prevention of scalds and burns that can result from handling hot drinks
- complying with all relevant legislation and standards, including the Food Act 1984 and the Australia New Zealand Food Standards Code.

Scope

This policy applies to all individuals involved in handling, preparing, storing and serving food for consumption at Hume City Council Early Years Services, and to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of the service.

Background and Legislation

Background

Food safety is very important in early childhood service environments. Young children are often more susceptible to the effects of foodborne illness than other members of the community.

Foodborne illness (including gastrointestinal illness) can be caused by bacteria, parasites, viruses, chemicals or foreign objects that are present in food. Food provided by a children's service:

- must be fit for human consumption
- must not be adulterated or contaminated
- must not have deteriorated or perished

Safe food practices can also assist in reducing the risk of a severe allergic reaction (e.g. anaphylaxis) by preventing cross-contamination of any food given to children with diagnosed food allergies (refer to Anaphylaxis and Allergic Reactions Policy and Asthma Policy).

Organisations that provide food to children have a duty of care (refer to Definitions) to protect children from all hazards and harm. Employers are also required, under the Occupational Health and Safety Act 2004, to provide a healthy and safe working environment for employees and contractors, and to ensure that other individuals, including children, parents/guardians, visitors and the general public, are not endangered when attending the workplace. In addition, employees, visitors and contractors are responsible for complying with appropriate workplace standards and procedures that have been implemented to protect their own health and safety, and that of others.

The Food Act 1984 aims to reduce the incidence of foodborne illness by ensuring that food manufactured, transported, sold, prepared and stored is safe, unadulterated, fit for human consumption and will not cause food poisoning. Under the Act, local councils in Victoria are required to classify every food premises in their municipality according to its food safety risk.

Early childhood services should confirm their food safety risk classification and related requirements with the local council in the area in which they operate. Class 1 food premises describes those that predominantly handle potentially hazardous food that is served to vulnerable people. Early childhood services that provide long day care are included in the Class 1 category. Class 4 food premises describes those whose food handling activities pose low risk to public health. Sessional kindergartens are included in the Class 4 category.

Standard 3.3.1, in Chapter 3 of the Australia New Zealand Food Standards Code (the Code), is one of the national food safety standards that outlines the responsibilities of food businesses to ensure that the food they produce is safe. This particular standard applies to Australian food businesses that provide meals for vulnerable persons (those who are at greater risk of being affected by foodborne illness), such as the very young, the elderly and individuals who are immunocompromised due to disease or treatment for other illnesses. Standard 3.3.1 requires such businesses to have a documented food safety program (refer to Definitions).

Child care services that provide hot/cold meals & snacks are classified as Class 1 (high risk). Class 1 services must:

- ensure food that is sold or prepared for sale is safe to eat (this includes food provided to children as part of the program and included in the fees paid to the service by the family)
- register annually with the council
- be inspected by the council when first registered or when registration is transferred to a new proprietor
- have a food safety program that is tailored specifically to their activities as a food premises
- keep a copy of the food safety program on site
- appoint a food safety supervisor with the necessary skills and accredited training
- undergo two mandatory compliance checks each year:
 1. a council assessment of the premises and compliance with the documented food safety program
 2. an audit of the food safety program by a Department of Health-approved auditor to determine adequacy and compliance.

From 1 July 2010, Class 1 services can choose to have audits of their tailored food safety program conducted by an auditor approved by the Department of Health Services. This audit can be conducted by an independent private auditor or by a council auditor (if the relevant council offers audit services). The auditor is responsible for providing the statutory audit certificate to council and services must retain full audit reports for four years after they have been prepared. For more information about Class 1 food premises, services should contact their local council and refer to: <https://www.health.vic.gov.au/food-safety/food-business-classifications>

Sessional kindergartens supplying low risk snacks such as cut fruit, milk, bread & cereals are classified as Class 4 (low risk). Class 4 services are not required to have:

- a food safety program
- a food safety supervisor
- an annual council inspection.

However, Class 4 services must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles. Council may also, at its discretion, inspect a premises under the Food Act 1984 (e.g., to investigate complaints or conduct a spot check). Individual councils may also require services to complete a food safety audit or plan, especially when the service is operating a special event such as a sausage sizzle. For more information about Class 4 food premises, services should contact their local council and refer to:

<https://www.health.vic.gov.au/food-safety/food-business-classifications>

From December 2023, affected businesses in Australia need to meet new food safety standards in the Code. Standard 3.2.2A is a new food safety standard for food service and retail businesses that aims to improve food safety and support consumer confidence. There are three food safety management tools in the Standard:

- Tool 1: food handler training
- Tool 2: food safety supervisor (FSS)
- Tool 3: substantiation of critical food safety controls

The Standard applies to food businesses who are defined as a category one or category two business in the Code. Class 1 - with a food safety program (FSP), will be required to implement Tool 1 and Tool 2. Exempt from Tool 2 for five years if their FSS is certified prior to 8 December 2023. Exempt from Tool 3 due to their FSP (refer to sources).

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code and the Food Act 1984 (Vic)
- Child Wellbeing and Safety Act 2005
- Education and Care Services National Law Act 2010 and Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2019

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

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

Definitions

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

Communicable Disease Section: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DH.

Department of Health: The State Government department responsible for the health and wellbeing of Victorians, and with oversight of the administration of the Food Act 1984.

Food allergies: Some foods and food ingredients, or their components, can cause severe allergic reactions including anaphylaxis (refer to Anaphylaxis and Allergic Reactions Policy). Less common symptoms of food allergy include infantile colic, reflux of stomach contents, eczema, chronic diarrhoea and failure to thrive in infants. Food allergies are often caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat.

Food handler: A person who directly engages in the handling of food, or who handles surfaces likely to be in contact with food (such as crockery, utensils, cooking equipment and surfaces) for a food business. Therefore, anyone who is working or volunteering in a food business, even at ad hoc times, is considered a food handler. Businesses need to ensure all food handlers have adequate skills & knowledge in food safety & hygiene in line with work that they do.

Food safety: (In relation to this policy) Ensuring food provided by the service is fit for human consumption.

Food safety program: A written plan that details what an individual business does to ensure that the food it sells or handles is safe for human consumption. A food safety program is an important tool for businesses that handle, process or sell potentially hazardous foods, as it helps to maintain safe food handling practices and protect public health. It should identify potential hazards in all aspects of food handling, describe how such hazards can be controlled/monitored, and define appropriate corrective action to be taken when a hazard is found to be under-managed. A food safety program must also include the requirements for appropriate record keeping. Class 4 services are not required to have a food safety program (refer to Background).

Food safety supervisor: A person who:

- can recognise, prevent and alleviate food handling hazards at a premises
- has a Statement of Attainment from a Registered Training Organisation (RTO) that confirms competency in the required food safety standards
- has the ability and authority to supervise other individuals who handle food at the premises to ensure safe food handling at all times.

In Victoria, an exemption will apply for FSS's who received their certification prior to 8 December 2023 and will give them five years from 8 December to re-certify; that is, they must re-certify by 8 December 2028. For anyone first certifying as an FSS from 8 December 2023 onwards, their qualification is valid for five years.

Food Standards Australia New Zealand (FSANZ): A bi-national Government agency with the responsibility to develop and administer the Australia New Zealand Food Standards Code (the Code), which details standards and requirements in areas such as food additives, food safety, labelling and genetically modified (GM) foods. Enforcement and interpretation of the Code is the responsibility of State/Territory departments and food agencies within Australia and New Zealand.

Hazardous food: Food containing dangerous biological, chemical or physical agents, or food in a condition that has the potential to cause adverse health effects in humans.

High-risk foods: Bacteria that has the potential to cause food-poisoning can grow and multiply on some foods more easily than others. High-risk foods include meat, seafood, poultry, eggs, dairy products, small goods, cooked rice/pasta and prepared salads (such as coleslaw, pasta salads, rice salads and fruit salads). Food that is contained in packages, cans or jars can become high-risk once opened, and should be handled and stored appropriately.

Hot drink: Any container holding a liquid that has been heated or boiled, and that remains above room temperature (25°C) for any period of time.

Scalds: Burns by hot fluids, steam and other hot vapours.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that the nominated supervisor, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77(1)(2))	R				
Contacting the local council in the service’s area of operation to determine the service’s food safety risk classification and requirements under the Food Act 1984	R	✓			
Complying with all requirements of the service’s food safety risk classification under the Food Act 1984, as outlined by local council, including implementing a food safety program and employing a food safety supervisor if required (refer to Background and Sources)	R	✓	✓		✓
Ensuring all staff that handle food (Food Handlers (refer to Definitions)), complete a food safety training course (refer to Sources) per the requirements under the Food Act 1984	R	R	R		R
Ensuring a record is kept of all the staff that have completed their Food Handling training course (refer to Sources)	✓	✓			
Appointing a Food Safety supervisor (refer to Definitions) as per the Food Act 1984	R	✓			
Providing parents/guardians with a copy of this policy, & with up-to-date information on the safe provision of food for children (refer to Sources)	R	✓			
Ensuring that the nominated supervisor and all staff are provided with a copy of this policy and are kept up-to-date with current legislation, standards, policies, information and resources relating to food safety	R				
Ensuring students, volunteers, and casual and relief staff at the service are informed of this policy.	R	✓			✓
Monitoring staff compliance with food safety practices (refer to Sources)	R	✓			
Encouraging volunteers to complete training in safe food handling techniques as required (refer to Sources)	R	✓			✓
Ensuring that good hygiene practices are maintained at the service (refer to Sources and Hygiene Policy)	R	✓	✓		✓
Being aware of safe food practices and good hygiene practices (refer to Source and Hygiene Policy), and undergoing training if required	R	✓	✓		✓
Displaying hygiene guidelines/posters and food safety guidelines/posters in the food areas of the service for the reference of staff and families involved in the preparation and distribution of food to children (refer to Sources and Hygiene Policy)	R	✓			
Ensuring that this policy is referred to when undertaking risk assessments for excursions and other service events	R	✓	✓		✓
Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies (refer to Anaphylaxis and Allergic Reactions Policy and Asthma Policy)	R	✓	✓		✓
Identifying potential hazards that may reasonably be expected to occur at each stage of the food-handling and preparation cycle and developing procedures to minimise these hazards. Stages of the cycle include ordering, delivery, storage, thawing, preparation, cooking, cooling, handling post-cooking, reheating and serving	R	✓	✓		✓

Ensuring that all facilities and equipment for food preparation and storage are clean, and in good repair and working order	R	✓	✓		✓
Packing a cold item, such as a frozen water bottle, with perishable foods in a child's lunchbox, or using an insulated lunchbox or cooler				✓	
Providing a calibrated thermometer in good working order, suitable for monitoring the temperature of the fridge/freezer in food preparation areas. Glass thermometers containing mercury are not recommended in or near food preparation areas	R	✓			
Monitoring pests and vermin from the premises	R	✓			
Contacting the Communicable Disease Section, DH (refer to Definitions) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period (refer to Sources)	R	✓			
Informing DE & parents/guardians if an outbreak of gastroenteritis/possible food poisoning occurs at the service	R	✓			
Ensuring staff, parents/guardians and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks (refer to Attachment 1).	R	✓	✓	✓	✓
Ensuring parents/guardians provide details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service & whenever these requirements change (Enrolment and Orientation Policy)	✓	✓	✓	✓	✓
Keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety	✓	✓	✓		✓
Discussing food safety with children to increase awareness and assist in developing safe practices		✓	✓		✓
Discouraging children from sharing drink bottles or cups at the service		✓	✓		✓
Ensuring that children do not share lunches to minimise risks in relation to children with food allergies		✓	✓		✓
Providing adequate supervision of children while they are eating (refer to Supervision of Children Policy)		✓	✓	✓	✓
Teaching children to wash and dry their hands (refer to Hygiene Policy): <ul style="list-style-type: none"> • before touching or eating food • after touching chicken or raw meat • after using the toilet • after blowing their nose, coughing or sneezing • after playing with an animal/pet 		✓	✓	✓	✓
Encouraging parents/guardians to discuss a child's nutritional requirements, food allergies/sensitivities, & informing the nominated supervisor		✓	✓	✓	✓
Seeking input from parents/guardians on cultural values or religious expectations regarding food handling, provision and consumption		✓	✓	✓	✓
Informing the nominated supervisor or approved provider of any outbreaks of gastroenteritis or possible food poisoning at the service (refer to Dealing with Infectious Diseases Policy)		✓	✓		✓
Removing hazardous food (refer to Definitions), including food that has fallen on the floor, and providing alternative food items		✓	✓		✓
Documenting and implementing a food safety program (refer to Definitions), if required	R	✓	✓		
Maintaining good personal and kitchen hygiene (refer to Hygiene Policy)	R	✓	✓	✓	✓
Washing hands prior to participating in food preparation and cooking activities		✓	✓		✓
Washing all fruits and vegetables thoroughly (if provided by the service)		✓	✓		✓
Covering all wounds/cuts on hands or arms with wound strips or bandages		✓	✓		✓
Wearing disposable gloves when handling food		✓	✓		✓

Sources and Related Policies

Sources

Communicable Disease Section, Victorian Department of Health & Human Services (2019), A guide to the management and control of gastroenteritis outbreaks in children's centres. Victorian Government, Melbourne: <https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>

Australia New Zealand Food Standards Code: <https://www.foodstandards.gov.au/code/Pages/default.aspx>

Department of Health – Food Safety. Contact the Department of Health if your inquiry relates to general food compliance issues (and you don't know where to start) or you are looking for publications on food safety or information on legislation.

- Telephone: 1300 364 352 (free call within Australia)
- Email: foodsafety@health.vic.gov.au
- Website: <https://www.health.vic.gov.au/public-health/food-safety>

Keeping food safe: <https://www2.health.vic.gov.au/public-health/food-safety/food-businesses/food-how-to-keep-it-safe>

Introducing Standard 3.2.2A: Food safety management tools: <https://www.health.vic.gov.au/food-safety/introducing-standard-322a-food-safety-management-tools>

Food safety library: <https://www2.health.vic.gov.au/public-health/food-safety/publications-guides-resources>

dofoodsafely – a free online food safety program: <http://dofoodsafely.health.vic.gov.au/>

The Royal Children's Hospital Melbourne – Kids Health Info: <https://www.rch.org.au/kidsinfo/>

Kidsafe Australia: telephone (03) 9036 2306 or email: info@kidsafevic.com.au. For a fact sheet on scalds and burns, visit their website: www.kidsafevic.com.au/images/stories/pdfs/Burns_Scalds.pdf

Related Policies

- ✓ Administration of First Aid
- ✓ Asthma
- ✓ Dealing with Medical Conditions
- ✓ Diabetes
- ✓ Hygiene
- ✓ Interactions with Children
- ✓ Occupational Health and Safety

- ✓ Supervision of Children
- ✓ Anaphylaxis and Allergic Reactions
- ✓ Child Safe Environment and Wellbeing
- ✓ Dealing with Infectious Diseases
- ✓ Excursions and Service Events
- ✓ Incident, Injury, Trauma and Illness
- ✓ Nutrition, Oral Health and Active Play
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor and investigate any issues related to food safety, such as reports of gastroenteritis or food poisoning
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Responsible consumption of hot drinks at the service

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Responsible Consumption of Hot Drinks at any Hume City Council Early Years Service

Services should adapt this attachment and its procedures to suit their specific circumstances.

Scalds and burns from hot liquids are a common cause of hospital admission in 0- to 4-year-olds. A child's skin is thinner and more sensitive than an adult's and will therefore experience a more severe burn (refer to Sources: Kidsafe Australia). Children's natural curiosity, impulsiveness, mode of reaction and lack of experience in assessing danger are contributing factors to the vulnerability of children at this age.

Common scenarios that can lead to a child being scalded include when a child pulls a cup of tea, coffee or hot water from a table or bench, or when a child runs into a person holding a hot drink resulting in the hot drink spilling over the child's body.

The consumption of lukewarm drinks or the use of lidded cups/mugs in areas accessed by children should be considered with caution, as this is not necessarily a safe practice and might give the impression that it is acceptable to consume hot drinks around children.

GENERAL GUIDELINES

The approved provider, nominated supervisor and all staff are responsible for:

- ensuring that hot drinks are only prepared and consumed in areas inaccessible to children, such as the kitchen, staffroom and office
- ensuring that hot drinks are not consumed in, or taken into or through, children's rooms, outdoor areas or any other area where children are in attendance or participating in the program
- informing parents/guardians on duty, visitors to the service, students, volunteers and any other person participating in the program of the service's hot drink procedures and the reasons for such procedures
- ensuring that children enrolled and participating in the program do not have access to areas of the building that are likely to be hazardous, including the kitchen, staffroom and office

- ensuring that parents/guardians attending the service actively supervise children in their care who are not enrolled in the program, including siblings
- ensuring that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service
- educating service users about the prevention of burns and scalds by providing relevant information (refer to Sources: Kidsafe Australia), including appropriate first aid for scalds
- implementing safety procedures in relation to hot drinks at service events occurring outside operational hours, including:
 - offering alternative drinks for adults e.g., juice, water or iced coffee
 - safely locating urns, kettles and power cords out of reach of children
 - preparing and consuming hot drinks in an area inaccessible to children
 - ensuring a person with current approved first aid qualifications is in attendance for social events held outside operational hours.

Hygiene

Quality Area 2

Purpose

This policy will provide guidelines for procedures to be implemented at all Hume City Council Early Years Services to ensure:

- effective and up-to-date control of the spread of infection
- the provision of an environment that is safe, clean and hygienic.

Policy Statement

Values

Hume City Council is committed to protecting all persons from disease and illness by minimising the potential for infection through:

- implementing and following effective hygiene practices that reflect advice from recognised health authorities
- implementing infection control procedures to minimise the likelihood of cross-infection and the spread of infectious diseases and illnesses to children, staff and any other persons in attendance at the service
- fulfilling the service's duty of care requirement under the Occupational Health and Safety Act 2004, the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011 to ensure that those involved with the service are protected from harm
- informing educators, staff, volunteers, children and families about the importance of adhering to the Hygiene Policy to maintain a safe environment for all users and communicating the shared responsibility between all involved in the operation of the service.

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Hume City Council, including during offsite excursions and activities.

Background and Legislation

Background

Infections are common in children and often lead to illness. A person with an infection may or may not show signs of illness and, in many instances, the infectious phase of the illness may be in the period before symptoms become apparent, or during the recovery phase. While it is not possible to prevent all infections in education and care environments, services can prevent or control the spread of many infectious diseases by adopting simple hygiene practices.

An infection can be spread when an infected person attends the service premises and contamination occurs. A service can contribute to the spread of an infection through poor hygiene practices that allow infectious organisms to survive or thrive in the service environment.

The implementation of appropriate hygiene and infection control procedures aims to break the cycle and prevent the spread of infections at every stage. The National Health and Medical Research Council (NHMRC) suggest that to reduce illness in education and care services, the three most effective methods of infection control are:

- effective hand washing
- exclusion of sick children, staff and visitors
- immunisation.

Other strategies to prevent infection include:

- cough etiquette
- appropriate use of gloves
- effective cleaning of the service environment.

The NHMRC suggests that if these strategies are not implemented, all other procedures described in the service's Hygiene Policy will have reduced effectiveness in preventing the spread of infection and illness.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Food Act 1990
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2019 (Vic)

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

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

Definitions

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

Cleaning: A process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. During this process, micro-organisms will be removed but not destroyed

Communicable disease: A disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly

Cough etiquette: The correct way to prevent the spread of infectious organisms that are carried in droplets of saliva is to cough or sneeze into the inner elbow or to use a tissue to cover the mouth and nose. Place all tissues in the rubbish bin immediately and clean hands with either soap and water or a disinfectant hand rub

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

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

Neutral detergent: A cleaning agent available commercially and labelled as 'neutral' or 'neutral pH'

Sanitising: A process that destroys micro-organisms. Sanitising a surface can reduce the number of micro-organisms present. The process of sanitisation usually involves ensuring a surface is thoroughly cleaned with both heat and water, followed by the use of chemicals.

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within	R	✓	✓		
Ensuring the nominated supervisor, early childhood teachers, educators, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food (Regulation 77(1))	R				
Establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy (National Law: Section 167, Regulation 77)	R	✓			
Developing an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning and sanitising requirements and responsibilities (National Law: Section 167, Regulation 77)	R	✓	✓		
Arranging for the service to be cleaned and sanitised regularly, including floors and other surfaces, as per the cleaning contract and schedule (National Law: Section 167, Regulation 77)	R	✓			
Reviewing the cleaner's contract and schedule on an annual basis	✓	✓			
Contacting the local council's Environmental Health Officer for information about obtaining a needle/syringe/sharps disposal unit and instructions for its use	R	✓			

Ensuring the service has laundry facilities/access to laundry facilities, or other arrangements for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to disposal or laundering (Regulation 106(1))	R	✓			
Ensuring that the laundry and hygiene facilities are located and maintained in a way that does not pose a risk to children (Regulation 106(2))	R	✓	✓		✓
Ensuring that there are adequate and appropriate hygiene facilities provided for nappy changing which are designed, located and maintained in such a way that prevents unsupervised access by children (Regulations 112(2)&(4))	R	✓			
Ensuring that adequate, developmental and age-appropriate toilet, hand washing, and hand drying facilities are provided for use by children, and that these are safe and accessible (Regulation 109)	R	✓			
Reviewing staff training needs in relation to understanding and implementing effective include hygiene practices in relation to hand washing, toileting, nappy changing and cleaning of equipment	✓	✓			
Providing a copy of the NHMRC guidelines for the prevention of infectious diseases in child care for the service (refer to Sources)	✓	✓	✓		
Providing hand washing guidelines for display at each hand washing location (refer to Procedures)	✓	✓	✓	✓	✓
Ensuring there is an adequate supply of non-toxic cleaning and hygiene products, including gloves, at all times	✓	✓			
Developing effective hygienic systems for cleaning, such as using colour-coded cloths in each area	✓	✓	✓		
Ensuring cloths are cleaned, rinsed and stored separately, and replaced regularly	✓	✓	✓		✓
Maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables before and after eating, and cleaning up spills	✓	✓	✓		✓
Ensuring that an inspection of the outdoor areas, in particular the sand and soft-fall areas, are conducted daily to ensure they are maintained in a safe and hygienic manner	✓	✓	✓		✓
Informing the approved provider of any issues that impact on the implementation of this policy		✓	✓		✓
Actively encouraging parents/guardians to keep children who are unwell at home to prevent the spread of infection to other children and educators	✓	✓	✓	✓	✓
Storing or presenting items, such as beds, bedding and sunhats, in such a way as to prevent cross-contamination	✓	✓	✓		✓
Ensuring that there is a regular and thorough cleaning and disinfecting schedule for all equipment and toys	✓	✓	✓		✓
Ensuring any chemicals and cleaning agents are non-toxic and stored out of reach of children	✓	✓	✓		✓
Ensuring that all educators/staff wear disposable gloves when changing nappies or dealing with open wounds or other body fluids, and dispose of those gloves and soiled materials in a sealed container or plastic bag	✓	✓	✓		✓
Actively encouraging educators and staff who have or are suspected of having an infectious disease to not attend the service in order to prevent the spread of infection to others attending the service.	✓	✓	✓		✓
In relation to changing nappies for children:					
Attending to the individual personal hygiene needs of each child as soon as is practicable		✓	✓		✓
Changing nappies and attending to individual personal hygiene and toileting needs of each child according to recommended procedures (Attachment 1)		✓	✓		✓
Disposing of soiled nappies in a safe and hygienic manner in line with this policy		✓	✓		✓
Ensuring that current nappy-changing procedures are displayed in toilet and nappy-changing areas (Attachment 1)	✓	✓			

In relation to the toileting of children:

- Ensuring soap and drying facilities are available at all times when children are in attendance at the service, providing an alternative if hand-dryers are not working/available.
- Ensuring children do not share the use of items related to personal care, such as hand towels for drying hands, toothbrushes and hairbrushes
- Encouraging children to flush the toilet after use
- Ensuring information about correct hand-washing procedures is displayed in relevant areas of the service including food preparation areas
- Encouraging and assisting (where required) children to wash their hands according to hand washing guidelines after toileting
- Encouraging children to tell a staff member if they have had a toileting accident
- Monitoring/maintaining toileting facilities in a safe, clean & hygienic manner while children are in attendance; periodically check bathroom
- Respecting diverse styles of toileting children due to cultural or religious practices and respecting the possible need to maintain privacy

✓ ✓ ✓ ✓

In relation to cleaning toys, clothing and the service in general:

- Removing equipment/resources that a child has sneezed or coughed on (place in a 'equipment-to-be-cleaned' box)
- Wearing gloves when cleaning (general purpose gloves are sufficient; wash and hang outside to dry when finished)
- Washing mouthed toys daily using warm water and detergent and, if possible, drying in the sun
- Wiping over books with a moist cloth treated with detergent and ensuring washable toys/equipment are cleaned by term or annually
- Washing and disinfecting mattress covers and linen, where applicable

✓ ✓ ✓

In relation to children's contact with one another:

Educating and encouraging children in good personal hygiene practices, such as:

- washing their hands after blowing and wiping their nose; not touching one another when they are cut or bleeding
- disposing of used tissues promptly and appropriately, and not lending them to other children
- using their own equipment for personal care, such as toothbrushes, hats, brushes and combs
- only touching food they are going to eat and using their own drink bottles or cups.

✓ ✓ ✓

In relation to indoor and outdoor environments:

- Keeping the indoor and outdoor environments as clean and hygienic as possible at all times, including the safe disposal of discarded needles/syringes/sharps
- Promptly removing blood, urine and faeces (including animal) either indoors or outdoors, using the appropriate cleaning procedures
- Covering the sandpit when not in use to prevent contamination
- Emptying water containers, such as water trays, each day; disposing of dead animals/insects found on the premises appropriately.

✓ ✓ ✓

In relation to the safe handling of body fluids or materials in contact with body fluids:

- Avoid direct contact with blood/other fluids & wear gloves wherever possible - cover cuts/abrasions with a waterproof dressing.
- Not be at eye level when cleaning/treating a child's face that has blood on it, as a child's blood can enter the mouth/nose of staff when a child cries or coughs

✓ ✓ ✓

In relation to effective environmental cleaning:

Clean with detergent and warm water followed by rinsing and drying to remove the bulk of infectious organisms from a surface. Particular attention should be paid to the following:

- toilets/sinks must be cleaned daily, and separate cleaning cloths/sponges must be used for each task
- mouthed toys must be washed immediately or placed in a separate container for washing at a later time
- all bench tops and floors must be washed regularly and children's cups/drink bottles used for water must be washed daily
- when washing at the child care premises, staff are to consider washing items separately to minimise cross-contamination, for example, tea towels washed separately from sheets, face washers washed separately to play mats/rugs
- nappy change areas/mats must be washed with detergent & warm water

✓ ✓ ✓

Sources and Related Policies

Sources

Department of Health, Victoria, Food Safety: www.health.vic.gov.au/public-health/food-safety

Department of Health, Diseases information and advice, A-Z list of blue book diseases: <https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice>

Department of Health: <https://www.health.vic.gov.au/public-health/infectious-diseases>

National Health and Medical Research Council (2013) Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

Related Policies

- ✓ Administration of First Aid
- ✓ Child Safe Environment and Wellbeing
- ✓ Dealing with Medical Conditions
- ✓ Incident, Injury, Trauma and Illness
- ✓ Privacy and Confidentiality
- ✓ Administration of Medication
- ✓ Dealing with Infectious Diseases
- ✓ Food Safety
- ✓ Occupational Health and Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Nappy Change

Attachment 2: Handwashing Guidelines

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

HUME CITY COUNCIL

Nappy Change Procedure

Introduction

Educators will minimise the spread of infectious disease in the service by ensuring that nappy changing is conducted according to the following recommended guidelines. Educators will also ensure that nappy changing routines are positive experiences for children.



Procedure

Strategies for ensuring adequate hygiene:

1. Educators will use the allocated change areas for changing nappies. This is to be away from the food preparation and the children's eating area.
2. Before changing a nappy, educators must ensure that all necessary supplies are ready.

3. Appropriate safe working practices will be undertaken by staff for children to access the nappy change area. This may include using steps (where available), safe lifting practices and changing children on a change mat on the floor.
4. Disposable gloves are to be worn on both hands when changing nappies, both wet and soiled.
5. Remove the child's nappy and put it in the nappy bin. Place any soiled clothes in a bag.
6. Clean the child's bottom.
7. Remove gloves and dispose of them in a lined bin.
8. Apply any topical creams if required (please ensure a clean glove is worn).
9. Place a clean nappy on the child.
10. Dress the child.
11. Take the child away from the change table.
12. Wash your hands and the child's hands.
13. Clean the mat with warm soapy water (detergent).
14. Wash your hands.
15. Complete the nappy change schedule after each nappy change.

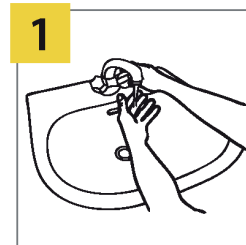
Please ensure the rights and dignity of the child is always maintained.



How to wash hands

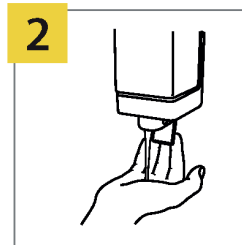
STAYING HEALTHY | 5TH EDITION | 2013

A hand wash should take around 30 seconds.



1

Wet hands with running water (preferably warm, for comfort).



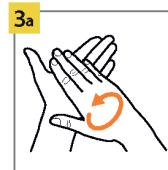
2

Apply soap to hands.



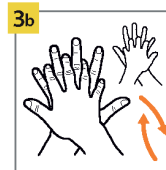
3

Lather soap and rub hands for at least 15 seconds, including:



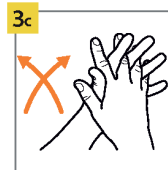
3a

palm to palm,



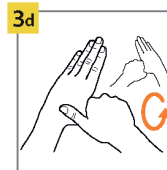
3b

back of hands,



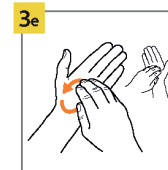
3c

in between fingers and back of fingers,



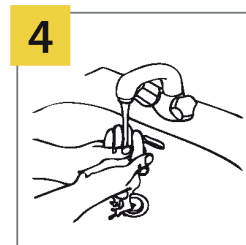
3d

around thumbs and



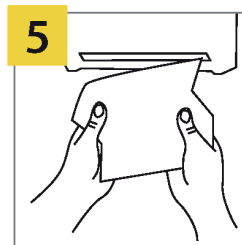
3e

tips of fingers.



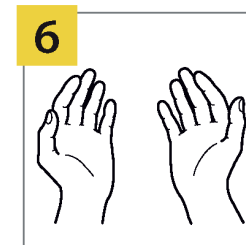
4

Rinse hands with water.



5

Dry hands thoroughly.



6

Your hands are clean.

THIS POSTER REFERENCES THE WORLD HEALTH ORGANIZATION'S 'HOW TO HANDWASH?' POSTER NHMRC Ref. CH65g Printed June 2013

NHMRC
WORKING TO BUILD A HEALTHY AUSTRALIA

Incident, Injury, Trauma and Illness

Quality Area 2

Purpose

This policy will define the:

- procedures to be followed if a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the approved provider when a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.

Policy Statement

Values

Hume City Council is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised child at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of any Hume City Council Early Years Service

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service. An approved

service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate Incident, Injury, Trauma and Illness Record to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)). Under the national legislation, each service must ensure that an entry is recorded in the Incident, Injury, Trauma and Illness Record for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis and Allergic Reactions Policy, Diabetes Policy and Epilepsy and Seizures Policy.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745-2002, Emergency control procedures for buildings, structures and workplaces
- Education and Care Services National Law Act 2010: Section 174(2)
- Education and Care Services National Regulations 2011: Regulations 77, 85-87, 103, 177, 183
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

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

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

Definitions

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

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: Is 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 of these is published on the ACECQA website: www.acecqa.gov.au

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

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

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. The Approved Provider must ensure an Injury, Trauma and Illness Record is kept in accordance with Regulation 87 of the Education and Care Services National Regulations 2011 and kept for the period of time specified in Regulation 183. A sample is available on the ACECQA website: www.acecqa.gov.au (search 'Sample forms and templates').

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Medication 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 with the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website at tga.gov.au.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury/illness that is acute & poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring the Incident, Injury, Trauma and Illness Policy and all procedures are in place (Regulation 168) and available to all stakeholders (Regulation 171)	R	✓			
Taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures and are aware of their responsibilities (Regulation 170)	R	✓			
Ensuring that the premises are kept clean and in good repair	R	R	✓		✓
Maintaining effective supervision (refer to Supervision of Children Policy) for all enrolled children in all aspects of the service’s program that is reflective of the children’s needs, abilities, age and circumstances	R	R	✓		
Regularly checking equipment in both indoor and outdoor areas for hazards (refer to Attachment 1), and taking the appropriate action to ensure the safety of the children when a hazard is identified	R	R	✓		
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	R	R	✓		✓
Having ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services	R	✓	✓		
Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to Sources) and WorkSafe Victoria incident report forms (refer to Sources)	R	✓			
Ensuring that the service has an Occupational Health and Safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to Occupational Health and Safety Policy)	R	✓	✓		
Ensuring that there is a minimum of one educator with a current (within the previous three years) approved first aid qualification on the premises at all times (refer to Administration of First Aid Policy) (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, Hume City Council requires that all educators have current (within the previous three years) approved first aid qualifications, anaphylaxis management training and asthma management training.)	R	✓			
Ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to Administration of First Aid Policy)	R	✓	✓		
Ensuring that children’s enrolment forms contains all the prescribed information , including authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulations 161)	R	✓		✓	
Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)				✓	

Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service				✓	
Ensuring that the service is provided with a current medical management plan, if applicable (Regulation 162(d))				✓	
Notifying the service when their child will be absent from their regular program				✓	
Notifying staff/educators if there is a change in the condition of a/their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries. As part of the Child Safe Standards, it is important that if a child presents upon arrival to the service with any visible injury or trauma, this should be discussed and documented prior to the parent/guardian leaving the service (refer to Child Safe Environment and Wellbeing policy)	R	✓	✓	✓	✓
Responding immediately to any incident, injury or medical emergency (refer to procedures and Administration of First Aid policy)	R	R	R		
Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86)	R	✓	✓		
Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable	R	✓	✓		
Considering the emotional wellbeing of all children and educators during and following an accident, injury, trauma or illness events	✓	✓	✓		
Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency	R	✓	✓		
Ensuing notifications of serious incidents (refer to Definitions) are made to the regulatory authority (DE) (refer to Definition) through the NQAITS as soon as is practicable but not later than 24 hours after the occurrence	R	✓			
Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record (refer to Definitions) as soon as is practicable but not later than 24 hours after the occurrence	R	✓			
Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident				✓	
Reviewing and evaluating procedures after an incident or illness as part of the quality improvement process and taking appropriate action to remove cause if required. For example, removing nails found protruding from climbing equipment or retraining staff to adhere more closely to the service's Hygiene Policy	R	✓	✓		
Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183)	R	✓			
Ensuring that Incident, Injury, Trauma and Illness Records are maintained and stored securely until the child is 25 years old (Regulations 87, 183) (refer to Privacy and Confidentiality Policy)	R	✓			
Communicating with families about children's health requirements in culturally sensitive ways and implementing individual children's medical management plans, where relevant	✓	✓	✓	✓	
Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention				✓	
Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called	R	✓	✓	✓	
Collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child				✓	
Arranging payment of all costs incurred when an ambulance service required for their child at the service				✓	

Procedures

Ensuring that the following contact numbers are displayed in close proximity of each telephone:

- 000
- DE regional office
- Approved provider
- Asthma Australia: 1800 278 462
- Victorian Poisons Information Centre: 13 11 26
- Local council or shire.

When there is a medical emergency, all staff will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the approved provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DE, the approved provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, all staff will:

- observing the symptoms of children's illnesses and injuries and systematically recording and sharing this information with families (and medical professionals where required)
- ensure that the nominated supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge

- call an ambulance (refer to definition of medical emergency) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the approved provider is notified of the incident
- ensure that the Incident, Injury, Trauma and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence.

Details that must be entered in the Incident, Injury, Trauma and Illness Record include the following:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the Incident, Injury, Trauma and Illness Record as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Sources and Related Policies

Sources

ACECQA sample forms and templates: www.acecqa.gov.au

Building Code of Australia: www.abcb.gov.au

Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council:

www.nhmrc.gov.au

VMIA Insurance Guide, Community Service Organisations program:

www.vmia.vic.gov.au

WorkSafe Victoria: Guide to Incident Notification: www.worksafe.vic.gov.au

WorkSafe Victoria: Online notification forms: www.worksafe.vic.gov.au

Related Policies

- ✓ Administration of First Aid
- ✓ Anaphylaxis and Allergic Reactions
- ✓ Child Safe Environment and Wellbeing
- ✓ Dealing with Medical Conditions
- ✓ Diabetes
- ✓ Epilepsy and Seizures
- ✓ Hygiene
- ✓ Privacy and Confidentiality
- ✓ Administration of Medication
- ✓ Asthma
- ✓ Dealing with Infectious Diseases
- ✓ Delivery and Collection of Children
- ✓ Emergency and Evacuation
- ✓ Excursions and Service Events
- ✓ Occupational Health and Safety
- ✓ Road Safety and Safe Transport

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review and analyse information gathered from the Incident, Injury, Trauma and Illness Record and staff first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Sample hazard identification checklist

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

SAMPLE - Hazard Identification Checklist

Service: _____

Date: _____

Inspected by: _____

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair			
Surface is free from tripping and slipping hazards (e.g. oil, water, sand)			
Surface is safe (e.g. not likely to become excessively slippery when wet)			
2. Kitchen and Work Benches			
Work bench space adequate and at comfortable working height			
Kitchen and work bench space is clean and free of clutter			
Equipment not in use is properly stored			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen			
Ventilation fan is in good working order			
Kitchen appliances are clean and in good working order			
3. Emergency Evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures			
Fire drill instructions are displayed prominently in the service			
Regular fire drills are conducted & extinguishers are in place, recently serviced & clearly marked			
Exit signs are posted and clear of obstructions			
Exit doors are easily opened from inside			
4. Security and Lighting			
Security lighting is installed in the building and car park			
There is good natural lighting and no direct or reflected glare			
Light fittings are clean and in good repair			
Emergency lighting is readily available and operable (e.g. torch)			

Hazard	Yes	No	Comments
5. Windows			
Windows are clean, admitting plenty of daylight			
Windows have no broken panes			
6. Steps and Landings			
All surfaces are safe			
There is adequate protective railing which is in good condition			
7. Ladders and Steps			
Ladders and steps are stored in a proper place			
Ladders and steps are free of defects (e.g. broken or missing rungs etc.)			
They conform to Australian Standards			
They are used appropriately to access equipment stored above shoulder height			
8. Chemicals and Hazardous Substances			
All chemicals are clearly labelled			
All chemicals are stored in locked cupboard			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances			
9. Storage (internal and external)			
Storage is designed to minimise lifting problems			
Materials are stored securely			
Shelves are free of dust and rubbish			
Floors are clear of rubbish or obstacles			
Dangerous material or equipment is stored out of reach of children			
10. Manual Handling and Ergonomics			
Trolleys or other devices are used to move heavy objects			
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely			
Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)			
Workstations are set up with the chair at the correct height			
Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly			
Work practices avoid the need to sit or stand for long periods at a time			

Hazard	Yes	No	Comments
11. Electrical			
There are guards around heaters			
Equipment not in use is properly stored			
Electrical equipment has been checked and tagged			
Use of extension leads, double adaptors and power boards are kept to a minimum			
Plugs, sockets or switches are in good repair			
Leads are free of defects and fraying			
Floors are free from temporary leads			
There are power outlet covers in place			
12. Internal Environment			
Hand-washing facilities and toilets are clean and in good repair			
There is adequate ventilation around photocopiers and printers			
13. First Aid and Infection Control			
Staff have current approved first aid qualifications and training			
First aid cabinet is clearly marked and accessible			
Cabinet is fully stocked and meets Australian Standards (refer to Administration of First Aid Policy)			
Disposable gloves are provided			
Infection control procedures are in place			
Current emergency telephone numbers are displayed			
13. First Aid and Infection Control			
Fencing is secure, unscalable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)			
Child-proof locks are fitted to gates			
Paving and paths have an even surface and are in good repair			
Paving and path surfaces are free of slipping hazards, such as sand			
Soft-fall and grass areas are free of hazards			
Equipment and materials used are in good repair and free of hazards			

Mental Health and Wellbeing

Quality Area 2

Purpose

This policy provides guidelines for Hume City Council Early Years Services to:

- ensure the service environment is safe, inclusive and empowering for children, families, early childhood teachers, educators, staff, volunteers and visitors
- embed social and emotional learning in the educational program
- ensure families, children, early childhood teachers, educators and staff are key partners in mental health initiatives
- engage in partnerships with community networks.

Policy Statement

Values

Hume City Council is committed to:

- supporting children becoming strong in their social, emotional and spiritual wellbeing
- strengthening early childhood teachers and educators understanding of the importance of wellbeing and are sensitive to the impact of abuse and trauma on children
- providing an educational program where children are supported to explore, learn and engage with health and wellbeing
- creating an environment that supports, reflects and promotes positive social, emotional and spiritual wellbeing

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Many young Australians have mental health issues which can have lifetime impacts. In Australia one in seven 4 to 17 years olds experience a mental health condition every year. Mental health and wellbeing for young children is about their emotions, what they experience and how they learn to manage and express them, the relationships they form and their ability to engage in close and positive relationships. A strong sense of wellbeing and positive mental health provides children with confidence and optimism, which maximises their learning potential, gives them a greater chance of long-term success, and helps them build stronger relationships.

Early intervention can improve children's mental health, and in turn, their lifetime outcomes. Good mental health in early childhood also provides a solid foundation for managing the transition from childhood to adolescence and adulthood. Early childhood services play a key role in promoting mental health and wellbeing in children and can affect children's long-term mental health, relationships and learning.

The Early Years Learning Framework (the Framework) was developed to extend and enrich children's learning from birth to five years. Outcome 3 of the Framework talks about children having a strong sense of wellbeing. It guides early childhood practitioners in facilitating a learning environment that supports both physical and psychological development

Obligations under Child Safe Standard 8 requires staff and volunteers to be trained and supported to effectively implement the organisation's child safety and wellbeing policy. This Standard links to Standards 1 and 5, with all three Standards placing obligations on organisations to provide training and information for staff and volunteers on building safe environments for children and young people.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- National Quality Standard: Quality Area 2
- The Early Years Learning Framework for Australia
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Victorian Early Years Learning and Development Framework

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

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

Definitions

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

Family-centred practice: Practice which:

- uses families’ understanding of their children to support shared decision-making about each child’s learning and development
- creates a welcoming and culturally inclusive environment, where all families are encouraged to participate in and contribute to children’s learning and development
- actively engages families and children in planning children’s learning and development
- provides feedback to families on each child’s learning and provide information about how families can further advance children’s learning and development at home and in the community.

Mental health and wellbeing: For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the ‘Mental Health and Wellbeing’ health priority area focuses on social and emotional wellbeing and resilience.

Mental health: In early childhood can be understood as a young child’s ability to ‘experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, families and children are active participants in the development and implementation of the whole service Mental Health and Wellbeing Policy	R				
Ensuring that the service provides a safe, inclusive and empowering environment which celebrates diversity through positive, respectful and appropriate behaviour when working with children and families (refer to Code of Conduct Policy and Interactions with Children Policy)	R	✓	✓		✓
Actively supporting and facilitating participation and inclusion of Aboriginal children, young people, and their families at all Hume City Council Early Years Service	R	✓	✓		✓
Encouraging children to actively consider risks within the service and involving them in the development of guidelines to keep the service environment healthy and safe for all		✓	✓		✓
Embedding social and emotional learning in the service program and practice, and teaching children to care for their own mental health and wellbeing	R	✓	✓		✓

Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year (refer to Nutrition, Oral Health and Active Play policy)	R	✓	✓		✓
Ensuring that quiet and reflective spaces are provided for children, educators and families.	✓	✓	✓		✓
Ensuring diversity, cultural practices and mental health and wellbeing practices are considered when implementing the learning program at the service	R	✓	✓		✓
Implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required (refer to Child Safe Environment and Wellbeing)	R	✓	✓		✓
Ensuring a safe, inclusive, welcoming environment is created for all community members. There is a culture of respect, fairness and equity.	R	✓	✓		✓
Encouraging collaborative, family-centred practice (refer to Definitions) at the service which facilitates the positive mental health and wellbeing and active participation of both the child and the family at the service	✓	✓	✓		✓
Ensuring that cultural values and expectations about health and wellbeing are respected	✓	✓	✓		✓
Ensuring that children's diverse circumstances are understood, and those who are vulnerable are responded to and provided with support	✓	✓	✓		✓
Understanding each child's unique developmental journey of which mental health being a continuum will be different to others in their space	✓	✓	✓		✓
Attending to any adjustments to provide equal protection for all children (refer to Child Safe Environment and Wellbeing Policy)	R	✓	✓	✓	✓
Strategies are used to promote positive and responsible behaviour, and to prevent and respond to hurtful and unsafe behaviour (refer to Child Safe Environment and Wellbeing Policy)	R	✓	✓		✓
Educators and staff model respectful interactions with each other, children and families. A positive approach to mental health and wellbeing is also role modelled (refer to Interaction with Children policy)		✓	✓	✓	✓
Children are supported to develop social and emotional skills and learn about and care for their own mental health (refer to Educational Program policy)		✓	✓		✓
Educators and staff are supported to access ongoing professional development and resources about mental health and wellbeing education and to understand when and how to refer children to additional support (refer to Sources)	✓	✓			
Educators and staff are supported to learn about and care for their own mental health and wellbeing (refer to Occupational Health and Safety policy)	R	✓			
Ensuring mental health and wellbeing information and policy requirements are included in educator and staff orientation/induction.	✓	✓			
Ensuring leadership practices and on-the-ground support, enable a work environment that minimises stress and promotes mental health and wellbeing for educators and staff.	✓	✓			
Implementing strategies to promote positive conflict resolution and to prevent and respond to bullying, discrimination and harassment (refer to Compliments and Complaints policy)	R	✓			
Providing mental health and wellbeing information to families and the wider community, such as information about local support services and resources about social and emotional learning	✓	✓			
Establishing partnerships with relevant organisations and health professionals to support mental health and wellbeing practices where appropriate.	✓	✓	✓		✓
Ensuring there are clear referral options and pathways for children, staff, educators and families to access support services for mental health and wellbeing (refer to Sources).	✓	✓	✓	✓	✓
Ensuring that the nominated supervisor, early childhood teachers, educators, staff and families are provided with information about policy requirements, with opportunities to provide feedback and input	✓	✓	✓	✓	✓

Sources and Related Policies

Sources

Be You, Beyond Blue: www.beyondblue.org.au

BlackDog Institute: www.blackdoginstitute.org.au

Child First and family services: www.services.dffh.vic.gov.au/families-and-children

Commission for Children and Young People, Child Safe standards: www.cryp.vic.gov.au

Cancer Council Victoria, Achievement Program:

www.achievementprogram.health.vic.gov.au/education/early-childhood-services

Department of Education and Early Childhood Australia: [Wellbeing webinars](#)

Early Childhood Australia, Code of Ethics:

www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics

Headspace: www.headspace.org.au

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

Victorian Curriculum and Assessment Authority: [The Wellbeing Practice Guide](#)

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Educational Program
- ✓ Nutrition, Oral Health and Active Play
- ✓ Privacy and Confidentiality
- ✓ Code of Conduct
- ✓ Interactions with Children
- ✓ Occupational Health and Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2023**.

Review Date: **31 March 2026**.

Nutrition, Oral Health and Active Play

Quality Area 2

This policy is aligned to the key policies and guidelines of the Healthy Early Childhood Services Achievement Program and Smiles 4 Miles program.

Purpose

Hume City Council acknowledges the importance of healthy eating, oral health and physical activity and its contribution to good health and overall wellbeing.

This policy provides guidelines to:

- promote a healthy lifestyle and support children, staff, educators and families at the service to eat nutritious food, maintain oral health and participate in physical activity and active play
- ensure national and state guidelines and recommendations about nutrition, oral health and physical activity are met
- ensure that the dietary, developmental and cultural needs of children and families are taken into consideration when planning menus and implementing nutrition, oral health and active play activities
- ensure the safe storage and preparation of food

Policy Statement

Values

Hume City Council is committed to:

- creating policies and practices that promote a healthy lifestyle and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and physical activity are met
- ensuring the buildings, grounds and facilities enable healthy eating, oral health and active play
- creating a culture in which all community members are respectfully supported to eat healthily, maintain good oral health and be active
- providing children with formal and informal opportunities to learn about food, nutrition, oral health and health messages about physical activity
- ensuring staff and educators have access to resources and support for their own healthy eating, oral health and physical activity
- engaging families, the service community and expert organisations in the promotion and implementation of healthy eating, oral health and active play initiatives.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

There are many benefits to promoting a healthy lifestyle in early childhood education and care settings, including the positive impact this has on each child's learning and development. Being made aware of positive eating behaviour, oral hygiene practices and the importance of physical activity from an early age can instill good habits that will remain throughout a person's life. Staff are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

As a health promoting service it is recognised that every member of the service impacts on children's health. Children, staff, educators and families can be supported to eat healthily, maintain good oral health and be physically active through teaching and learning opportunities, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Nutrition

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age.

Oral health

Tooth decay is Australia's most prevalent health problem despite being largely preventable. It is important to note that oral health promotion is complementary to promoting healthy eating.

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. Poor oral health can limit a child's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The main oral health condition experienced by children is tooth decay affecting over half of all Australian children, making it five times more prevalent than asthma.

Active play

Active play (refer to Definitions) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect children from disease. Active play is about moving, being and doing.

A strong sense of health and wellbeing, supported by good nutrition, oral health and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate and learn (Belonging, Being & Becoming – The Early Years Learning Framework for Australia, – refer to Sources). Learning about healthy lifestyles, including nutrition, oral health and active play, links directly to Outcome 3 in both the Early Years Learning Framework and the Victorian Early Years Learning and Development Framework (refer to Sources).

The Australian Government has guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings including the National Health and Medical Research Council's Australian Dietary Guidelines and Infant Feeding Guidelines, the Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood resources and the National Physical Activity Recommendations for Children 0-5 Years (refer to Sources). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Victorian Healthy Eating Advisory Service (Healthy Eating Advisory Service – refer to Sources), run by Nutrition Australia. Early childhood education and care services can also register and implement the Achievement Program (refer to Sources). This program is designed to create safe, healthy and friendly environments for children, staff educators and families, by promoting physical, mental and social health and wellbeing.

Progressive mealtimes

In recognising children as active participants in their own learning, children should be encouraged to make meaningful decisions about elements of their own education and care. Incorporating progressive mealtimes into the educational program allows children to choose to eat when they are hungry, rather than according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. This also encourages quieter, more social and meaningful interactions at mealtimes and allows for a smoother flow throughout the day. Children can make decisions based on their own needs, and can be supported to access food and water throughout the day by educators/staff, who actively participate in mealtimes.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 including Regulations 77–78, 79–80 (if the service provides food), 168
- Equal Opportunity Act 2010 (Vic)
- Food Act 1984 (Vic)
- National Quality Standard including Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

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

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

Definitions

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

Active play: Play that involves large muscle-based activities that are essential for a child's social, emotional, cognitive and physical growth and development incorporating:

- child-initiated active play, which is developed by the child through exploration of the outdoor environment, equipment and games
- adult-guided active play which encourages children's physical development through promoting movement skills in a non-competitive environment
- physical activity, which includes sport, incidental exercise and many forms of recreation.
- active travel, which includes walking, cycling, scootering or any similar transport where physical activity is used to travel.

Adequate supervision: (In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

'Discretionary' foods and drinks: Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre. These can also be referred to as 'sometimes' foods and drinks. Examples of discretionary food and drinks include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry-based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurters/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water

Healthy eating: Describes eating patterns that provide all the recommended nutrients for growth and development, and good health and wellbeing, now and in the future. It also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity.

Nutrition: The process of providing or receiving nourishing substances.

Oral health: The absence of active disease in the mouth. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

Food Literacy: Food literacy is "a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet (dietary) needs"

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that the service environment and educational program supports children and families to make healthy choices for eating, oral health and active play (refer to Definitions)	R	✓	✓		
Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year	R	✓	✓		
Ensuring that age-appropriate adult-guided and child-initiated active play is planned on a daily basis across all age groups		✓	✓		✓
Discussing healthy eating choices with children and introducing the concept of ‘sometimes’ and everyday foods and drinks		✓	✓	✓	✓
Providing a variety of cooking and food experiences that support children to develop food literacy and positive habits relating to food		✓	✓		✓
Role-modelling positive eating, drinking and physical activity behaviours, promoting a healthy relationship with food and interacting with children at meals times		✓	✓	✓	✓
Providing a positive eating environment and sitting and interacting with children at mealtimes		✓	✓		✓
Providing adequate supervision (refer to Definitions) for all children at all times, including at mealtimes	R	R	✓		✓
Encouraging children to be independent at snack/mealtimes e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way		✓	✓		✓
Ensuring that cultural and religious practices/requirements of families are accommodated to support children’s learning and development	R	✓	✓		
Providing ongoing information, resources and support to families, to assist in the promotion of optimum health, including oral health and active play, for young children (refer to Sources)	R	✓	✓		
Recognising families, educators and staff as role models and encouraging them to bring/use foods and drinks that are in line with the service’s Nutrition, Oral Health and Active Play Policy	R	✓			
Providing and promoting healthy, nutritious food for snacks/meals, including fruits and vegetables in line with the service’s Nutrition, Oral Health and Active Play policy, where applicable, and discouraging sometimes/discretionary food options	R	✓		✓	
Ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to Hygiene Policy and Food Safety Policy)	R	✓	✓		✓
Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to Anaphylaxis Policy, Asthma Policy, Diabetes Policy and Food Safety Policy)	R	✓	✓		✓
Ensuring that all ECT, educators/staff are aware of, and plan for, the dietary needs of all children	R	R			
Ensuring that all educators/staff are aware of a child’s food allergies and/or other medical conditions on enrolment or on initial diagnosis	R	R			

Providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the nominated supervisor prior to the child's commencement at the service, and if requirements change over time (refer to Anaphylaxis Policy, Asthma Policy and Diabetes Policy)				✓	
Communicating regularly with ECT, educators/staff regarding children's specific nutritional requirements and dietary needs, including food preferences				✓	
Ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)) (Only tap water and plain milk are encouraged.)	R	✓	✓		✓
Ensuring that children can readily access their own clearly labelled drink containers (where this is a service practice)		✓	✓	✓	✓
Ensuring that best practices are followed in relation to bottle feeding and sipper cups as outlined in the NHMRC Infant Feeding Guidelines	✓	✓	✓		✓
Ensuring oral hygiene practices are undertaken at the service where appropriate	✓	✓	✓		✓
Providing opportunities for children to learn about, and develop skills for oral health through the educational program, including age-appropriate tooth brushing		✓	✓	✓	✓
Ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))	R	✓			
Providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/mealtimes without feeling rushed		✓	✓		✓
Ensuring educators and staff are supported to access a range of resources and professional development to increase their capacity to promote healthy eating, oral health and active play initiatives for children	✓	✓			
Providing families with information and strategies to promote healthy eating, oral health and active play and how to access relevant services (including local dental clinics)	✓	✓	✓		
Developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play	✓	✓	✓		
Ensuring that food and drinks are not used as an incentive or reward	✓	✓	✓		✓
Ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning (if applicable)	✓	✓			
Ensuring that discretionary food and drinks do not appear in any sponsorship, fundraising or marketing activities	✓	✓			
Considering this policy when organising excursions, service events and any sponsorship or marketing opportunities	✓	✓	✓		
Ensuring celebrations and other service events promote healthy food options and limit discretionary options	✓	✓			
Developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, staff, parents/guardians and families to focus on healthy alternatives	R	✓			
Ensuring the layout of the grounds and buildings is inclusive of the diversity and abilities of all children and encourages physical activity and movement	R	✓			
Ensuring recommendations about physical activity & screen time from Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 Years) are met	R	✓	✓		
Ensuring children are not sedentary or inactive for more than 1 hour at a time, with the exception of sleeping		✓	✓		✓
Supporting children to develop collaboration skills during play and ensuring that children are taught how to use equipment safely	R	✓	✓		✓
Planning and providing active play and movement experiences that are age-appropriate, inclusive of diversity and abilities and support children to develop fundamental movement skills		✓	✓		✓

Considering opportunities for children to be physically active indoors, particularly in adverse weather conditions		✓	✓		✓
Dressing their child/ren so they can engage safely in active play		✓	✓	✓	✓
Ensuring service facilities and equipment enable active travel and road safety for children, staff, educators and families	R	✓			
Supporting, promoting and encouraging active travel to and from the service (Regulations 100 -102)	✓	✓	✓	✓	✓
Providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service	R	✓	✓		
Using and promoting local parks, bike paths and recreation facilities, where appropriate, to encourage physical activity.	✓	✓	✓		
Ensuring there is a suitable space for breastfeeding and storage of breast milk is available (delete is not applicable)	R	✓			
Ensuring space and facilities are available to allow staff and educators to store and prepare healthy food safely	R	✓			
Ensuring healthy eating, oral health and active play information and policy requirements are included in the educator and staff induction	R	✓			
Ensuring educators and staff are supported to be physically active and minimise sedentary behaviour, both inside and outside of work hours	R	✓			
Supporting students and volunteers to comply with this policy while at the service	R	✓			
Where food is provided at the service:					
Ensuring the provision of nutritionally-balanced and culturally-sensitive meals, in line with the Australian Dietary Guidelines and Infant Feeding Guidelines, as required	R	✓			
Ensuring that staff who are responsible for menu planning participate in regular nutrition and safe food handling training, and are kept up to date with current research, knowledge and best practice	R	✓			
Ensuring that food and drink provided by the service is nutritious, varied, adequate in quantity and appropriate to children's growth and development, and meets any specific cultural, religious or health needs (Regulation 79(1))	R	✓			
Ensuring the service menu has been assessed by the Healthy Eating Advisory Service's FoodChecker tool and meets the criteria determined	R	✓			
Ensuring that a weekly menu is displayed in a location accessible to parents/guardians, and that it accurately describes the food and drinks to be provided by the service each day (Regulation 80(1))	R	✓			
Displaying menus, sharing recipes and encouraging feedback about the food provided at the service.	R	✓			

Sources and Related Policies

Sources

Australian Dietary Guidelines 2019, National Health and Medical Research Council: <https://www.eatforhealth.gov.au/guidelines>

Belonging, Being & Becoming – The Early Years Learning Framework for Australia: <https://docs.education.gov.au/documents/belonging-being-becoming-early-years-learning-framework-australia>

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

Dental Health Services Victoria: www.dhsv.org.au

Food Safety Victoria, Department of Health and Human Services: www2.health.vic.gov.au/public-health/food-safety

Food Standards Australia New Zealand: www.foodstandards.gov.au

Department of Health (2013) Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood: <https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-staffcarers>

The Achievement Program is a health and wellbeing initiative for early childhood services, schools and workplaces: www.achievementprogram.health.vic.gov.au

Healthy Eating Advisory Service: www.heas.health.vic.gov.au

National Health and Medical Research Council, Infant Feeding Guidelines: information for health workers (2012): <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>

Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years): <https://www.health.gov.au/internet/main/publishing.nsf/Content/npra-0-5yrs-brochure>

Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines#npa1864>

National Health and Medical Research Council, Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

Victorian Early Years Learning and Development Framework: www.education.vic.gov.au

Related Policies

- ✓ Anaphylaxis and Allergic Reaction
- ✓ Dealing with Infectious Diseases
- ✓ Diabetes
- ✓ Enrolment and Orientation
- ✓ Food Safety

- ✓ Incident, Injury, Trauma and Illness
- ✓ Road Safety and Safe Transport
- ✓ Asthma
- ✓ Dealing with Medical Conditions
- ✓ Educational Program
- ✓ Excursions and Service Events
- ✓ Hygiene
- ✓ Inclusion and Equity
- ✓ Sun Protection

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Road Safety Education and Safe Transport

Quality Areas 2 & 6

This policy is aligned to the key policies and guidelines of the Healthy Early Childhood Services Achievement Program, in partnership with the Cancer Council, Victoria.

This policy was developed in consultation with the Department of Transport and the early childhood sector as part of the Department of Transport Starting Out Safety Program.

Purpose

To define the responsibilities of Hume City Council to ensure that all children are:

- kept safe while travelling as pedestrians, cyclists or passengers in a vehicle
- able to participate in road safety education to assist them in being and becoming safe and responsible road users.

Policy Statement

Values

Hume City Council is committed to:

- the rights of children to be active citizens and to contribute to the community
- the rights of children to travel safely as passengers, pedestrians and cyclists
- an evidence-based approach in the provision of road safety education and practice
- the role of families who are children's first and most influential educators (EYLF V2.0, 2022)

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions, regular outings and transportation.

This policy must be read in conjunction with the:

- Excursions and Service Events Policy
- Supervision of Children Policy
- Incident, Injury, Trauma and Illness Policy

Background and Legislation

Background

Road safety education can help to reduce the risk of serious injury and death among young children by assisting them to develop skills, knowledge, and behaviour about the safe use of roads.

Working collaboratively with families to help children become safe and responsible road users aligns with the learning outcomes of the Early Years Learning Framework (EYLF).

Road trauma is one of the leading causes of death among young Australians. Young children are at risk as passengers in motor vehicles, as pedestrians and as cyclists. They are particularly vulnerable due to:

- their small size and changing needs as they grow
- their cognitive and perceptual skills still developing.

Under duty of care obligations, services must develop appropriate procedures to guide staff to address situations where a child is observed to be at risk while being transported to or from the early childhood service. This may include instances where a child is observed to be:

- traveling unrestrained
- traveling in an inappropriate restraint for their size
- traveling in an incorrect position/seat in the vehicle
- riding a bicycle or wheeled toy without a helmet
- instances where a family member is in an unfit state to drive due to intoxication or impairment.

RISK ASSESSMENTS

A risk assessment is only required to be completed at least once for a 12-month period if the excursion is a regular outing (Refer to Definitions).

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Bus Safety Act
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 99, 100, 101, 102, 102B, 102C, 102D, 158, 159, 160, 161
- National Quality Standard
 - Quality Area 2: Children's Health and Safety
 - Quality Area 6: Collaborative Partnerships with Families and Communities
- Road Safety Act 1986
- Road Safety Road Rules 2009 (Vic)

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

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

Definitions

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

Child restraint: A device used in conjunction with an adult seatbelt or ISOFIX-compatible lower attachment connectors and a tether strap, to restrain a child passenger of a motor vehicle in the event of a vehicle impact and thus minimise the risk of bodily injury.

Excursion: An outing organised by an education and care service, but does not include an outing organised by an education and care service provided on a school site if:

1. the child or children leave the education and care service premises in the company of an educator; and
2. the child or children do not leave the school site

Regular transportation: In relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported.

Regular outing: means 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 relevant to the risk assessment are substantially the same on each outing. (ACECQA 2022)

Risk assessment: A risk assessment must identify and assess any hazard that poses a risk to a child's health, safety and/or wellbeing while on an excursion, and specify how these risks will be managed and/or minimised (Regulation 101, 102B, 102C). Risk assessments must consider:

- the proposed route and location of the excursion
- any water hazards
- any risks associated with water-based activities
- transport to and from the proposed location of the excursion
- the number of adults and children participating in the excursion
- the number of educators or other responsible adults who will be providing supervision given the level of risk, and whether or not specialised skills are required (e.g. lifesaving skills)
- the proposed activities, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- the proposed duration of the excursion, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- any items/information that should be taken on the excursion e.g. first aid kit, emergency contact details for children, medication for children with known medical conditions (such as asthma, anaphylaxis and diabetes) and a mobile phone.

ACECQA provides a sample Excursion Risk Management Plan at:

www.acecqa.gov.au/resources/applications/sample-forms-and-templates

Transportation: Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to children applies in scenarios where services are transporting children or have arranged for the transportation of children, between an education and care service premises and another location, for example their home, school, or a place of excursion.

Wheeled toy: a child's pedal car, skateboard, scooter (other than a motorised scooter) or tricycle or a similar toy, but only when it is being used by a child who is under 12 years old.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring the embedding in the curriculum of road safety education, based on the National Practices for Early Childhood Road Safety Education	✓	✓	✓		
Working in collaboration to develop appropriate strategies to ensure that all children attending the service are included in road safety education.	✓	✓	✓		✓
Ensuring early childhood teacher, educators and staff to participate in regular professional development	✓	✓			
Participating in training in road safety and ensuring they are kept up to date with current legislation, regulations, rules, standards and evidence informed practice information.		✓	✓		✓
Providing early childhood teachers and educators with access to a broad range of road safety education resources	✓	✓			
Ensuring the availability (in good condition) and use of bicycle helmets which meet Australian/New Zealand Standard 2063 for bicycles and wheeled toys (refer to Definitions) and monitoring correct use of helmets whenever bicycles/wheeled toys are used.	✓	✓	✓		✓
Ensuring that location-specific road safety information is displayed at the service where relevant (e.g. details about where to park safely when delivering and collecting children and local area speed limits etc.)	✓	✓	✓		
Ensuring that parents/guardians have access to this policy and its attachments.	R	✓	✓		
Transportation of Children for Excursions					
Ensuring that a child is not transported without prior written authorisation by the parent/guardian or person named in the child’s enrolment record, and that the authorisation includes all details required under Regulation 102 (4)	R	R	✓		
Ensuring the risk assessment (refer to Definitions) is conducted prior to the service transporting children and identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101, 102	R	R	✓		
Ensuring all supervision requirements are met during transportation, including educator to child ratios Regulation 123	R	✓	✓		✓
Ensuring that all the required equipment and/or items are taken on the transportation, including but not limited to a first aid kit, emergency contact lists, children’s individual medication, required medical management plans and mobile phone - and that all educators or staff attending have the appropriate first aid qualifications and training (Regulation 136)	R	R	✓		✓
Ensuring that buses hired for use on excursions have fitted seatbelts that are correctly used by all children, staff and volunteers for the entire trip.	R	✓	✓		
Ensuring that appropriate procedures are followed in the event of a vehicle crash or transport-related injury involving any children, staff or volunteers from the service (refer to Incident, Injury, Trauma and Illness Policy).	R	✓	✓		
Establishing agreed procedures for staff to follow where a child is observed being transported to or from the premises in an unsafe manner	✓	✓	✓		✓
Implementing the services-agreed procedures when notified or when there has been observation of child/ren being transported in an unsafe manner.	✓	✓	✓		✓

Regular Transportation of Children to/from the Service

Ensuring that each child's enrolment record (refer to Definitions) provides details of the name, address and telephone number of any person who is authorised to consent to transport the child or arrange transportation (refer to Definitions) of the child Regulation 160 (3) (b)(vi)	R	R			
Ensuring authorisation is provided on enrolment record (refer to Definitions) for the regular transportation (refer to Definitions) of the child (Regulation 161 (2) (c))	R	R			
Ensuring that a child is not transported without prior written authorisation (except in an emergency) by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102D (4)	R	R			
Ensuring the risk assessment (refer to Definitions) is conducted prior to transporting children and identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 102B, 102C	R	R			
Ensuring that buses/vehicles used for the transportation (refer to Definitions) of children have fitted seatbelts that are correctly used by all children for entire trip.	✓	✓	✓		
Notifying the regulatory authority within seven (7) days that the service provides or arranges regular transportation (refer to Definitions). The notification is to be lodged through the NQAIT System (Regulations 175(2)(f))	R	✓			
Notifying the regulatory authority within seven (7) days if there is a change to the regular transportation (refer to Definitions) provided or arranged by the service, including if regular transportation is no longer provided. The notification is to be lodged through the NQAIT System (Regulations 175(2)(g))	R	✓			
Ensuring a staff member of nominated supervisor is present at the service when children get on an off a vehicle. This person must be an additional person - it cannot be the driver of the vehicle (Regulation 102E(4)(a), Regulation 102F(4)(a)). Note: Services must ensure that the number of educators or other responsible adults involved in the transportation of children, including when children are embarking or disembarking the vehicle, is adequate, effective and ensures active supervision.	R	R	✓		✓
Ensuring each child getting on and off a vehicle at the service is checked against an attendance list, so all children are accounted for (Regulation 102E (4)(b), Regulation 102F (4)(a))	R	R	✓		✓
Ensuring the service immediately records when children get on and off a vehicle: <ul style="list-style-type: none"> • each child was accounted for • how each child was accounted for at the service premises • interior of vehicle was checked after all children have disembarked at the service premises. • date and time the record was made • full name and signature of the staff member making the record (Regulation 102E (4)(c), Regulation 102F (4)(a)) 	R	R	✓		✓
Ensuring these documentations are kept for a period of 3 years after the last date on which the child was educated and cared for by the service (Regulations 177 and 183)	R	R			
Ensuring an extensive check of the vehicle after children had got off to confirm no children were left behind on the vehicle (National Law: Section 16)	R	R	✓		✓
Ensuring that all the required equipment and/or items are taken on the transportation, including but not limited to a first aid kit, emergency contact lists, children's individual medication, required medical management plans and mobile phone - and that all educators or staff attending have the appropriate first aid qualifications and training (Regulation 136)	R	✓	✓		✓
Ensuring that appropriate procedures are followed in the event of a vehicle crash or transport-related injury involving any children, staff or volunteers from the service (refer to Incident, Injury, Trauma and Illness Policy)	R	✓	✓		✓

Sources and Related Policies

Sources

Early Learning Association Australia: www.elaa.org.au

Starting Out Safely: www.childroadsafety.org.au

Department of Transport: www.vicroads.vic.gov.au

Car Seats Save Lives: www.carseatssavelives.com.au

Best practice guidelines for the safe restraint of children travelling in motor vehicles: www.neura.edu.au/crs-guidelines

ACECQA, [Safe Transportation of Children](#)

ACECQA, [Changes to regular transportation of children commencing 1 March 2023](#)

Safe Transport Victoria: <https://transportsafety.vic.gov.au>

ACECQA, Risk Assessment and Management Tool: <https://www.cecqa.gov.au/nqf/national-quality-standard/quality-area-2-childrens-health-and-safety>

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Delivery and Collection of Children
- ✓ Excursions and Service Events
- ✓ Occupational Health and Safety
- ✓ Child Safe Environment and Wellbeing
- ✓ Educational Program
- ✓ Inclusion and Equity
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: National Practices for Early Childhood Road Safety Education

Attachment 2: Sample procedure when a child is observed to be at risk of harm while being transported to or from an early childhood premises

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

National Practices for Early Childhood Road Safety Education

The National Practices for Early Childhood Road Safety Education have been developed by early childhood education and road safety experts across Australia and New Zealand. The eight national practices are based on research and are aligned with the Early Years Learning Framework (EYLF V2, 2022).

The national practices guide early childhood educators and policy makers to develop, implement and evaluate evidence-based road safety programs that support children's and families learning about road safety.

Refer to: <http://roadsafetyeducation.vic.gov.au/teaching-resources/early-childhood.html>

Holistic, integrated and interconnected approaches

Recognise that children's learning, development and wellbeing is integrated and interconnected when making curriculum decisions about road safety education.

Responsiveness to children

Deliver road safety education which is responsive to individual children and extends children's strengths, capabilities and curiosity.

Play-based learning and intentionality

Through play-based learning and intentional teaching seek opportunities to address road safety in a way that expands children's thinking and encourages problem solving.

Learning environments

Provide opportunities for children to actively participate and contribute to their local community including children learning on Country and seeking more information about Aboriginal and Torres Strait Islander connections and relationships with Country.

Cultural responsiveness

Implement road safety education that respects multiple cultural ways of knowing, doing and being and is relevant for the diversity of children, their families and the community.

Continuity of learning and transitions

Use the opportunity of transitions, in active partnership with children, families and the local community, for road safety education.

Assessment and evaluation for learning, development and wellbeing

Together with children and families, assess and evaluate each child's learning and application of road safety to plan for future learning.

ATTACHMENT 2

SAMPLE PROCEDURE

When a child is observed to be at risk of harm while being transported to or from an early childhood premises

Service providers have a duty of care to ensure the safety of children is paramount. Service providers must also comply with their obligations under state or territory child protection laws.

Where a parent/guardian or authorised nominee (refer to Definitions) is observed not using a child restraint, using the wrong child restraint, using a child restraint inappropriately or engaging in other unsafe behaviours such as parking illegally or not using a bicycle helmet, the **early childhood educator should:**

- talk with the parent/guardian/authorised nominee about the importance of safe transport procedures, including the correct use of child restraints and/or relevant road safety behaviours
- provide/refer the parent/guardian/authorised nominee to relevant information regarding safe transport
- inform the nominated supervisor or approved provider (where relevant).

If the parent/guardian or authorised nominee persists with unsafe road use behaviours, the early childhood educator must notify the **nominated supervisor or approved provider, who should:**

- contact the parent/guardian/authorised nominee directly and discuss the importance of child restraint use and/or safe road user behaviour, including legal requirements and implications
- provide the parent/guardian/authorised nominee with a copy of the Road Safety and Safe Transport Policy
- offer/provide assistance to the parent/guardian/authorised nominee with the choice/purchase/installation/fitment of the correct restraint or bicycle helmet for their child
- follow up with the parent/guardian/authorised nominee, where required, to ensure that they have the most appropriate restraint for their child and that it is being used correctly.

If a parent/guardian or authorised nominee appears to be impaired or intoxicated when arriving to collect their child, the **early childhood educator should:**

- encourage the parent/guardian or authorised nominee to use an alternative form of transport or contact another authorised person to collect the child. If the parent/guardian or authorised nominee is not willing to use an alternative form of transport, the educator cannot prevent the parent/guardian or authorised nominee from taking the child
- notify the police and/or child protection authorities immediately if the educator is of the opinion that the child may not be safe in the care of the parent/guardian or authorised nominee.

Safe Arrival of Children

Quality Area 2

Purpose

This policy provides a set of guidelines and procedures for keeping children safe while travelling between any Hume Early Years Service or program.

Policy Statement

Values

Hume City Council is committed to:

- the safe arrival of children during travel between any Hume Early Years Service or program
- ensuring the health, safety and wellbeing of children at all times, conducting risk assessments and ensuring authorisations are obtained from parents/guardians if applicable
- providing adequate supervision of all children during the travel between any Hume Early Years Service or program
- promoting road safety education and safe active travel for children

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

The Education and Care Services National Regulations mandate that approved providers establish policies and procedures regarding the safe travel of children who travel between an educational service and any other educational or early childhood service, for example from a kindergarten service to a long day care service.

Ensuring the safety and wellbeing of children in Early Education and Care (ECEC) services is the utmost priority, and approved providers and ECEC services must take necessary steps to safeguard children from potential harm or dangers, especially during their travel to and from the service.

Particular attention should be given to the transportation of children, especially during peak traffic times and high foot traffic periods. Protecting children during their journey between the service and other educational settings can be accomplished by preparing comprehensive policies and procedures, along with an effective implementation process.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard
- Road Safety Act 1986
- Road Safety Road Rules 2009 (Vic)

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

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

Definitions

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

Adequate supervision: (In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service, including during travel from one service to. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Attendance Record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the nominated supervisor or educator.

Regular outing: (In relation to education and care services) means an excursion such as a walk, drive or trip to/from a location that the service visits regularly as part of its educational program, and where the circumstances covered by the risk assessment are the same on each trip. If an excursion is a regular outing, an authorisation from parents/guardians is only required to be obtained once every 12 months. A new authorisation is required if there is any change to the circumstances of the regular outing.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met	R	R	✓	✓	✓
Ensuring that nominated supervisors, educators, staff and volunteers follow this policy and procedures	R	✓	✓		✓
Ensuring that an attendance record (refer to Definitions) is kept with each child's name; the date and time they arrive and depart; and the signature of the person who delivers or collects the child (National Law – Section: 175, Regulation 158)	R	R	✓		✓
Ensuring that all parents/guardians have completed, signed and dated their child's enrolment form (refer to Enrolment and Orientation Policy) including details of persons able to authorise an educator to take their child outside the service premises (Regulation 99, 160, 161)	R	R	✓	✓	✓

Ensuring that parents/guardians or persons named in the enrolment record have provided written authorisation (Regulation 99) within the past 12 months where the service is to take the child between any Hume Early Years Service or program, and that this authorisation is kept in the child's enrolment record (Regulation 161) (refer to Attachment 1 of the Excursion and Service Event policy)	R	R	✓	✓	✓
Ensuring that a child does not leave the service premises on a regular outing unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 99, 102(4)	R	R	✓		✓
Ensuring that a risk assessment is conducted to identify and address any risks that a child's travel may pose, and clearly states who holds the duty of care (refer to Definitions) for children during these periods of travel (National Law – Section: 167, Regulations 102AAC)	R	R	✓		✓
Conducting a risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safe arrival of children travelling between any Hume Early Years Service or program (National Law – Section: 167, Regulations 102AAC)	R	✓	✓		✓
Ensuring the risk assessment considers the following: <ul style="list-style-type: none"> identify and assess any risks travel between any Hume Early Years Service or program may pose to the safety, health or wellbeing of a child specify how the identified risks will be managed and minimised the age, developmental stage and individual needs of the child/ren the role and responsibilities of the nominated supervisor, staff member, child's parent, and authorised nominee named in the child's enrolment record the role and responsibilities of any Hume Early Years Service for when each individual child is entering or leaving the service premises the procedure to follow when any service has identified the child is missing or cannot be accounted for during the child's travel given the risk posed by the child's travel, the number of educators or other responsible adults that are appropriate to provide supervision the proposed route and destination, including any proximity to harm or hazards The process for entering and exiting: <ul style="list-style-type: none"> the service premises the pickup location or arrival location the procedure to be followed by Hume Early Years services to ensure the child leaves a service premises in accordance with Regulation 99 	R	✓	✓		✓
Ensuring any identified risks are updated as soon as practicable	R	✓	✓		✓
Ensuring a record is kept of each risk assessment conducted under Regulation 102 AAC	R	✓	✓		✓
Ensuring a new risk assessment is completed when circumstances change for travel between any Hume Early Years service or program	R	✓	✓		✓
Ensuring that nominated supervisors, educators and staff are aware of, access and use the risk assessment to manage risks and maintain the safety of children during travel to or from the service	R				
Ensuring all supervision requirements are met during delivery of children to, and collection from, the service premises, including relevant educator to child ratios (National Law – Section: 165, Regulations 122 and 123)	R	R	✓		✓
Ensuring that if any incidents were to occur relating to the safety of children during travel, (e.g. a child cannot be accounted for) that the response meets all regulatory requirements, including implementing the Incident, injury, trauma and illness policy (Regulations 86 and 87)	R	✓	✓		✓
Taking a portable first aid kit (including required medication for dealing with medical conditions) when travelling between any Hume Early Years service or program (Regulation 89)	R	✓	✓		✓
Communicating any changes to the travel routine (e.g. a different walking route is proposed due to inclement weather) to educators and staff		✓	✓		✓
Providing road safety education as part of the curriculum		✓	✓		✓

Sources and Related Policies

Sources

ACECQA, Risk Assessment and Management Tool:

<https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-2-childrens-health-and-safety>

Belonging, Being & Becoming – The Early Years Learning Framework for Australia:

www.acecqa.gov.au

Guide to the National Quality Standard, ACECQA: www.acecqa.gov.au

Victorian Early Years Learning and Development Framework: www.education.vic.gov.au

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Enrolment and Orientation
- ✓ Child Safe Environment and Wellbeing
- ✓ Road Safety and Safe Road Transport
- ✓ Delivery and Collection of Children
- ✓ Excursions and Service Events
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **30 November 2023**.

Review Date: **31 March 2026**.

Sleep and Rest

Quality Area 2

Purpose

This policy will provide clear guidelines to ensure the safety, health and wellbeing of children attending Hume City Council Early Years Services and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation.

Policy Statement

Values

Hume City Council is committed to:

- providing a positive and nurturing environment for all children attending the service
- allowing children to be actively involved in decision making, to provide an environment that encourages them to reach their potential
- providing a safe environment where children feel comfortable and safe to play, talk, or relax
- children's safety and wellbeing will be fostered through responsive relationships, engaging experiences and a safe and healthy environment.
- consulting with parents/guardians about their child's individual relaxation and sleep requirements/practices, and ensuring practices at the service are responsive to the values and cultural beliefs of each family
- its duty of care (refer to Definitions) to all children at all Hume City Council Early Years Services, and ensuring that adequate supervision (refer to Definitions) is maintained while children are sleeping, resting or relaxing
- complying with all legislative requirements, standards and current best practice and guidelines, including recommendations by Red Nose Australia (refer to Sources).

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest.

The Early Years Learning Framework (EYLF) and the Victorian Early Years Learning and Development Framework (VEYLDF) include a focus on social, emotional, spiritual and physical wellbeing and health. Development Outcome 3 in both framework documents refers to a child's ability to take increasing responsibility for their own wellbeing. One of the indicators for this capacity is that children "recognise and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)". The EYLF suggests that to promote this, educators should:

- consider the pace of the day within the context of the community
- provide a range of active and restful experiences throughout the day, and support children to make appropriate decisions regarding participation

Holistic approaches recognise the importance of physical, mental and spiritual wellbeing. Educators who provide a range of active and restful experiences throughout the day support children's individual requirements for health, nutrition, sleep, rest and relaxation.

Employers have a responsibility under the Occupational Health and Safety Act to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe sleeping environment for children at the service includes complying with current Australian/ New Zealand standards in relation to equipment, such as cots and mattresses (refer to Sources).

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Australian Consumer Law and Fair-Trading Act 2012
- Australian Consumer Law and Fair-Trading Regulations 2012
- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004

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

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

Definitions

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

Hazardous Manual Handling: Manual handling is work where you have to lift, lower, push, pull, carry, move, hold or restrain something. It is hazardous manual handling if it involves:

- repeated, sustained or high force
- sustained awkward posture
- repetitive movements
- exposure to sustained vibration
- handling people or animals
- loads that are unstable, unbalanced or hard to hold

Red Nose Australia: (formerly SIDS and Kids), the recognised national authority on safe sleeping practices for infants and children (refer to Sources)

Relaxation: Relaxation or other activity for bringing about a feeling of calm in your body and mind

Rest: A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.

SIDS (Sudden Infant Death Syndrome): The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.

Sudden and Unexpected Death in Infancy (SUDI): A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious.

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that policies and procedures are in place for managing sleep and rest for children (Regulation 168) and take reasonable steps to ensure those policies and procedures are followed (Regulation 170)	R				
Taking reasonable steps to ensure the sleep/rest needs of children at Hume City Council Early Years Services are met, with regard to the age of children, developmental stages and individual needs (Regulation 84A)	R	R	✓		✓
Conducting a sleep and risk assessment 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 sleep/rest (Regulation 84C(a)(b))	R	R	✓		
Ensuring the risk assessment considers the following: <ul style="list-style-type: none"> the number, ages, and developmental stages of the children the sleep and rest needs of children (including health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods the level of knowledge and training of staff supervising children during sleep and rest periods the location of sleep and rest areas, including the arrangements of cots and beds within the sleep and rest areas the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment any potential hazards: <ul style="list-style-type: none"> in sleep and rest areas; or on a child during sleep and rest periods the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)(Regulations 84C) (refer to Sources) 	R	✓	✓		✓
Ensuring risk assessments conducted are recorded & stored (Regulation 84C(4))	R	✓	✓		✓
Ensuring all educators, staff and volunteers comply with the recommendations of Red Nose Australia in relation to safe sleep practices for children (refer to Sources)	R	✓	✓		✓
Ensuring educators receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time	R	✓			
Ensuring the premise, furniture and equipment are safe, clean and in good repair (Regulation 103 and National Law: Section 167) including ensuring all equipment used meets any relevant Australian Standards and other product safety standards, such as Australian Competition and Consumer Commission (ACCC) guidelines (Refer to Sources)	R	R	✓	✓	✓

Ensuring the cots, beds, bedding and bedding equipment being used for sleep and rest are safe and appropriate for the ages and developmental stages of children who will use them	R	R	✓		✓
Ensuring that rooms used for sleep and relaxation are well ventilated; have adequate natural light; and are maintained at a temperature that ensures the safety and wellbeing of children (Regulation 110)	R	✓	✓		✓
Ensuring sleep and rest environments are free from cigarette, e-cigarette, or tobacco smoke (Regulation 82)					
Ensuring that the premises are designed to facilitate supervision	R	R			
Ensuring adequate supervision of children sleeping and resting, being within sight and hearing distance and are monitoring through visual checks of: <ul style="list-style-type: none"> • sleeping position • skin and lip colour • breathing • body temperature • head position • airway • head and face, ensuring they remain uncovered 	R	R	✓		✓
Ensuring supervision and monitoring procedures are documented, including method and frequency of checking the safety, health and wellbeing of children during sleep and rest periods, as per the risk assessment	R	R	✓		✓
Developing relaxation and sleep practices that are responsive to: <ul style="list-style-type: none"> • the individual needs of children at the service • parenting beliefs, values, practices and requirements • the length of time each child spends at the service • circumstance or events occurring at a child's home • consistency of practice between home and the service • a child's general health and wellbeing • the physical environment, including lighting, airflow and noise levels 	R	✓	✓		✓
Ensuring cots (including evacuations cots) provided at the service comply with the most current Australian/New Zealand Standards (refer to Sources and Attachment 1)	R	✓			
Ensuring that bassinets, hammocks, prams and strollers are not used to settle children to sleep	R	R	✓		✓
Conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses (Regulation 103 and National Law: Section 167)	R	R	✓		✓
Ensuring that bassinets are not on the education and care service premises at any time (Regulation 84D)	R	R	✓		✓
Ensuring that if a child is brought to the service in a pram or bassinet, the child is transferred into the service's own sleep equipment	R	R	✓		✓
Removing any hazards identified in the child's resting or sleeping environment and informing the approved provider, as soon as is practicable	R	R	✓		✓
Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping	R	R	✓		✓
Ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth		✓	✓		✓
Ensuring children's clothing is appropriate during sleep times and does not have any items that are loose, could get tangled and restrict breathing (including but not limited to bibs and jewellery)		✓	✓	✓	✓
Ensuring that there is adequate space to store bedding in a hygienic manner (refer to Hygiene Policy)	R	✓	✓		✓

Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit (refer to Sources), including in relation to staff lifting children into and out of cots	R	✓	✓		✓
Regularly reviewing practices to ensure compliance with the recommendations of Red Nose Australia in relation to safe sleeping practices for children (refer to Sources)	R	✓	✓	✓	✓
Providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children	✓	✓			
Providing information to families about the service's relaxation and sleep practices	✓	✓	✓		✓
Ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child	✓	✓	✓	✓	✓
Educating families about evidence-based safe sleeping practices	✓	✓	✓	✓	✓
Assessing whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices, seek written support from a medical practitioner and develop a risk management plan	R	✓	✓	✓	✓
Implementing the documented sleep regime and risk management strategies where in exceptional circumstances family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices	R	✓	✓	✓	
Providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to staff.				✓	
Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required	R	✓	✓		✓
Ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (refer to Interactions with Children Policy)		✓	✓		✓
Providing a range of opportunities for relaxation throughout the day		✓	✓		✓
Supervising children displaying symptoms of illness closely, especially when resting or sleeping		✓	✓		✓
Documenting and communicating children's rest and sleep times to co-workers during shift changes		✓	✓		✓
Developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep		✓	✓	✓	✓
Encouraging children's independence and assisting children with dressing as needed.		✓	✓		✓

Sources and Related Policies

Sources

Australian Children's Education & Care Quality Authority, Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>

Australian Children's Education & Care Quality Authority, Sleep and rest risk assessment Template [Sleep Rest Risk Assessment Template](#)

Australian Children's Education & Care Quality Authority, Risk Assessment and Management Tool www.acecqa.gov.au/media/32166

Australian Competition & Consumer Commission (2016), Consumer product safety: <https://www.accc.gov.au/publications/consumer-product-safety-a-guide-for-businesses-legal-practitioners>

Belonging, Being & Becoming – The Early Years Learning Framework for Australia (EYLF): <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

Current Australian/New Zealand Standards for cots is available on the SAI Global website at: www.saiglobal.com

Red Nose Australia: <https://rednose.org.au/>

Kids Safe Australia www.kidsafe.com.au

Victorian Early Years Learning and Development Framework (VEYLDF): <https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx>

WorkSafe Victoria, Children's services – occupational health and safety compliance kit: <https://www.worksafe.vic.gov.au/resources/childrens-services-occupational-health-and-safety-compliance-kit>

Related Policies

- ✓ Administration of First Aid
- ✓ Emergency and Evacuation
- ✓ Hygiene
- ✓ Interactions with Children
- ✓ Staffing
- ✓ Child Safe Environment and Wellbeing
- ✓ Enrolment and Orientation
- ✓ Incident, Injury, Trauma and Illness
- ✓ Occupational Health and Safety
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Cots

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Cots

There are currently (at the time of printing) one standard that applies to the use of cots:

- Australian/New Zealand Standard – AS/NZS 2172

Services can check current standards on the SAI Global website at: www.saiglobal.com

Household cots usually have a lower base and mattress, and WorkSafe Victoria have expressed concern for staff in relation to the manual handling risks posed when working with cots at a lower height.

Employers should make sure workplaces use cots which minimise the distance employees need to bend and reach.

- Cots should be of a height that will enable employees to lift and lower children into and out of the cots with minimal forward bending of the employee's back.
- If cots have two base positions, set the base to the higher position for infants unable to stand. The higher base position will reduce the need for employees to reach into cots.
- Cots should have sides that drop to reduce the need for employees to bend and reach over the cot side to lift and lower children. At its dropped level, the top of the cot's lowered side should be at least 250mm above the top of the mattress to ensure children cannot roll out of the cot.
- Ensure there is enough clearance under cots for employees to stand with their feet under the edge of the cot to minimise reaching distance.
- Prepare cots in advance so sides are down before employees lift children in or out.
- If cots have wheels, ensure the wheels have locks and keep wheels in the locked position when the cot is not being moved.
- Regularly check and maintain cot wheels, wheel locks and drop-down sides to ensure cots are safe and secure.
- Assess floor surfaces to ensure minimal friction and resistance when wheeling cots. Change floor surfaces so employees can easily move cots.
- Ensure cots meet all relevant structural safety requirements.

No alterations should be made to purchased cots under any circumstances, as this may have serious consequences in relation to liability in the event that an incident occurs.

Hume City Council does not recommend that services use portable or folding cots, as they present an increased risk of injury or death to a child if erected incorrectly. Portable cots also pose an increased risk of manual handling injuries to staff. If a service requires an extra cot to be available for occasional use, it is possible to purchase a cot that meets the Australian/New Zealand Standard – Cots for household use, and folds flat for easy storage.

Further information on portable or folding cots is available as outlined below:

- Red Nose Australia: <https://rednose.org.au/article/portable-cots>
- Australian Competition and Consumer Commission: www.productsafety.gov.au

Note: Bassinets must not be on the education and care service premises (including centre based care and family day care) at any time that children are being educated and cared for by the service.

Sun Protection

Quality Area 2



This policy is aligned to the key policies and guidelines of the Healthy Early Childhood Services Achievement Program, in partnership with the Cancer Council, Victoria.

This policy was written in consultation with Cancer Council Victoria's SunSmart Program. The SunSmart Sample Sun Protection Policy and Procedure was last updated in January 2022 and is incorporated into this policy. This policy is for Victorian Early Childhood Education and Care Services. For more detailed information visit the SunSmart website:

<https://www.sunsmart.com.au/advice-for/schools-early-childhood>

Purpose

This policy will provide:

- guidelines to ensure children, staff, volunteers and others participating in Hume City Council Early Years programs and activities are well protected from overexposure to ultraviolet (UV) radiation from the sun
- information for parents/guardians, staff, volunteers and children attending Hume City Council Early Years Services regarding sun protection
- guidance to the use of outdoor spaces including adequate shading.

Policy Statement

Values

Hume City Council is committed to:

- promoting sun protection strategies for children, families, staff and visitors to minimise the harmful effects of over exposure to the sun's UV radiation
- ensuring that curriculum planning will minimise over exposure to the sun's UV radiation and also promote an awareness of sun protection and sun safe strategies
- providing information to children, staff, volunteers, parents/guardians and others at the service about the harmful effects of exposure to the sun's UV radiation.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

This policy will apply whenever the sun's UV levels reach three or higher. Whenever this occurs a combination of sun protection measures are to be used for all outdoor activities.

In Victoria UV levels are usually three or higher from mid-August to the end of April. Please check the daily local sun protection times (refer to Definitions) to be sure you are using sun protection when it is required. Active outdoor play is encouraged throughout the day all year, provided appropriate sun protection measures are used when necessary.

Background and Legislation

Background

Over exposure to the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world.

Children up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is associated with an increased risk of skin cancer later in life.

A combination of sun protection measures (hats, clothing, sunscreen, shade and sunglasses) is recommended whenever UV levels are three or higher during daily sun protection times (refer to Definitions).

It is a requirement under the Occupational Health and Safety Act 2004 that employers provide a healthy and safe environment for all persons who access the service's facilities and/or programs.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of the children and requires that children are protected from hazards and harm.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations 2011: including Regulations 100, 101, 113, 114, 168(2)(a)(ii)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Standard 2.2: Each child is protected
- Element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Occupational Health and Safety Act 2004

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

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

Definitions

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

Clothing for sun protection: Clothing that is loose-fitting, made from cool, densely woven fabric and covers as much skin as possible: tops with elbow-length sleeves and, if possible, collars and knee-length or longer shorts and skirts. Singlet tops and shoestring tops/dresses do not provide adequate protection in the sun.

Daily sun protection times: Times when the sun's UV radiation is forecast to be three or higher. Information about the daily sun protection times is available in the weather section of the daily newspaper, on the SunSmart website at: www.sunsmart.com.au, at myuv.com.au, as a free SunSmart app and as a free widget that can be added to websites.

Shade: An area sheltered from direct and indirect sun, such as a large tree, canopy, verandah or artificial cover. Shade can be built, natural or temporary and can reduce overall exposure to the sun's UV by up to 75%. Ensure shade is easily accessible, comfortable, in good condition and regularly maintained. Use surfaces that reflect less UV, e.g. natural, dark or rough surfaces. When combined with appropriate clothing, hats and sunscreen, children can be well protected from UV over exposure when outdoors. Research shows that preschool environments with trees, shrubbery, and broken ground not only provides better sun protection in outdoor play but also triggers more physical activity.

Sunhat: SunSmart advises the use of broad-brimmed or bucket-style hats (at least 5cm brim for young children) or legionnaire hats (make sure the front peak and back flap overlap at the sides) that shade the face, neck and ears. Caps and visors offer little protection to the cheeks, ears and neck, and are not considered a suitable alternative and should be swapped for a UV-protective hat.

Sunglasses: Sunglasses are optional. If worn, it is recommended that glasses are a close fitting, wrap-around style that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) and cover as much of the eye area as possible. Wearing a hat with a brim that shades the eyes can also reduce UV radiation to the eyes by 50%.

Sunscreen: SPF 50+ (or higher) broad-spectrum, water-resistant sunscreen. Sunscreen should be reapplied every two hours, even when labeled 4 hours water resistance. Make sure the sunscreen has an Australian License (Aust L) number and monitor the expiry date. Store it in a supervised, cool, dry place out of direct sun. Cancer Council recommends a usage test before applying a new sunscreen. From 3 years of age, children are encouraged to apply their own sunscreen under supervision of staff to help develop independent skills ready for school.

SunSmart: The name of the program conducted by Cancer Council to help prevent skin cancer: www.sunsmart.com.au

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Meeting the standards and requirements of the SunSmart early childhood program	R	✓			
Ensuring that this policy is up to date with current SunSmart recommendations: www.sunsmart.com.au	R	✓			
Ensuring parents/guardians are informed about and agree to support the Sun Protection Policy on enrolment, including the need to provide an appropriate sunhat and clothing for sun protection (refer to Definitions) for their child when attending the service	R	✓	✓		
Applying sunscreen (refer to Definitions) to their child before the commencement of each session during the times specified in the Scope of this policy				✓	
Providing, at their own expense, an alternative sunscreen to be left at the service if their child has a particular sensitivity to the sunscreen provided by the service				✓	
Providing a supply of sunscreen for use on all persons to whom this policy applies	R	✓			
Obtaining parents/guardians authority for staff to apply sunscreen prior to their child commencing at the service on each child's enrolment record (refer to Definitions)	R	✓	✓		
Applying sunscreen (refer to Definitions) to children's exposed skin – except in cases where parents/guardians have not given authority. Where possible this should be done 20 minutes before going outdoors. Children, where appropriate, will be encouraged to apply sunscreen with the assistance of an educator (sunscreen is to be reapplied every two hours)		✓	✓		✓
Storing sunscreen in a cool place and monitoring the expiry date – including for sunscreen supplied by parents/guardians		✓	✓		✓
Ensuring each child, and any other participant at the service, wears an appropriate sunhat, clothing for sun protection and sunscreen for all outdoor activities during the times specified in the Scope of this policy	✓	✓	✓		✓
Wearing sunhats, clothing for sun protection (refer to Definitions) and sunglasses (optional) when outside, applying sunscreen and seeking shade during the times specified in the Scope of this policy	✓	✓	✓		✓
Co-operating with their employer with respect to any action taken by the employer to comply with the Occupational Health and Safety Act 2004		✓	✓		✓
Providing a named, SunSmart approved sunhat (refer to Definitions) for their child's use at the service				✓	
Checking that all sunhats brought to the service meet the SunSmart recommendation for adequate protection, are named and stored individually	✓	✓	✓		
Providing appropriate spare sunhats for children and adults that will be laundered after each use	✓	✓			
Ensuring that children without appropriate sunhats or clothing for sun protection play in the shade or in a suitable area protected from the sun	✓	✓	✓		✓
Encouraging children to wear sunhats when travelling to and from the service	✓	✓	✓	✓	

Ensuring that program planning includes the application of a combination of sun protection measures for outdoor activities during the times specified in the Scope of this policy	✓	✓	✓		
Ensuring the sun protection times on the SunSmart website or the SunSmart app are accessed daily to assist with the implementation of this policy	✓	✓	✓		✓
Ensuring there is adequate shade in the service grounds to protect children from over exposure to UV radiation (Regulation 114)	R	✓			
Ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events (Regulations 100, 101)	R	✓	✓		
Encouraging children to seek shade when playing outside and utilise shaded areas for outdoor equipment that is not fixed during the times specified in the Scope of this policy		✓	✓		✓
Ensuring that information on sun protection is incorporated into the educational program (refer to the SunSmart website)	✓	✓	✓		
Ensuring that sun protection strategies are a priority when planning excursions	✓	✓	✓		
Ensuring all staff are aware of the special needs of infants. Babies under 12 months should not be exposed to direct sun. They should remain in full shade and always be well-protected through the use of hats and cool, covering clothing when outside. With parental consent small amounts of a suitable SPF 50+ (or higher) broad-spectrum water-resistant sunscreen may be applied to babies over 6 months	✓	✓	✓		✓
Reinforcing this policy by providing information on sun protection (available on the SunSmart website) to service users via newsletters, noticeboards, meetings and websites etc.	✓	✓			

Sources and Related Policies

Sources

AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection

Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\) \(2019\)](#)

Cancer Council Australia: www.cancer.org.au/sunsmart

Get Up & Grow: Healthy eating and physical activity for early childhood. Department of Health resources. Particularly Section 2 of the Director/Coordinator Book and the Staff Book:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>

SunSmart: www.sunsmart.com.au

Victorian Institute of Teaching (VIT)

[The Victorian Teaching Profession Code of Conduct - Principle 3.2](#)

[Australian Professional Standards for Teachers \(APST\)](#) – Standard 4.4 and 7.2

ARPANSA [Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation \(2006\)](#)

[Belonging, Being and Becoming – The Early Years Learning Framework](#) (July 2009)

[Victorian Early Years Learning and Development Framework \(VEYLDF\)](#) (May 2016)

Victorian School Building Authority (VSBA) [Building Quality Standards Handbook \(BQSH\)](#): Section 5.1.3, 5.1.4 Shade Areas (May 2021)

AS 4174:2018 Knitted and woven shade fabrics

AS/NZS 10671:2016, Eye and face protection - Sunglasses and fashion spectacles

AS 4399:2020, Sun protective clothing – Evaluation and classification

AS/NZS 2604:2012 Sunscreen products - Evaluation and classification

Australian Government Therapeutics Goods Administration (TGA) – Australian regulatory guidelines for sunscreens:

[4. Labelling and advertising – directions for use of the product](#)

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Nutrition, Oral Health and Active Play
- ✓ Supervision of Children
- ✓ Excursions and Service Events
- ✓ Occupational Health and Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Supervision of Children

Quality Area 2

Purpose

This policy will provide guidelines to ensure:

- the adequate supervision of all enrolled children is maintained at all times.
- the provision of a safe and secure environment for all children at all Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council is committed to:

- providing appropriate supervision for all enrolled children in all aspects of the service's program that is reflective of the children's needs, abilities, age and circumstances
- ensuring all children are directly and actively supervised by educators employed or engaged by Hume City Council
- maintaining a duty of care (refer to Definitions) to all children at any Hume City Council Early Years Service
- ensuring there is an understanding of the shared legal responsibility and accountability between, and a commitment by, all persons to implement the procedures and practices outlined in this policy.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Supervision is essential in ensuring that children's safety is protected in the service environment. Children have a right to be protected from potential hazards and dangers posed by products, plants, objects, animals and people in the immediate and wider environment.

Supervision is an integral part of the care and education of children and requires staff members to make ongoing assessments of the child and the activities in which they are engaged; utilising range of skills such as positioning and peripheral vision. Active supervision assists in the development of positive relationships between educators, children and their families, and informs ongoing assessment and future planning. Adequate supervision (refer to Definitions) requires teamwork and good communication between educators.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards, Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017
- Worker Screening Act 2020
- Worker Screening Regulations 2021 (Vic)

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

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

Definitions

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Complying with the legislated ECT/educator-to-child ratios at all times (National Law: Sections 169) (Regulations 123)	R	R	✓		
Counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)	R	R	✓		
Keeping a record of ECT/educators working directly with children (Regulation 151)	R	✓			
Ensuring any educator under the age of 18 is not left to supervise children on their own (Regulation 120)	R	✓	✓		
Ensuring an unauthorised person is under the direct supervision of an ECT/educator whilst at the service (National Law: Section 170 (2))	R	R	✓		
Ensuring, in addition to ratio requirements, that a minimum of two educators are rostered on duty at all times children are in attendance at the service	✓	✓	✓		
Ensuring that children being educated and cared for by the service are adequately supervised (refer to Definitions) by being in sight and/or hearing of an educator at all times; including during eating, toileting, sleep, rest and transition routines (National Law: Section 165 (1), (2))	R	R	✓		
Considering the design and arrangement of the service environment to support active supervision (Regulation 115). This may be supported by a supervision plan (refer to Attachment 1)	R	✓	✓		
Managing potential risk of abuse or harm to each child, including fulfilling duty of care (refer to Definitions) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm (refer to Child Safe Environment Policy)	R	R	R		R
Identifying high-risk activities, including excursions (refer to Excursions and Service Events Policy, Road Safety and Safe Transport Policy and Water Safety Policy), through a risk management process, and implementing strategies to improve children's safety e.g. Considering increasing adult-to-child ratios in line with the identified risks (Regulation 100, 101, 102B, 102C)	R	R	✓		
Ensuring supervision standards are maintained during ECT/educator breaks, including during lunch breaks	R	R	✓		
Providing safe spaces for children, which allow for adequate supervision, and which include safe fall zones, good traffic flow, maintenance of buildings and equipment, and minimising trip hazards	R	✓	✓		
Implementing induction procedures to inform casual and relief staff about the supervision strategies outlined in this policy	✓	✓			✓
Notifying the Regulatory Authority (DET) within 24 hours of: <ul style="list-style-type: none"> a serious incident (refer to Definitions) occurring at the service, including when a child appears to be missing or cannot be accounted for (National Law: Section 174(2)(a)), (Regulations 176(2)(a)(ii)) a complaint alleging that the health, safety or wellbeing of a child has been compromised or that the law has been breached (National Law: Section 174(2)(b)), (Regulations 175(2)(c), 176(2)(b)) 	R	✓			

Notifying parents/guardians of a serious incident (refer to Definitions) involving their child as soon as possible, but not more than 24 hours after the occurrence (Regulation 86, 87 (3)(e))	R	✓	✓		
Reporting notifiable incidents (refer to Definitions) to Worksafe Victoria	R	✓			
Evaluating supervision procedures regularly	R	✓	✓		
Complying with the service's Excursions and Service Events, Road Safety and Safe Transport and Water Safety Policy	R	R	✓	✓	✓
Identifying the potential for the risks of abuse or harm to each child, including fulfilling duty of care (refer to Definitions) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm	R	R	R		
Providing support to ECT/educators when children with challenging behaviours or additional needs are involved	✓	✓			
Ensuring that all children are accounted for, including by referring to attendance records (refer to Definitions) at various times throughout the day, e.g. during indoor/outdoor programs		✓	✓		
Adjusting supervision strategies to suit the service environment, educator skills, and age mix, dynamics and size of the group of children being supervised and the activities being undertaken	R	R	✓		
Maintaining a duty of care at all times (including when the child is on the premises but not signed into/signed out of the care of the service and the parent/guardian or person delivering or collecting the child is responsible for supervising that child)		R	R	R	
Balancing supervision with children's needs for privacy and independence		✓	✓		
Communicating with other educators to ensure adequate supervision at all times		R	✓		
Adhering to the Child Safe Environment Policy	R	R	R	R	R
Ensuring doors and gates are closed at all times to prevent children from leaving the service unaccompanied or from accessing unsupervised/unsafe areas	✓	✓	✓	✓	✓
Deciding when to interrupt/redirect children's play to ensure safety at all times		✓	✓		✓
Identifying opportunities to support and extend children's learning while also recognising their need to play without adult intervention		✓	✓		✓
Conducting daily safety checks of the environment to assess safety and to remove hazards		✓	✓		
Supervising/being aware of children's daily arrival and departure from the service and being aware of the person who has authority to collect the child (refer to Delivery and Collection of Children Policy)		✓	✓	✓	
Supervising their own child/ren before signing them into the program and after they have signed them out of the program				✓	
Enabling ECT/educators to supervise children at all times e.g. by making arrangements to speak with educators at a mutually suitable time				✓	

Sources and Related Policies

Sources

Kidsafe: www.kidsafe.com.au

The Royal Children's Hospital Community Information team (formerly Safety Centre) provides information on safety promotion and injury prevention: www.rch.org.au.

WorkSafe Victoria: www.worksafe.vic.gov.au

Guide to the National Quality Framework (ACECQA): <http://acecqa.gov.au/>

Guide to the Education and Care Services National Law 2010 and the Education and Care Services National Regulations 2011 (ACECQA): <http://acecqa.gov.au/>

Related Policies

- ✓ Administration of First Aid
- ✓ Compliments and Complaints
- ✓ Delivery and Collection of Children
- ✓ Incident, Injury, Trauma and Illness
- ✓ Occupational Health and Safety
- ✓ Road Safety and Safe Transport
- ✓ Tobacco, Alcohol and Other Drugs
- ✓ Child Safe Environment and Wellbeing
- ✓ Dealing with Medical Conditions
- ✓ Excursions and Service Events
- ✓ Interactions with Children
- ✓ Relaxation and Sleep
- ✓ Staffing
- ✓ Water Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Supervision risk management template

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Supervision Risk Management Template

This template is designed as a tool to be developed and used by all educators involved in the supervision of children at the service and should be reviewed regularly and made available to all staff working in the program. There may be additional areas that your service will want to include in the supervision risk management template.

Area/Equipment	Potential Supervision Risk	Action to Reduce or Eliminate Risk
For example: Fixed equipment e.g. swings, fixed climbing equipment, slides etc.		
For example: Layout of the internal and/or external areas of the service including a description of areas that provide challenges to supervision e.g. children's bathrooms, L-shaped playgrounds or playrooms, behind structures or features in the playground etc.		
For example: Staff supervision responsibilities including: quiet/ active learning spaces; during indoor and outdoor programs; specific programmed experiences; and the supervision of students and volunteers		
For example: Potential hazards e.g. protruding tree roots, small pieces of equipment etc.		
For example: Arrival and departure of children		

Tobacco, E-Cigarettes, Alcohol and Other Drugs

Quality Area 2

This policy is aligned to the key policies and guidelines of the Healthy Early Childhood Services Achievement Program, in partnership with the Cancer Council, Victoria.

Purpose

This policy provides guidelines to enable Hume City Council Early Years Services to:

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

Policy Statement

Values

Hume City Council is committed to:

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

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

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

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

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

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for children)
- Early Childhood Australia's Code of Ethics (2016)
- Education and Care Services National Law Act 2010: Section 174
- Education and Care Services National Regulations 2011: Regulations 82, 82, 175, 176
- Liquor Control Reform Act 1998
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Tobacco Act 1987 (Vic)

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

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

Definitions

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

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

Drug: Refers to any substance taken to change the way the body and/or mind functions.

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

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

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

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

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

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

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

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Providing a safe and healthy environment for educators, staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of Hume City Council Early Years Services (Regulation 103, National Law: Section 167)	R	R			
Ensuring that children being educated and cared for by Hume City Council Early Years Services are provided with an environment that is free from the use of vaping, tobacco/e-cigarettes, illicit drugs and alcohol (Regulation 82 (1))	R	✓	✓		✓
Ensuring that a nominated supervisor, early childhood teachers, educators, staff, contractors, volunteers, students on placement at [Service Name] are not affected by alcohol or drugs, including prescription medication (refer to Definition) to impair the person’s capacity to supervise or provide education and care to children at any Hume City Council Early Years Services (Regulation 83 (1))	R	R	✓		✓
Not consuming alcohol or be affected by alcohol or drugs (including prescription medication) that impairs capacity to supervise or provide education and care to the children (Regulation 83 (2) (a) (b))	✓	R	✓		✓
Developing procedures that include steps to remove an affected staff member from any Hume City Council Early Years Services so they do not further endanger other staff and children. Procedures should provide guidelines to ensure that the staff member is able to get home safely and outline steps for initiating police or ambulance intervention if the situation cannot be safely managed at the workplace level (refer to Code of Conduct Policy and Compliments and Complaints Policy) (National Law: Section 167)	R	R	✓		✓
Developing, updating and reviewing the Tobacco, E-Cigarettes, Alcohol and other Drugs Policy in collaboration with the nominated supervisor, early childhood teachers, educators/staff, parents/guardians, children and others involved at Hume City Council Early Years Services	✓	✓	✓	✓	✓
Providing the nominated supervisor, early childhood teachers, educators, staff, contractors, volunteers, students and families with information about policy requirements, with opportunities to provide feedback and input	✓	✓	✓	✓	✓
Considering diversity and cultural practices when implementing this policy and tobacco, e-cigarettes, alcohol and other drugs initiatives	✓	✓	✓	✓	✓
Ensuring the Tobacco, E-cigarettes, Alcohol and other Drugs Policy is included in educator and staff induction/orientation	R	✓			
Preventing and managing risks associated with the use of alcohol and other drugs	R	✓			
Monitoring the health and safety of early childhood teachers, educators, staff, contractors, volunteers, students on placement, parents/guardians and children	R	✓			
Providing information and training to early childhood teachers, educators and staff, including information and training on vaping, tobacco, e-cigarettes, alcohol and other drugs	✓	✓			
Providing staff who identify as having an alcohol and/or other drugs problem referrals to professional assistance, and/or the Employee Assistance Program (if applicable)	✓	✓			

Ensuring there is a smoke and vape free zone (refer to Definition) within four metres of the entrance to the early years service premises, and within ten metres of children's outdoor play areas	R	✓			
Ensuring that there is smoke and vape free signage that can be easily seen and understood by the whole community	R	✓			
Ensuring that all service events, on and off site, are smoke, vape and drug-free	R	✓	✓		✓
If external organisations use the premises, a formal agreement ensuring that the service premises are smoke and vape-free, drug-free and responsible alcohol consumption is promoted	R	✓			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, families and visitors adhere to legislation and Hume City Council policies related to smoke and vape-free areas and are asked not to smoke in sight of children	R	✓	✓		✓
Encouraging the nominated supervisor, early childhood teachers, educators and staff who smoke or vape to take appropriate hygiene measures after smoking so that children are not exposed to second-hand (refer to Definition) and third-hand smoke (refer to Definition) (refer to Hygiene Policy)	R	✓	✓		✓
Not consuming or being under the influence of alcohol or affected by drugs when attending any Hume City Council Early Years Service	✓	✓	✓	✓	✓
Refraining from smoking in the car with children under the age of 18				✓	
Supporting the nominated supervisor, early childhood teachers, educators, staff and families who want to quit smoking, vaping, drinking or using other drugs to access appropriate agencies and maintaining confidentiality	✓	✓			
Providing resources about the health risks related to smoking, vaping, excessive drinking and taking drugs to educators and staff	✓	✓			
Providing information about health risks related to smoking, vaping, excessive drinking and using other drugs to families and community members, including information about accessing support services	✓	✓			
Guiding age-appropriate, sensitive discussions about health issues related to vaping, tobacco, e-cigarettes, alcohol and drug use as opportunities arise (e.g. if a child is pretending to smoke)		✓	✓		✓
Engaging in professional development and resources that guide age-appropriate, sensitive discussions about health issues related to vaping, tobacco, e-cigarettes, alcohol and drug use as opportunities arise		✓	✓		✓
Ensuring that partnerships are established with relevant organisations and health professionals to support smoke and vape-free, drug-free and responsible consumption of alcohol initiatives where appropriate	✓	✓	✓		✓
Ensuring that there are no partnerships with organisations that market or supply alcohol, tobacco, vapes or e-cigarettes	✓	✓	✓		✓
Taking reasonable care for their own health and safety in the workplace, and the health and safety of others who may be affected by their acts or omissions (OHS Act section 25(1)(a) and (b))	✓	✓	✓		✓

Sources and Related Policies

Sources

Alcohol and Drug Foundation: <https://adf.org.au>

Alcohol and Drugs Foundation: <www.adf.org.au>

Better Health Channel – Drugs: <www.betterhealth.vic.gov.au>

Cancer Council Victoria: <https://www.cancervic.org.au>

Department of Education – Drugs Education: <www.education.vic.gov>

Health.Vic: <www2.health.vic.gov.au>

National Drug Strategy: <www.health.gov.au>

Quit Victoria: <https://www.quit.org.au>

Raising Children Network: <https://raisingchildren.net.au>

Tobacco in Australia: <https://www.tobaccoinaustralia.org.au>

Work Safe Victoria: [Guide for developing a workplace alcohol and other drugs policy](#) (2017)

Related Policies

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

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Water Safety

Quality Area 2

Purpose

This policy will outline the procedures that apply to managing water safety, including safety during any water-based activities at all Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council is committed to:

- the safety, health and wellbeing of children. All water-based activities will be adequately supervised and no child will be left unattended when in proximity to water
- ensuring that the approved provider, educators and all other staff are aware of their roles and responsibilities in relation to water safety
- providing opportunities for children to explore their natural environment including through water play
- ensuring that children are protected from the risks associated with drowning or non-fatal drowning experiences
- ensuring that curriculum planning incorporates water safety awareness
- providing information to educators, staff, parents/guardians, volunteers and others at the service about water safety.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

The supervision and safety of children with and around water is of paramount importance.

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory-rich, open-ended experiences that engage their curiosity and imagination. Children may encounter these resources in the service environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults. It is imperative that educators remain vigilant in their supervision of children in and around water and are alert to potential risks in everyday practice in the learning environment.

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory-rich, open-ended experiences that engage children's curiosity and imagination. Children may encounter these resources in the service environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults.

Water safety relates to access to water in the building, the playground or on excursions, and to the availability of drinking water for children. It is important for services to have detailed risk assessments that consider any water hazards and associated risks, including water-based activities and excursions near water. The service's policy and procedures should outline quality practices relating to water safety that align with the NQS.

It is imperative that educators remain vigilant in their supervision of children in and around water and are alert to potential risks in everyday practice in the learning environment.

Drowning is a leading cause of death for children in Victoria, with infants and toddlers the group most at risk. Non-fatal drowning incidents can result in permanent brain damage and disability. Knowledge of potential hazards associated with water will assist educators to provide a safe, stimulating environment for preschool children.

Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children. Children can drown in as little as a few centimetres of water.

Keep Watch is a public education program of Royal Life Saving Society – Australia, aimed at preventing the drowning deaths of children under 5 years of age in all aquatic locations. The program has four key actions:

- supervise children constantly around water
- restrict access to water hazards by using child-proof barriers and fences
- provide water awareness training to children
- resuscitation saves lives – ensure that staff have completed current first aid training

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety

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

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

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met	R	✓	✓		✓
Ensuring parents/guardians are informed of the Water Safety Policy on enrolment (Regulation 168(2)(a)(iii), 171)	R	✓	✓		✓
Assisting approved provider to implement Water Safety Policy (Regulation 170)		R	✓		✓
Ensure that there is adequate supervision (refer to Definitions) provided given the ages and developmental needs of children undertaking water activities (including ratios) (National Law: Section 165, Regulation 115)	R	✓	✓		✓
Adjusting supervision strategies to suit the activities being undertaken (refer to Supervision of Children Policy)		✓	✓		✓
Ensuring risk assessments are undertaken and water hazards and risks associated with water-based activities are taken into consideration both at the service and prior to conducting excursions and other offsite events (National Law: Section 16, Regulation 101)	R	✓	✓		✓
Conducting a risk assessment in relation to any water hazards on or near the premises that may be accessible to children (National Law: Section 165)	R	✓	✓		✓
Ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (Regulation 102) (refer to Excursions and Service Events Policy)	R	✓	✓		✓

Definitions

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

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Water hazard: (in relation to this policy) can lead to drowning or non-fatal drowning incidences. Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allow water to collect can also present drowning hazards for young children.

Ensuring increased levels of supervision for an excursion to a location where there is a water hazard (Supervision of Children Policy) (National Law: Section 165)	R	✓	✓		✓
Conducting a regular safety check of the service premises (refer to Occupational Health and Safety Policy) (National Law: Section 167)	R	R	✓		✓
Ensuring doors, gates and other barriers restricting access to water hazards are closed at all times and fences are kept clear at all times (National Law: Section 167)	R	R	✓	✓	✓
Ensuring that containers of water (including nappy buckets and cleaning buckets) are sealed with child-proof lids (National Law: Section 167)	R	R	✓		✓
Ensuring wading/paddling pools, water play containers, portable water troughs and pet water containers are emptied immediately after each use and stored in a manner that prevents the collection of water when not in use (National Law: Section 167)	R	R	✓		✓
Checking the outdoor learning environment at the beginning and end of each day for puddles or filled containers that could pose a potential risk to small children after heavy rain (National Law: Section 167)	R	R	✓		✓
Ensuring any water hazards that are not able to be adequately supervised at all times are isolated from children by a child-resistant barrier or fence (particularly large bodies of water including swimming pools, rivers, ponds etc.) (National Law: Section 167)	R	R	✓		✓
Ensuring that an educator with a current approved first aid qualification (refer to Definitions) is in attendance and immediately available at all times children are being educated and cared for by the service (Regulation 136)	R	✓			
Ensuring that all educators' current approved first aid qualifications meet the requirements of the National Regulations and are approved by ACECQA (refer to Administration of First Aid Policy) (Regulation 136)	R	✓			
Ensuring that details of current approved first aid qualifications (refer to Definitions) are filed with each staff member's record	R	✓			
Reporting serious incidents (refer to Definitions) to DET (Regulation 174, 175)	R	✓			
Informing the approved provider immediately if any serious or notifiable incidents (refer to Definitions) occur at the service.		✓	✓		✓
Reporting notifiable incidents (refer to Definitions) to WorkSafe Victoria	R	✓			
Providing current information to parents about water safety		✓	✓		✓
Providing water safety education and information as a part of the service's program		✓	✓		✓

Sources and Related Policies

Sources

FUSE: www.fuse.education.vic.gov.au

Kidsafe – Water Safety Fact Sheet: www.kidsafevic.com.au

Life Saving Victoria - School Swimming and Water Safety Toolkit: www.lsv.com.au/toolkit/

Royal Life Saving Society – Australia: www.royallifesaving.com.au

Water Safety Victoria – Water Safety Guide: Play it Safe by the Water: <https://www.vic.gov.au/water-safety>

Related Policies

- ✓ Administration of First Aid
- ✓ Emergency and Evacuation
- ✓ Nutrition, Oral Health and Active Play
- ✓ Occupational Health and Safety
- ✓ Child Safe Environment and Wellbeing
- ✓ Excursions and Service Events
- ✓ Incident, Injury, Trauma and Illness
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Environmental Sustainability

Quality Area 3

Purpose

This policy will provide guidelines to assist Hume City Council Early Years Services to take an active role in caring for the environment and promoting and contributing to a sustainable future.

Policy Statement

Values

Hume City Council is committed to:

- promoting respect for, and an appreciation of, the natural environment among all at the service
- fostering children's capacity to understand and respect the natural environment, and the interdependence between people, plants, animals and land
- supporting the development of positive attitudes and values in line with sustainable practices
- ensuring that educators and other staff engage in sustainable practices during the operation of the service.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

“One of the most significant responsibilities that [early childhood] professionals have is to support children to retain the sense of awe and wonder that they are born with, to add to that a desire to nurture and protect what is beautiful, and to encourage them to appreciate that there are many possibilities for honouring life and wonders that the world holds” (Stonehouse, A. (2006) NSW Curriculum Framework for Children's Services – refer to Sources).

Current research confirms that experiences in the early years help establish lifelong behaviour and values, and this reinforces the need for sustainability education to be included in early childhood programs. It is important for children to understand their place in the world and the role that they can play in protecting the environment. Children should learn to be environmentally responsible and be empowered to make a difference, and this learning should not wait until the 'formal education' of primary school. Elliot and Davis (refer to Sources) state that “early childhood educators have an active and significant role to play ensuring children experience connections with the natural environment in meaningful way which will ultimately promote action for sustainability”.

The Early Childhood Australia Code of Ethics (2016) requires early childhood professionals in relation to children to “collaborate with children as global citizens in learning about our shared responsibilities to the environment and humanity”.

Learning Outcome 2 in the Victorian Early Years Learning and Development Framework (2016) guides and supports a collaborative approach between professionals, parents and children where, children “are connected with and contribute to their world” and “broaden their understanding of the world in which they live”.

Early childhood professionals in collaboration with families are responsible for scaffolding children's learning to develop an environmental identity and consciousness. Maximising children's engagement with the outdoor environment, and integrating access between the indoors and the outdoors, will enable children to actively engage and explore nature and diversify their play experiences. Intentional and planned learning spaces that promote the: development of life skills; such as growing and preparing food, waste reduction, minimising consumption and recycling, and use of recycled, reclaimed, improvised, and natural materials will encourage deeper thinking and leverage learning to promote sustainable environmental habits.

Early Learning also have a responsibility to align service practice with the organisation's environmental sustainability policy. Alignment will include practices and behaviours that support activities which contribute to environmental sustainability by reducing waste, pollution and greenhouse gases, the ethical purchasing of products and assisting to minimise the impact of climate change. This includes the commitment to use the Reduce, Reuse, Recycle, and Rethink (how our actions effect the environment) philosophy as a guide to monitor current practices and implement changes. A priority to energy efficient alternatives when considering lighting, building products and design will also be considered.

Environmental education can be defined as learning about the environment and how natural systems function; the interconnectedness of plants, animals, humans and the planet we inhabit. Environmental education promotes the growth of knowledge, skills and values about the environment, often with a focus on science and nature. In an early childhood setting, environmental education is integrated into everyday decisions made as part of the curriculum.

Sustainability can be defined in a broader and more holistic context of education for the environment. The complexities of social, environmental and economic systems are acknowledged, and their implications for sustaining life are considered. The aim of sustainability education is to promote a sense of responsibility, respect, empowerment, active participation, enquiry and a desire for social change (adapted from ECA Environmental Sustainability Policy). The goal of sustainability education is to empower children and adults to think and act in ways that meet their immediate needs without jeopardising the potential of future generations to meet their own needs. Sustainable practice in early childhood settings requires a holistic approach that integrates all aspects of sustainability into service operations.

The National Quality Standard (Quality Area 3: Physical Environment) includes a discussion on the service taking an active role in caring for its environment and contributing to a sustainable future. As service providers to the community, education and care services have an opportunity not only to make reductions to waste, water and energy consumption through their operations, but to role-model sustainable living to young children in a world facing climate change, increasing levels of air, land and water pollution, and depleted natural resources.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 3: Physical Environment

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

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

Definitions

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

Environmental sustainability: The responsible use and management of the planet's resources to ensure that they remain available and uncompromised for future generations to use and enjoy.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Collaborating with the nominated supervisor, early childhood teachers, educators, staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation (refer to Attachment 1)	✓	✓	✓	✓	✓
Allocating the necessary resources to implement the identified environmental sustainability strategies at the service	✓	✓			
Ensuring the nominated supervisor and all staff are aware of their responsibilities under this Environmental Sustainability Policy	✓	✓			
Implementing identified strategies for which they have responsibility at the service (refer to Attachment 1)	✓	✓	✓		✓
Ensuring parents/guardians are aware of, and have access to, the Environmental Sustainability Policy	✓	✓			
Ensuring environmental education and practices are incorporated into the curriculum (refer to Curriculum Development Policy)		✓	✓		✓
Ensuring that the outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments Regulation 113	R	✓	✓		✓
Ensuring the service cares for the environment and supports children to become environmentally responsible	✓	✓	✓		✓
Planning opportunities for children to connect with nature and the natural world at the service, including on excursions and at other service events		✓	✓		✓
Engaging with the local community, elders or family members to ensure practices are culturally safe, relevant and respectful	✓	✓	✓		✓
Fostering children's capacity to understand and respect the natural environment and the interdependence between people, plants, animals and the land	✓	✓	✓		✓
Developing procedures for caring for pets/animals at the service (Refer to Attachment 2)	✓	✓			
Incorporating celebrations of environmental awareness into the program e.g. National Tree Day, National Recycling Week, Clean Up Australia Day and Walk to Work Day		✓	✓		✓
Keeping up to date with current research, resources and best practice through newsletters, journals and support agencies such as Environmental Education in Early Childhood (EEEC)	✓	✓	✓		✓
Providing families with information about environmentally sustainable practices e.g. through displays, fact sheets and local community resources, and by ensuring that they have access to the Environmental Sustainability Policy	✓	✓	✓		✓
Making recommendations to the approved provider about green and sustainable options for the service, that reflect the guidelines within this policy		✓	✓	✓	✓
Seeking and applying for grants, where appropriate, to support the implementation of strategies within this policy	✓	✓	✓		
Encouraging their children to adopt environmentally sustainable practices at both the service and at home				✓	

Sources and Related Policies

Sources

Belonging, Being & Becoming – The Early Years Learning Framework for Australia: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

Department of Education, Australian Government (2010) 'Educators' Guide to the Early Years Learning Framework: <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/educators-guide-to-the-early-years-learning-framework-for-australia>

Environmental Education in Early Childhood (EEEC): <http://www.eeec.org.au/index.php>

Guide to the National Quality Standard, ACECQA: www.acecqa.gov.au

Department of Education, Australian Government, My Time, Our Place – Framework for School Age Care in Australia: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

Sustainability Victoria: <https://www.sustainability.vic.gov.au/schools>

Victorian Early Years Learning and Development Framework: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Excursions and Service Events
- ✓ Supervision of Children
- ✓ Educational Program
- ✓ Sun Protection
- ✓ Water Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Strategies for Environmental Sustainability

Attachment 2: Caring for Pets in an Early Years Service

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Strategies for Environmental Sustainability

This checklist can be used to promote discussion and formulate an environmental sustainability policy for the service. Many of these strategies were drawn from Mia Hughes' Climbing the little green steps: How to promote sustainability within early childhood services in your local area (refer to Sources). Other strategies can be added to the checklist as required – refer to Sources as a starting point for further information. Ensure that responsibility for implementation is allocated to each strategy adopted e.g. approved provider, Nominated Supervisor, educators, parents/guardians, children etc. Agreed strategies should form the basis of the service's Environmental Sustainability Policy.

Strategy	Adopt (Yes/No)	Responsible for implementation (e.g., Nominated Supervisor, educators, etc.)
Data Collection		
Collect baseline data from energy and water bills and monitor waste collection. Use information gathered to set reduction targets and evaluate whether they have been achieved.		
Green Purchasing		
Purchase local products		
Purchase recycled products		
Purchase energy and water efficient products		
Purchase organic produce		
Purchase items with minimal packaging		
Purchase chemical-free, green cleaning products		
Purchase formaldehyde-free paint		
Waste		
Minimise waste from one-use, throwaway products (e.g. paper towels, disposable nappies, wet wipes) by changing behaviours and procedures, and using alternative products. The following are some suggestions:		
Install a low energy electric hand dryer		
Cut paper towels in half to reduce waste while working towards using cloth towels or installing a low energy electric hand dryer		
Replace disposable nappies with a nappy wash service		
Replace wet wipes with washable cloths		
Encourage children to bring a rubbish-free lunch/snack in a reusable container		
Adopt green cleaning practices by using safe and sustainable cleaning products and methods		
Recycle plastic waste (codes #1–#7), glass, paper, cardboard, foil and metal		
Investigate composting of food scraps		
Explore the waste hierarchy of refuse within the educational program i.e. reduce, reuse, repair and recycle		

Strategy	Adopt (Yes/No)	Responsible for implementation (e.g., Nominated Supervisor, educators, etc.)
Refrain from using food items for children’s play experiences (e.g. rice, pasta, jelly etc.) as this is wasteful of both the food items, and the water and energy used in production		
Promote recycling and reusing items e.g. through SWAP markets for children’s clothing, toys and books		
Energy		
Turn off computers and/or screens when not in use		
Turn off computers and electrical equipment before leaving the building		
Install and use ceiling fans instead of air conditioning, when appropriate		
Close doors and windows when heating or air conditioning the building where possible, while maintaining adequate ventilation. Strategies must be developed for indoor-outdoor programs to enable this to occur		
Turn off fridges that are not in use during extended holiday periods (ensure no food remains and the fridge is cleaned well)		
Turn lights off when not required. Install light sensors where possible		
Upgrade old appliances with energy efficient appliances		
Water		
Install 5,000–20,000 litre water tanks and consider connecting these to toilets		
Set limits for water use during play, while acknowledging that water play is important and that children need to use water in order to learn how to conserve it		
Ensure that water from troughs and bowls is reused to water the garden		
Use grey water (containing low salt/phosphate detergents) to water grass and gardens when children are not in attendance		
Install water saving taps in children’s bathrooms		
Install dual flush toilets		
Place buckets or watering cans next to drink stations to collect excess water		
Biodiversity		
Grow food crops in vegetable gardens		
Plant fruit trees		
Grow a diverse range of plants and develop children’s understanding of how plant diversity encourages animal diversity		
Grow indigenous (native) and water-wise plants		
Water plants in the play space using recycled water where possible. Plants are a precious resource for the planet and should be protected and nurtured		
Transport		
Encourage staff to walk, cycle or catch public transport to work and on excursions, where possible		
Create prominent, effective spaces for the storage of bikes and prams to promote riding and walking to staff and families		

Strategy	Adopt (Yes/No)	Responsible for implementation (e.g., Nominated Supervisor, educators, etc.)
Curriculum		
Role-model sustainable practices and behaviours. Actions such as reusing water from a sink and switching off lights when not in use can have a large impact on young children, who are at a formative stage with respect to skills and attitudes		
Aim to counteract the 'throwaway' mentality that children experience every day in relation to waste		
Take every opportunity to talk with young children about sustainable practices, and encourage older children to take part in these practices		
Assign roles such as water, waste and energy monitors to children within the service (consider providing them with badges and charts appropriate to their role). Children are often vigilant at monitoring the behaviour of their peers		
The curriculum offers many opportunities to explore sustainable issues and practices. The following are some suggestions:		
Create an 'earth hour' each day where no lights/minimal lighting is used e.g. during rest, relaxation or sleep times.		
Use a range of pictures, books and stories that address environmental sustainability issues		
Have waste-free days		
Use improvised, recycled and natural materials for program activities		
Examine damaged household appliances and explore whether they can be repaired		
Play a recycling game to promote an understanding of items that can be recycled		
Investigate alternatives to texta pens and liquid paint, such as powder paint and refillable markers or pencils		
Join Environmental Education in Early Childhood (EEEC) for more ideas		
Family and Community Involvement		
Inform families about this policy and the service's approach to environmental sustainability through information sessions, photo displays and newsletters etc.		
Design a poster outlining the key principles of environmental sustainability, for display in the foyer of the service. This may include a charter of principles and key targets to be achieved		
Become involved in community events such as Earth Hour, World Environment Day and Clean Up Australia Day		

ATTACHMENT 2

Caring for Pets in an Early Years Service

Observing, interacting with and learning to care for an animal can be a valuable part of a child's education and care, enhancing their understanding of relationships, ecology, and the natural world. While having animals in a service has many advantages, there are a number of concerns that educators must take into account for the safety and welfare of the children as well as the animals. Procedures should be developed in collaboration with all stakeholders and should be developed to realistically support the co-existence of pets and children.

CHOOSING THE RIGHT PET FOR THE SERVICE

If your service has never kept an animal before, it is essential that conversations are had with all families about the prospect of keeping an animal. This ensures parents can provide feedback about the decision as well as information about any allergies, fears or phobias their child may have. This information needs to be taken into consideration before a decision is made on the right animal for the service.

Keeping animals is not suited for all services, there are other exciting ways to introduce animals to children besides keeping them as pets. Other ways animals can be introduced to children can include but not limited to:

- having an outing to a zoo
- inviting visitors and/or programs to the service such as mobile farms or reptile keepers.

Questions to consider when developing guidelines and procedures:

- Who will be responsible for the care and upkeep of the animal, including feeding, health care and cleaning?
- How will the animal be cared for on weekends and during service closure periods?
- What physical space is available in the service? Is it adequate for that specific animal?
- Are all educators and families happy with the decision to keep an animal at the service?
- What time will be available throughout the day to care for the animal or will educators be asked to give up some personal time for this?
- Are there any children or educators at your service who are allergic to, or have phobias of, animals?
- What changes to your service's policies and procedures need to be considered? For example, your hand washing policy will need to be updated to include washing hands after having contact with the animal.
- What are the health and safety risks?

Services should consider other regulations and standards relating to children's access to animals including:

- animal welfare and ethics policies, legislation and standards
- local, state or territory government licensing requirements (for example, for the keeping of reptiles or freshwater turtles, or limits on the number of chickens)
- Some animals, such as lizards, turtles, snakes, spiders and tropical fish may not be an appropriate choice. Check with a veterinarian if unsure whether a particular animal is suitable for children.

ASSESSING AND MANAGING RISKS

It is acknowledged that keeping animals/pets at in education and care service and allowing children access to animals has many advantages, however there are also considerations that approved providers and educators must bear in mind for the safety and welfare of both the children and the animal/pet. A risk assessment should be completed before choosing the type of animal to have at the service and how the children interact with it. Risk assessments should be conducted yearly, when a new child commences at the service or when circumstances change at the service.

Disease - Because contact with animals can spread disease, access to animals in an education and care setting requires specific consideration to stop the transmission of infectious diseases. According to health experts, germs can be found on the skin, hair, feathers, and scales of animals as well as in their faeces, urine, and saliva. Although these microorganisms might not harm the animal, they might harm people. Consider Dealing with Infectious Diseases Policy

Effective hand washing and cleaning - Both children and adults should wash their hands thoroughly after handling or feeding animals, or after cleaning their bedding, tanks, cages, or enclosures. The task of cleaning bedding, tanks, cages, or enclosures can be incorporated into the educational process. Consider the Hygiene Policy

Appropriate supervision - Children should also be appropriately supervised when they have contact with animals to avoid potential injury or harm to the child or the animal. Consider the Supervision of Children Policy

Code of Conduct

Quality Area 4

Purpose

This policy provides a clear set of guidelines and procedures for Hume City Council Early Years Services to:

- establish the expected standards of behaviour for the approved provider, nominated supervisor, early childhood teachers, educators, other staff, contractors, volunteers, students on placement, parents/guardians and visitors
- create and maintain a child safe environment that reflects the philosophy, beliefs, objectives, and values of Hume City Council Early Years Services
- articulate desirable and appropriate behaviour
- promote interactions at the service and online which are respectful, honest, courteous, sensitive, tactful, and considerate.

Policy Statement

Values

Hume City Council:

- respects the rights of the child and values diversity
- values the contribution of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability
- has zero tolerance of discrimination
- maintains a duty of care (refer to Definitions) towards all children at the service
- is committed to the safety and wellbeing of all staff and the members of our service's community
- is committed to supporting staff to act cohesively and ethically as a team and provide an environment that is conducive to children's learning and development
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment in which everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages relationships that are based on the principles of mutual respect, equity and fairness. encourages both adults and children to identify and raise concerns through the appropriate channels to maintain a culture of reporting and pro-actively responding to concerns
- encourages volunteers, students, parents/guardians and visitors to support and participate in the program and activities of the service.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

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

The approved provider, nominated supervisor, early childhood teachers, educators and all other staff have a duty of care to the children attending the service and must ensure 'that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury' (National Law: Section 167).

The National Quality Standard requires that all staff be respectful and ethical and that 'professional standards guide practice, interactions and relationships' (National Quality Standard: 4.2 and 4.2.2).

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

Child Safe Standards requires services to ensure the Code of Conduct provides guidelines for staff and volunteers on expected behavioural standards and responsibilities, and breaches to the Code of Conduct are acted upon and reported.

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

The approved provider must ensure that the nominated supervisor, early childhood teachers, educators, other staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of Hume City Council Early Years Services adhere to the expectations outlined in the Code of Conduct when communicating to and interacting with:

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Child Safe Standards (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Early Childhood Australia's Code of Ethics (2016)
- Education and Care Services National Law Act 2010: Sections 166, 167, 173, 174
- Education and Care Services National Regulations 2011: Regulations 83, 155, 156, 157, 168, 170, 171, 174, 175, 176
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009 (Cth)
- Fair Work Regulations 2009 (Cth)
- National Quality Standard, Quality Area 4: Staffing Arrangements
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Racial Discrimination Act 1975
- Racial and Religious Tolerance Act 2001 (Vic)
- Sex Discrimination Act 1984 (Cth)
- Victorian Institute of Teaching the Victorian Teaching Profession Code of Conduct
- Victorian Institute of Teaching the Victorian Teaching Profession Code of Ethics

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

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

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

Behaviour: the way in which one acts or conducts oneself, especially towards others.

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

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

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

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

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

Physical attack: the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by another person, where that application creates a risk to health and safety.

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

Sexual harassment: includes offensive gestures, leering, staring or suggestive comments about a person's physical appearance, inappropriate physical contact, unwanted invitations of a sexual manner, sexually orientated jokes, sending of obscene letters, notes, telephone texts or emails.

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

Threat: a statement or behaviour that causes a person to believe they are in danger of being physically attacked.

Unreasonable behaviour: includes actions of individuals or a group and may involve using a system of work as a means of victimising, humiliating, undermining, or threatening.

Verbal harassment: includes name-calling, offensive language, putting people down.

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Providing a safe environment for everyone attending the programs and activities of Hume City Council Early Years Services	R	R	✓		
Providing a workplace that is free from unlawful discrimination, harassment, victimisation and bullying where all persons attending are treated with dignity, courtesy and respect	R	✓	✓		
Ensuring racism within the service is identified, confronted and not tolerated.	R	✓	✓	✓	✓
Ensuring that the children educated and cared for at any Hume City Council Early Years Service are protected from harm and from any hazard likely to cause injury (National Law: Section 167)	R	R	✓		
Providing guidance through leadership and by being a positive role model; putting children first, prioritising training and education and having a culture of continuous improvement	R	✓			
Developing, updating and reviewing Code of Conduct for Hume City Council Early Years Services in collaboration with all stakeholders within the service (refer to Attachments 1 and 3)	R	✓	✓	✓	
Ensuring that early childhood teachers/educators/other staff, volunteers, students and parents/guardians are provided with a copy of this policy on employment, engagement or enrolment at the service and that the current codes of conduct are publicly displayed and promoted to everyone including contractors and visitors	R	✓			
Ensuring that the codes of conduct are regularly discussed at staff meetings to reinforce expectations	R	✓			
Developing a culture of accountability within the service for complying with the code of conduct and responding when behavioural expectations are not adhered to	R	✓	✓	✓	✓
Ensuring that all children being educated and cared for at any Hume City Council Early Years Service are protected from harm and any hazard likely to cause injury (National Law: Section 167)	R	R	✓		✓
Providing an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct	✓	✓	✓	✓	✓
Ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for (Regulation 157), except where this may pose a risk to the safety of children or staff, or conflict with any duty of care of the approved provider, nominated supervisor or early childhood teachers and educators under the National Law: Section 167 & 171	R	R			
Ensuring that contractors, volunteers, parent/guardians, students or visitors at the service are not placed in a situation where they are left alone with a child	R	R	✓		
Ensuring all staff and volunteers receive relevant cultural training so they have an understanding of Aboriginal culture, and an appreciation for culturally sensitive issues	R	R			

Respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal. Paying particular attention to the needs of Aboriginal and Torres strait Islander children, children with disability and children from CALD backgrounds	✓	✓	✓	✓	✓
Engaging in open, two-way communication with families and communities about the service's child safety approach and providing relevant and accessible information	✓	✓	✓		
Ensuring all staff, contractors, volunteers and students do not consume or are under the influence of alcohol or be affected by drugs (refer to Tobacco, Alcohol and other Drugs Policy)	R	R			
Not consuming or being under the influence of alcohol or be affected by drugs (refer to Tobacco, Alcohol and other Drugs Policy)	R	R	R	✓	R
Notifying DET within 24 hours of a serious incident (refer to Definitions) or of a notifiable complaint being made (refer to Definitions) at the service (National Law: Sections 174(2)(b) and 174(4), National Regulations: Regulations 175(2)(c) and 176(2)(b)) via the NQAITS	R	✓			
Referring notifiable complaints (refer to Definitions), grievances or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator (refer to Compliments and Complaints Policy)	R	✓			
Notifying Worksafe of any reportable incidences (refer to Definitions) that have occurred in the workplace	R	✓			
Activating the Compliments and Complaints Policy on notification of a breach of the Code of Conduct Policy	R	✓			
Taking appropriate disciplinary or legal action, or reviewing the terms of employment in the event of misconduct or a serious breach of the Code of Conduct Policy	R				
Contacting police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the Child Safe Environment Policy.	R	R	R	✓	R
Adhering to the Code of Conduct at all times	R	R	R	R	R
Informing the approved provider in the event of a serious incident (refer to Definitions), of a notifiable complaint (refer to Definitions) or of a breach of the Code of Conduct Policy		R	✓		
Providing an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct	✓	✓	✓		
Ensuring children can access abuse prevention programs and information	R	✓	✓		
Understanding and accepting that serious breaches of this code will be deemed misconduct and may lead to disciplinary or legal action, or a review of their employment		✓	✓	✓	✓
Being attentive to signs of harm and facilitating child-friendly ways for children to communicate and raise their concerns	R	R	R		R
Reporting and acting on any concerns or observed breaches of this Code of Conduct Policy		R	R	R	R
Ensuring duties are performed in a professional, safe and satisfactory manner at all times.	✓	✓	✓		✓

Sources and Related Policies

Sources

Early Childhood Australia, Code of Ethics: www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/

United Nations, The Universal Declaration of Human Rights: www.un.org/en/universal-declaration-human-rights/

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

Victoria Legal Aid: www.legalaid.vic.gov.au

Victorian Institute of Teaching – The Victorian Teaching Profession Code of Conduct and Code of Ethics: www.vit.vic.edu.au

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

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Delivery and Collection of Children
- ✓ Information Communication Technology
- ✓ Occupational Health and Safety
- ✓ Relaxation and Sleep
- ✓ Tobacco, Alcohol and Other Drugs
- ✓ Compliments and Complaints
- ✓ Inclusion and Equity
- ✓ Interactions with Children
- ✓ Privacy and Confidentiality
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Sample Code of Conduct for Approved Provider, Nominated Supervisor and All Staff

Attachment 2: Sample Code of Conduct for Parents/Guardians, Students, Contractors and Volunteers

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

SAMPLE

Code of Conduct for the Approved Provider, Persons with Management and Control, Nominated Supervisor, Person in Day-to-Day Charge and All Staff

The approved provider, persons with management and control, nominated supervisor and all staff at Hume City Council are responsible for promoting the safety and wellbeing of children and their families by:

- welcoming all children and their families and being inclusive
- treating everyone with respect, including listening to and valuing their ideas and opinions
- contributing to a culture of child safety
- adhering to the Child Safe Environment policy and all other policies
- taking all reasonable steps to protect children from abuse
- respecting the privacy of children and their families, and only disclosing information to people who have a need to know as required under the Privacy and Confidentiality policy
- reporting and acting on any breaches of this Code of Conduct, complaints or concerns.
- acknowledging the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and having zero tolerance of discrimination

Professional responsibilities

The approved provider, persons with management and control, nominated supervisor and all staff demonstrate our commitment to our professional responsibilities by:

- undertaking duties in a competent, timely and responsible way
- ensuring our knowledge and expertise is up to date and relevant to our roles
- being aware of the role of other professionals and agencies and working collaboratively and within the limits of our professional expertise
- understanding and complying with legal obligations in relation to:
 - discrimination, harassment and vilification
 - negligence
 - grooming
 - disclosure of child sexual abuse
 - protection of a child from child sexual abuse
 - mandatory reporting
 - privacy and confidentiality
 - occupational health and safety, including emergency evaluation procedures
 - raising any complaints or grievances in accordance with the Compliments and Complaints policy
 - maintaining teacher registration and Working with Children checks as applicable.
- raising any complaints or grievances in accordance with the Compliments and Complaints policy.

Relationships with parents/guardians and families

In our relationships with parents/guardians and families, the approved provider, nominated supervisor and all staff demonstrate our commitment to collaboration by:

- maintain professional and ethical relationships with families attending the service
- respecting the role of parents/guardians as the child's first educator
- working collaboratively with parents/guardians and families
- considering the perspective of parents/guardians and families when making decisions that impact on the education and care of their child
- communicating with parents/guardians and families in a timely and sensitive manner
- responding to concerns expressed by parents/guardians and families in a timely and appropriate manner.

Relationships with employer and between colleagues

In relationships with the approved provider, persons with management and control, nominated supervisor and staff and between colleagues demonstrate collegiality by:

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

ATTACHMENT 2

SAMPLE

Code of Conduct for Parents/Guardians, Students, Volunteers, Contractors and Visitors

I commit to contributing to creating an environment at Hume City Council Early Years Services that:

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

Relationships with children

In my relationships with children, I commit to:

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

Relationships with the approved provider, persons with management and control, nominated supervisor, staff and others

In my relationships with the approved provider, nominated supervisor, staff, other parents/guardians, volunteers and visitors I commit to:

- reading and abiding by the Code of Conduct policy
- developing relationships based on mutual respect
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing our expertise and knowledge in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- respecting the privacy of children and their families and only disclosing information to people who have a need to know as required under the Privacy and Confidentiality policy
- following the directions of staff at all times
- treating the early childhood environment with respect
- raising any concerns, including concerns about safety, as soon as possible with staff to ensure that they can be resolved efficiently
- raising any complaints or grievances in accordance with the Compliments and Complaints Policy.

Determining Responsible Person

Quality Area 4

Purpose

This policy will provide guidelines to assist in determining the responsible person at any Hume City Council Early Years Service.

Policy Statement

Values

Hume City Council is committed to:

- meeting its duty of care (refer to Definitions) obligations under the law
- ensuring staffing arrangements contribute to the safety, health, wellbeing, learning and development of all children at the service
- meeting legislative requirements for a responsible person (refer to Background and Definitions) to be on the service premises at all times.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Under the Education and Care Services National Law Act 2010, it is an offence to operate an approved centre-based education and care service unless a responsible person (refer to Definitions) is physically in attendance at all times the service is educating and caring for children.

An approved provider must not operate a service unless there is at least one nominated supervisor appointed for that service. The nominated supervisor does not have to be in attendance at the service at all times, but in their absence, a responsible person, such as a person in day-to-day charge must be present at all times.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 4: Staffing Arrangements
- National Quality Standard, Quality Area 7: Leadership and Service Management
- Worker Screening Act 2020
- Worker Screening Regulations 2021 (Vic)

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

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

Definitions

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

Person in day-to-day charge: A person who is placed in day-to-day charge of an education and care service by an approved provider or a nominated supervisor; and who has consented to the placement in writing (Regulation 117A)

Person with management or control: Where the approved provider of a service is an eligible association, each member of the association’s executive committee is a person with management or control and has the responsibility, alone or with others, for managing the delivery of the education and care service (National Law: Definitions (b)).

Responsible person: Centre-based services must have a responsible person present at all times that the service is delivering education and care. The responsible person is the person in day-to-day charge at the service and can be one of the following:

- the approved provider, if the approved provider is an individual, or in any other case, a person with management or control (refer to Definitions) of an education and care service operated by the approved provider
- the nominated supervisor of the service
- a person placed in day-to-day charge of the service. (National Law, Section 162)

Nominated supervisor: A person who has been nominated by the approved provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the nominated supervisor. All services must have a nominated supervisor(s) with responsibility for the service in accordance with the National Regulations (Section 5 and 161)

Working with Children (WWC) Check: The check is a legal requirement under the Worker Screening Act 2020 for those undertaking paid or voluntary child-related work in Victoria. The Department of Justice assesses a person’s suitability to work with children by examining relevant serious sexual, physical and drug offences in a person’s national criminal history and, where appropriate, their professional history.

Working with Children (WWC) Clearance: A WWC Clearance is granted to a person under Worker Screening legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring there is a responsible person on the premises at all times the service is delivering education and care programs for children (National Law: Section 162)	R	✓			
Nominating sufficient nominated supervisors to meet legislative requirements for a responsible person at the service at all times, including during periods of leave or illness (National Law: Section 161A)	R				

<p>Ensuring that a person nominated as a nominated supervisor or a person in day-to-day charge:</p> <ul style="list-style-type: none"> • is at least 18 years of age • has adequate knowledge and understanding of the provision of education and care to children • has the ability to effectively supervise and manage an education and care service • has not been subject to any decision under the National Law, or any other children's services or education law, to refuse, refuse to renew, suspect, or cancel a licence, approval, registration, certification or other authorisation granted to the person • has a history of compliance with the National Law and other relevant laws (Regulations 117C and 117B) 	R	✓			
Ensuring that the service does not operate without a nominated supervisor(s), and that the nominated supervisor(s) has given written consent to be in the role (National Law: Section 161) (Regulation 117A (b))	R	✓			
Ensuring that an early childhood teacher/educator gives written consent to being a person in day-to-day charge (Regulation 117A (b))	R	✓	✓		
Ensuring that the name of the nominated supervisor is displayed prominently at the service (National Law: Section 172) (Regulation 173)	R	✓			
Ensuring that information about the nominated supervisor, including name, address, date of birth, evidence of qualifications, approved training, a Working with Children Clearance or teaching registration, and other documentary evidence of fitness to be a nominated supervisor (refer to Staffing Policy) is kept on the staff record (Regulation 146)	R	✓			
<p>Notifying the Regulatory Authority if:</p> <ul style="list-style-type: none"> • there is a change to the name or contact details of the nominated supervisor (National Law: Section 56, Regulation 35) • the nominated supervisor is no longer employed or engaged by the service • has been removed from the role • the nominated supervisor withdraws their consent to the nomination • if a nominated supervisor or person in day-to-day charge has their Working with Children Clearance or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law • there is any other matter or incident which affects the ability of the nominated supervisor to meet minimum requirements and re-assessing the nominated supervisor's suitability for the role 	R	✓			
Notifying the approved provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Clearance or teacher registration, or if they are subject to disciplinary proceedings.	R	✓			
Ensuring that, when the nominated supervisor is absent from the premises, an alternative responsible person is on site (National Law: Section 162)	R				
Ensuring that the nominated supervisor and person in day-to-day charge have a sound understanding of the role of responsible person (refer to Attachment 1)	R				
Ensuring that the staff record includes the name of the responsible person at the centre-based service for each time that children are being educated and cared for by the service (Regulation 150)	R	✓			
Ensuring that the nominated supervisors and person in day-to-day charge have successfully completed child protection training (refer to Child Safe Environment and Wellbeing Policy) (National Law: Section 162A)	R				
Developing rosters in accordance with the availability of responsible persons, hours of operations and the attendance patterns of children.	R				
Supporting the approved provider to develop rosters in accordance with the availability of responsible persons, hours of operations and the attendance patterns of children		✓			

Sources and Related Policies

Sources

Australian Children's Education and Care Quality Authority (ACECQA), Information Sheets: www.acecqa.gov.au

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au

Guide to the National Quality Framework: www.acecqa.gov.au

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Participation of Volunteers and Students
- ✓ Staffing
- ✓ Code of Conduct
- ✓ Privacy and Confidentiality
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Responsibilities of a Nominated Supervisor

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Responsibilities of a Person in Day-to-Day Charge

The below information has been adapted from the Australian Children's Education and Care Quality Authority, National Quality Framework, Nominated Supervisors Information Sheet.

Note: If the nominated supervisor is not present, the allocated responsible person should be aware and enact these responsibilities.

As the person responsible for the day-to-day management of an approved service, nominated supervisors have a range of responsibilities under the National Law and National Regulations including:

Educational programs

- ensuring educational programs are:
 - based on and delivered in accordance with an approved learning framework
 - based on the developmental needs, interests and experiences of each child
 - designed to take into account the individual differences of each child (National Law: Section 168)

Supervision and safety of children

- ensuring children are adequately supervised, are not subject to inappropriate discipline, & are protected from harms & hazards (National Law: Sections 165-167)

Entry to and exit from the premises

- ensuring children do not leave the education and care service premises except in accordance with the National Regulations (for example, with a parent, on an authorised excursion, or for emergency medical treatment)
- ensuring that a parent of a child being educated and cared for by the service may enter the service premises at any
- time when the child is being educated and cared for by the service—except when:
 - permitting entry would pose a risk to the safety of the children and staff or conflict with the duty of the supervisor under the National Regulations, or
 - the supervisor is aware the parent is prohibited by a court order from having contact with the child (Regulation 99)
- ensuring an unauthorised person (as defined in the National Law) is not at the service while children are present unless the person is under direct supervision (National Law: Section 170)

Food and beverages

- ensuring adequate health and hygiene practices and safe practices for handling, preparing and storing food are implemented at the service to minimise risks to children (Regulation 77)
- ensuring children being cared for by the service have access to safe drinking water at all times & are offered food & beverages on a regular basis throughout the day

- ensuring that, where food and beverages are supplied by the service, they are:
 - nutritious and adequate in quantity
 - chosen with regard to the dietary requirements of individual children (Regulation 79)
- ensuring that, where food and beverages are provided by the service, a weekly menu that accurately describes the food and beverages to be provided is displayed at the premises in a location accessible to parents (Regulation 80)

Administration of medication

- ensuring that medication is not administered to a child being cared for by the service unless the administration is authorised (except in the case of anaphylaxis or asthma emergency) and is administered in accordance with the National Regulations (Regulations 93-96)
- where medication is administered to a child without authorisation in a case of an anaphylaxis or asthma emergency, ensuring that a parent of the child and emergency services are notified as soon as practicable (Regulation 94)

Prescription and non-prescription drugs and alcohol

- that while educating and caring for children at the service, all staff must not consume alcohol or be affected by alcohol or drugs (including prescription medication) so as to impair their capacity to supervise or provide education and care to children (Regulation 83)

Sleep and rest

- taking reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development stages and individual needs of children (Regulation 81)

Excursions

- ensuring that a risk assessment is conducted before an excursion in accordance with the National Regulations (Regulations 100-101), and specifically that the risk assessment is conducted before authorisation is sought to take a child on the excursion (Regulation 102)

Transportation of children other than part of an excursion (if applicable)

- ensuring that a risk assessment is carried out in accordance with Regulation 102C before an authorisation referred to in Regulation 102D(4) is sought to transport a child (Regulation 102B)

Staffing

- ensuring the prescribed educator to child ratios are met and each educator at the service meets the qualification requirements relevant to the educator's role (Regulations 123 - 128)

Participation of Volunteers and Students

Quality Area 4

Purpose

This policy will provide guidelines for the engagement and participation of volunteers and students at Hume City Council Early Years Services, while ensuring that children's health, safety and wellbeing is protected at all times.

Policy Statement

Values

Hume City Council is committed to:

- supporting connections with educational institutions to provide opportunities for students to undertake practicum placements as part of their studies
- building relationships with community members and providing suitable opportunities to engage volunteers to contribute to the programs and activities of the service
- ensuring the health, safety and wellbeing of each child at the service through consistent compliance with this policy and procedures when engaging volunteers and students.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Students may participate in programs and activities at the service from time to time including observing and experiencing the provision of centre-based education and care. This will be encouraged and facilitated by Hume City Council wherever appropriate and possible.

Hume City Council values the participation of parents/guardians and other family members, and the voluntary contribution they make to the education and care of their own and other children. "In genuine partnerships families and educators value each other's knowledge and roles, communicate freely and respectfully and engage in shared decision making" (Early Years Learning Framework – refer to Sources).

Hume City Council aims to provide a range of opportunities for family members, volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the service (refer to Code of Conduct Policy).

The role that volunteers and students play in education and care services varies and can include working with groups of children, preparing materials or food, assisting with administrative tasks or working one-on-one with individual children. The service is responsible for ensuring that volunteers and students are suitable to work with children, and that children's health, safety and wellbeing is protected at all times.

Volunteers should only be engaged to complement, not replace, the work of paid staff. Accordingly, services should not engage volunteers to fill the place of an employee who is ill or on leave, or to fill a vacant budgeted position.

Volunteers must not be asked to perform tasks:

- that they are untrained, unqualified or too inexperienced to undertake
- that put the children or themselves in a vulnerable or potentially unsafe situation
- where there is a conflict of interest.

Prior to participation at the service, a volunteer or student (aged 18 years or over) must be in possession of a Working with Children (WWC) Clearance (refer to Definitions).

Parents/guardians whose children usually attend the service are exempt from needing a WWC Check (refer to Definitions). However, a service may decide, as a demonstration of duty of care, that all parents/guardians who volunteer at the service are required to undergo a WWC Check (refer to Definitions).

In line with Child Safe Standards and the Child Safe Environment and Wellbeing Policy, prior to engaging a volunteer or student an assessment should be undertaken of the nature of the responsibility to determine whether a position description is required and based on that whether an interview and referee checks are required.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009 (Cth)
- National Quality Standard, Quality Area 4: Staffing Arrangements
- Occupational Health and Safety Act 2004 (Vic)
- Worker Screening Act 2020 (Vic)
- Worker Screening Regulation 2021 (Vic)

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

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

Definitions

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

Child-related work: In relation to the WWC Check (refer to Definitions), child-related work includes work with children which may involve physical contact, face-to-face contact, oral, written or electronic communication.

Conflict of interest: (In relation to this policy) refers to an interest that may affect, or may appear reasonably likely to affect, the judgment or conduct of the volunteer, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the volunteer, but also their relatives, friends or business associates

Student: A person undertaking a practicum placement as part of a recognised early childhood qualification. This student will be supported by an educational institution in the completion of their placement.

Volunteer: A person or parent (who's child attends the service) who willingly undertakes defined activities to support the education and care programs at a service in an unpaid or honorary capacity. These activities may include child-related work (refer to Definitions), administrative tasks, or preparing materials or food.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Developing guidelines for accepting applications from volunteers/students to work at services in consultation with the nominated supervisor, ECT & educators which are aligned with the Child Safe Environment and Wellbeing Policy	✓	✓	✓		
Obtaining a valid WWC Check (refer to Definitions) and providing details to the service prior to commencement					✓
Checking the status of the WWC Clearance (refer to Definitions) of volunteers and students where required, ensuring that the details, including identification number and expiry date are recorded in the staff record	R	✓			
Ensuring that the identifying number and the expiry date of a students or volunteers' current teacher registration is recorded in the staff record	R	✓			
Ensuring that the staff record contains the full name, address & date of birth of volunteers & students attending the service (Regulations 145, 149(1)) & keeping a record for each day on which each student/volunteer participates with the date & the hours of participation (Regulation 149(2))	R	✓			
Ensuring volunteers, students & parents/guardians are adequately supervised & that the health, safety & wellbeing of children is protected	R	✓	✓		
Following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.				✓	✓
Ensuring volunteers & students on placement at the service are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83) (refer to Tobacco, Alcohol and other Drugs Policy)	R	✓	✓	✓	✓
Providing volunteers/students and parents/guardians with access to service policies/procedures (Regulation 171), and access to the Education and Care Services National Regulations 2011 and National Law (Regulation 185)	R	✓			
Ensuring volunteers, students & parents/guardians comply with the Education & Care Services National Regulations 2011 & all service policies	R	✓	✓	✓	✓
Complying with the requirements of the Education and Care Services National Regulations 2011, Education and Care Services National Law (Regulation 185) and with all service policies and procedures, including the Code of Conduct, Child Safe Environment and Wellbeing, Interactions with Children and Privacy and Confidentiality Policy while attending the service				✓	✓
Ensuring that volunteers, students & parents/guardians are aware of how to comply with child protection law & Child Safe Standards obligations	R	✓		✓	
Ensuring volunteers, students and parents/guardians can identify children with medical conditions, the child's medical management plan and the location of the child's medication (Regulations 90, 168(2)(d), 170, 171)	R	✓	✓		
Informing volunteers, students and parents/guardians of the services Dealing with Medical Conditions Policy (Regulations 90, 168(2)(d), 170,171)	R	✓			
Informing volunteers, students and parents/guardians of the services emergency and evacuation procedures (Regulations 97, 168 (2)(e))	R	✓	✓		
Developing an induction checklist for volunteers/students attending the service in consultation with the nominated supervisor and educators.	R	✓	✓		
Ensuring that volunteers/students have completed the induction checklist and have been provided with the staff handbook, if applicable.	R	✓	✓		✓
Developing a range of strategies to enable and encourage the participation and involvement of parents/guardians at the service	✓	✓			

Sources and Related Policies

Sources

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

The Early Years Learning Framework for Australia: Belonging, Being, Becoming: www.acecqa.gov.au

A Guide for Creating a Child Safe Organisation (The Commission for Children and Young People): www.ccyp.vic.gov.au

Working with Children Check: www.service.vic.gov.au

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Compliments and Complaints
- ✓ Determining Responsible Person
- ✓ Interactions with Children
- ✓ Privacy and Confidentiality
- ✓ Supervision of Children
- ✓ Code of Conduct
- ✓ Delivery and Collection of Children
- ✓ Inclusion and Equity
- ✓ Occupational Health and Safety
- ✓ Staffing

Evaluation

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

- check staff records on a regular basis to ensure that details of students, volunteers and where appropriate parents/guardians are maintained in line with all legislative requirements as outlined in the policy
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Sample Induction Checklist for Volunteers and Students

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.



ATTACHMENT 1

SAMPLE

Induction Checklist for Volunteers and Students

To be completed by all volunteers and students participating at Hume City Council Early Years Services and returned to the Nominated Supervisor prior to commencing at the service.

Name: _____ Date: _____

Volunteer/Student	Please Tick
I have been given access to all the policies and procedures of Hume City Council Early Years Services.	
I understand the content of service policies and procedures, including those relating to:	
• conduct while at the service (Code of Conduct Policy) and daily routines	
• emergency, evacuation, fire and safety, including locations of fire extinguishers and emergency exits (Emergency and Evacuation Policy) and accidents at the service (Incident, Injury, Trauma and Illness Policy)	
• dealing with medical conditions (Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis and Allergic Reactions Policy, Diabetes Policy, Epilepsy and Seizures Policy and Administration of Medication Policy)	
• good hygiene practices (Hygiene Policy and Food Safety Policy) and dealing with infectious diseases (Dealing with Infectious Diseases Policy)	
• first aid arrangements for children and adults, including the location of the nearest first aid kit (Administration of First Aid Policy)	
• importance of OHS & following safe work practices (Occupational Health & Safety Policy) & interacting appropriately with children (Interactions with Children Policy)	
• reporting of serious incidents and notifiable incidents at the service (Incident, Injury, Trauma and Illness Policy, Compliments and Complaints Policy and Occupational Health and Safety Policy)	
• reporting hazards in the workplace (Occupational Health & Safety Policy - Council-wide) & handling complaints and grievances (Compliments and Complaints Policy)	
• child safety and wellbeing and child protection including how to respond to concerns (Child Safe Environment and Wellbeing Policy)	
• privacy and confidentiality of information (Privacy and Confidentiality Policy)	
I am aware of the non-smoking policy of the service and not be affected by alcohol or drugs (including prescription medication) that would impair my capacity to complete my tasks (Tobacco, E-Cigarettes, Alcohol, and other Drugs Policy)	
The expectations of my placement/engagement, my role and responsibilities (including attending to the requirements of children with additional needs) have been clearly explained to me by my supervisor	
I am aware that I am expected to participate in general tasks, including maintaining the environment in a clean, safe and tidy condition	

Volunteer/Student Name: _____

Nominated Supervisor: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Staffing

Quality Area 4

Purpose

This policy will provide guidelines for engaging staff at Hume City Council Early Years Services, including:

- employing sufficient numbers of educators to meet legislative, policy and service standards
- employing educators with qualifications and experience that meet legislative, policy and service standards
- providing appropriate supervision and support to staff and other adults at the service
- complying with legislation relating to Working with Children (WWC) Check, Victorian Institute of Teaching (VIT) registration and meeting Child Safe Standards.

This policy should be read in conjunction with the following service policies:

- Child Safe Environment and Wellbeing
- Code of Conduct
- Determining Responsible Person
- Participation of Volunteers and Students

Policy Statement

Values

Hume City Council is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling a duty of care to all children attending the service
- providing accountable and effective staffing and management practices
- employing educators with a range of relevant qualifications and experience to provide a quality educational program that meets the needs of children and families in the community
- employing educators according to legislation and funding requirements
- complying with relevant industrial agreements and current legislation in relation to the employment of staff, including the Equal Opportunity Act 2010, Fair Work Act 2009 and the Worker Screening Act 2020
- continuity of educators at the service
- the further development of staff

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Hume City Council, including during offsite excursions and activities.

Background and Legislation

Background

High quality services with qualified, skilled and supported educators have a long-term positive impact on the trajectory of children's lives. Minimum qualification requirements are specified in legislation for all educators working in early childhood education and care services. Eligibility for services to receive funding also includes requirements for staff to hold specific qualifications (The Kindergarten Funding Guide – refer to Sources). A current list of approved qualifications is available on the Australian Children's Education and Care Quality Authority (ACECQA) website (refer to Sources). Applications can also be made to ACECQA to determine if other qualifications (such as those gained overseas) entitle the individual to work as an early childhood teacher, diploma-level educator or certificate III level educator.

In addition, there are legislative requirements that there is at least one educator who holds current approved first aid qualifications, anaphylaxis management training and emergency asthma management training to be in attendance and immediately available at all times that children are being educated and cared for by the service. These qualifications must be updated as required, and a copy of the qualifications must be kept on an individual's staff record. As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved first aid qualifications, anaphylaxis management training and emergency asthma management training.

Opportunities for professional development are crucial for all educators to ensure that their work practice remains current and aligned to the practices and principles of the national Early Years Learning Framework (EYLF) and the Victorian Early Years Learning and Development Framework (VEYLDF) (refer to Sources). Staff are required to actively supervise children at all times when children are in attendance at the service (refer to Supervision of Children Policy). To facilitate this, services are required to comply with legislated educator-to-child ratios at all times, which are based on the qualifications of the educators, and the ages and number of children at the service. Only those educators working directly with children (refer to Definitions) can be counted in the ratio.

All educators and staff are required by law to have a current WWC Clearance or be registered with the VIT (refer to Definitions). It is also recommended that the nominated supervisor and staff with financial responsibilities also have a criminal history record check (refer to Definitions and Sources). Child Safe Standard 6 requires organisations to have policies and procedures in place for the recruitment and pre-employment screening, supervision, appropriate induction, and ongoing supervision and people management is focused on child safety and wellbeing (refer to Child Safe Environment and Wellbeing Policy).

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Education and Training Reform Act 2006 (Vic) (amended in 2014)
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009
- National Quality Standard, Quality Area 4: Staffing Arrangements
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Worker Screening Act 2020
- Worker Screening Regulations 2021 (Vic)

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

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

Definitions

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

Criminal history record check: A full-disclosure, Australia-wide criminal history record check issued by Victoria Police (refer to Sources), or by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a National Police Certificate or Police Records Check.

Suitably qualified person – long day-care only: An individual who is ‘actively working towards’ (see Regulation 10 of the National Regulations) an approved early childhood teaching qualification AND has completed at least 50 per cent of the qualification or holds an approved early childhood education and care diploma OR An individual who is registered as a primary or secondary school teacher in Australia AND holds an ACECQA approved early childhood education and care diploma (or higher approved qualification)

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met in relation to staffing arrangements	R	R			
Ensuring that quality staffing practices are in place in line with the National Quality Standard, especially Quality Area 4 – Staffing arrangements	R	R			
Complying with the service’s Code of Conduct Policy at all times	✓	✓	✓	✓	✓
Appointing nominated supervisor (refer to Definitions) who are aged 18 years or older, fit and proper and have suitable skills, as required under the National Law, Section 161 (refer to Determining Responsible Person Policy) (Regulations 117C)	R	R			
Ensuring that there is a person in day-to-day charge (refer to Definitions and Determining Responsible Person Policy) on the premises at all times the service is in operation (National Law: Section 162, Regulation 117A, 117B)	R	R			
Developing rosters in accordance with the availability of responsible persons, staff qualifications, hours of operation & children's attendance	✓	✓			
Ensuring that the name of each nominated supervisor of the service is displayed and easily visible from the main entrance of the service (National Law: Section 172, Regulation 173)	R	✓			
Ensuring that children being educated and cared for by the service are adequately supervised (refer to Definitions and Supervision of Children Policy) at all times they are in the care of that service (National Law: Section 165(1))	R	R	✓		✓
Complying with the legislated educator-to-child ratios at all times (National Law: Sections 169, National Regulations: Regulations 122, 123, 357)	R	R			
Ensuring that all staffing meets the requirements of The Kindergarten Funding Guide (refer to Sources) at all times the service is in operation	R	✓			
Complying with relevant industrial agreement and current legislation relating to the employment of staff, including the Equal Opportunity Act 2010, Fair Work Act 2009, Occupational Health and Safety Act 2004 and the Worker Screening Act 2020	R	✓			
Following the guidelines for the recruitment, selection and ongoing management of staff as outlined in the Child Safe Environment and Wellbeing Policy	R	✓			
Employing the relevant number of appropriately-qualified educators (refer to Definitions) with ACECQA approved qualifications (refer to Background and Sources) (Regulations 126)	R	✓			
Employing additional staff, as required, to assist in the provision of a quality early childhood education and care program	R				
Ensuring that early childhood teachers, educators and other staff undertake appropriate induction following their appointment to the service	R	✓			
Ensuring an early childhood teacher (refer to Definitions) is working with the service for the required period of time specified in the Regulations 130 - 135, and that, where required, a record is kept of this work (Regulations 152, 363)	R	✓			
Maintaining a record of early childhood teachers and educators working directly with children in accordance with Regulation 151	R	✓			

Appointing an appropriately-qualified and experienced educator to be the educational leader (refer to Definitions), and ensuring this is documented on the staff record (Regulations 118, 148)	R	✓			
Ensuring that educators and other staff are provided with a current position description that relates to their role at the service	✓	✓			
Ensuring all early childhood teachers have a Victorian Institute of Teaching (VIT) certificate of registration.	R				
Maintaining a staff record (refer to Definitions and Sorces) in accordance with Regulation 145, including information about the responsible person, nominated supervisor, the educational leader, other staff members, volunteers and students. Details that must be recorded include qualifications, training, Working with Children Clearance as set out in Regulations 146-149.	R	✓			
Complying with the requirements of the Worker Screening Act 2020, and ensuring that the nominated supervisor, educators, staff, volunteers and students the service have a current WWC Clearance (refer to Definitions) or a Victorian Institute of Teaching (VIT) certificate of registration (applicable to ECT only)	R	✓			
Confirming the WWC Clearance or confirming VIT registration (applicable to ECT only) of all staff prior to their being engaged or employed as a staff member at the service	R	✓			
Ensuring that a register of the WWC Clearance/VIT registrations is maintained & details kept on each staff record (Regulations 145, 146, 147, 149)	R	✓	✓		✓
Determining who will cover the costs of WWC Clearance or criminal history record checks (refer to Definitions)	✓	✓			
Ensuring that volunteers/students and parents/guardians are adequately supervised at all times when participating at the service, and that the health, safety and wellbeing of children at the service is protected (refer to Participation of Volunteers and Students Policy)	R	R			
Ensuring educators who are under 18 years of age are not left to work alone, and are adequately supervised at the service (Regulation 120)	R	✓	✓		✓
Ensuring that there is at least one educator with current approved first aid qualifications, anaphylaxis management training and emergency asthma management training (refer to Definitions) in attendance and immediately available at all times that children are being educated and cared for by the service. Details of qualifications and training must be kept on the staff record (Regulations 136, 145) (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, Hume City Council requires that all educators have current approved first aid qualifications, anaphylaxis management training and asthma management training.)	R	✓			
Developing procedures to ensure that approved first aid qualifications, anaphylaxis management training and emergency asthma management training are evaluated regularly, and that staff are provided with the opportunity to update their qualifications prior to expiry	✓	✓			
Ensuring that staff records (refer to Definitions and Sorces) and a record of ECT and educators working directly with children (refer to Definitions) are updated annually, as new information is provided or when rostered hours of work are changed (Regulations 145-151)	R	✓			
Ensuring that annual performance reviews of the nominated supervisor, early childhood teachers, educators and other staff are undertaken as per the National Quality Framework 7.2.3	R	✓			
Reviewing staff qualifications as required under current legislation and funding requirements on an annual basis	✓	✓			
Ensuring that the nominated supervisor, early childhood teachers, educators and other staff, volunteers and students are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83) (refer to Tobacco, Alcohol and other Drugs Policy)	R	R			
Ensuring that all early childhood teachers, educators and staff have opportunities to undertake professional development relevant to their role as per the National Quality Framework	R	✓			
Ensuring that the nominated supervisor, early childhood teachers and educators/staff are advised and aware of current child protection laws and any obligations that they may have under these laws (Regulation 84) (refer to the Child Safe Environment Policy)	R	✓			
Informing parents/guardians of the name/s of casual or relief staff where the regular educator is absent	✓	✓			
Developing and maintaining a list of casual and relief staff to ensure consistency of service provision	✓	✓			
Ensuring that the procedures for the appointment of casual and relief staff are compliant with all regulatory and funding requirements.	✓	✓			

Sources and Related Policies

Sources

A sample staff record is available on the ACECQA website: www.acecqa.gov.au

Australian Children's Education and Care Quality Authority (ACECQA):

www.acecqa.gov.au

Department of Education, The Kindergarten Funding Guide:

<https://www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx>

ELAA's Early Childhood Management Manual contains additional information and attachments relating to staffing, including sample position descriptions, sample letters of employment and interview questions. Available from: www.elaa.org.au

ELAA's Employee Management and Development Resource: developed to support early learning services in the ongoing management and development of their employees at:

<https://elaa.org.au/resources/free-resources/employee-management-development-resource/>

The Commission for Children and Young People (2018), A Guide for Creating a Child Safe Organisation: <https://ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-for-creating-a-Child-Safe-Organisation-190422.pdf>

The Early Years Learning Framework for Australia: Belonging, Being, Becoming:

www.acecqa.gov.au

Victoria Police – National Police Record Check: www.police.vic.gov.au

Victorian Early Years Learning and Development Framework: www.acecqa.gov.au

Working with Children Check unit, Department of Justice & Regulation – details of how to obtain a WWC Check: www.workingwithchildren.vic.gov.au

Related Policies

- ✓ Administration of First Aid
- ✓ Asthma
- ✓ Code of Conduct
- ✓ Delivery and Collection of Children
- ✓ Educational Program
- ✓ Interactions with Children
- ✓ Privacy and Confidentiality
- ✓ Anaphylaxis and Allergic Reactions

- ✓ Child Safe Environment and Wellbeing
- ✓ Compliments and Complaints
- ✓ Determining Responsible Person
- ✓ Inclusion and Equity
- ✓ Participation of Volunteers and Students
- ✓ Supervision of Children

Evaluation

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

- regularly check staff records to ensure WWC Clearance and qualifications are current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Guiding Children's Behaviour

Quality Area 5

Purpose

This policy provides guidelines for Hume City Council Early Years Services to:

- encourage children to achieve success
- develop positive self-esteem and self regulation skills
- reduce challenging behaviours and
- provide a safe and healthy work environment

Policy Statement

Values

Hume City Council is committed to:

- supporting each child with positive guidance and encouragement toward acceptable behaviour and encourage children to express themselves and their opinions
- children undertaking experiences that develop self-reliance, emotional regulation and self-esteem
- maintaining the dignity, agency and rights of each child at the service
- considering the diversity of individual children at the service, including family and cultural values, age, gender, and the physical and intellectual development and abilities of each child
- encouraging positive, respectful and warm relationships between children, families and educators/staff at the service
- the health, safety and wellbeing of each child and staff and providing a safe, secure and welcoming environment.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

From infancy, children embark on a journey to comprehend the workings of the social world, involving the intricate process of exploring and managing emotions, behaviour, rights, and responsibilities. Educators, through positive and respectful daily interactions, contribute significantly to supporting children in regulating their behaviour. These interactions serve as a foundation for instilling a sense of interdependence and nurturing considerate citizenship in children. As a result, children acquire the confidence and skills needed to autonomously manage their behaviour, make decisions, and foster positive and effective relationships with others.

Children learn to regulate their feelings & behaviours through coregulation with trusted adults. As they are taught these skills, they are more able to practice self-regulating their feelings & behaviours themselves in appropriate ways with the strong support of these trusted consistent caregivers.

Challenging behaviours in children may stem from age-appropriate actions, attempting to meet needs, or expressing unmet desires. Environmental factors play a role, and supportive conditions contribute to children's well-being. Positive adult role models help children learn socially acceptable behaviour, and support is crucial for children to express needs appropriately. A positive learning environment minimises challenging behaviours.

To guide children in learning self-regulation, it is imperative for educators to recognise that these skills evolve gradually and exist on a continuum. For some children in our programs, this learning can take a longer time and their social & emotional developmental journey might see them become dysregulated and their heightened feelings leading to behaviours that can put teaching staff and other children at risk of injury. The application of these developing skills in children can vary based on factors such as mood, health, family circumstances, and challenging situations they encounter. Teachers and educators should refer to Attachment 2-Guiding Children's Behaviour Procedure to support children's emotional regulation.

The approved provider has a duty under the Occupational Health and Safety Act 2004 to eliminate risks to health and safety of workers and other persons so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks, they must be minimised so far as is reasonably practicable.

This means the approved provider must do all that they reasonably can to manage the risk of behaviour aggression (refer to Definitions) occurring at the workplace.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- National Quality Standard, Quality Area 5: Relationships with Children
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017

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

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

Definitions

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

Behaviour guidance: a means of assisting children in a positive and effective ways to help children gain understanding and learn skills that will help them learn to manage their own behaviour.

Behaviour guidance plan: A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties or challenging behaviours to self-manage their behaviour. The plan is developed in consultation with the nominated supervisor, early childhood teachers, educators, parents/guardians and families, and other professional support agencies as applicable.

Challenging behaviour: behaviour that can be described as:

- infringes on the rights of others
- disrupts others or causes disputes between children
- causes harm or risk to the child, other children, adults or living things
- is destructive to the environment and/or equipment
- inhibits the child's learning and relationship with others
- a child presenting as shy, withdrawn or excessively passive in a way which is inhibiting their learning and/or development
- is inappropriate relative to the child's developmental age and background.

Inclusion Support Program (ISP): helps children with additional needs participate in early childhood education and care (ECEC). It does this through tailored support and funding to ECEC services.

ISP supports services to:

- address barriers to inclusion
- build capacity and capability to include children with additional needs
- implement quality, inclusive and equitable practices.

The program aims to:

- provide children with additional needs the opportunity to learn and develop next to their typically developing peers
- ensure all children have genuine opportunities to access, participate and achieve positive learning outcomes. For more information visit: <https://www.education.gov.au>

Kindergarten Inclusion Support Program (KIS): Supports funded kindergartens to plan and implement a program that is responsive to the individual abilities, interests and needs of children with a disability, developmental delay or complex medical needs. Long Day Care services can apply for the KIS program for their Victorian Government-funded kindergarten programs.

Program Support Groups (PSG): A program support group brings together key people to support the inclusion of children with disability or developmental delay, or complex medical needs, from the time of enrolment at kindergarten until they move to school. The group may include:

- the early childhood teacher
- the child's parent/carer(s)
- early childhood intervention professionals
- a preschool field officer
- medical practitioners, therapists or other allied health professionals
- a support person – if the child's parent/carer(s) chooses to use one.

Preschool Field Officer (PSFO) Program: The role of the PSFO Program to support the access and participation of children with additional needs in their kindergarten program. For more information visit: www.education.vic.gov.au

Behaviour Aggression: involves incidents in which a staff member is physical or verbally abused or assaulted by a child in their care. This definition covers a broad range of actions and behaviours that can create a risk to the health and safety of employees and other persons in the workplace.

Examples of behaviour aggression can include, but not limited to:

- biting, spitting, scratching, hitting, kicking, pinching
- pushing, shoving, tripping, grabbing, slapping
- screaming, punching, swearing
- throwing objects

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Developing and implementing the Guiding Children's Behaviour Policy in consultation with stakeholders, and ensuring that it reflects the philosophy, beliefs and values of the service	✓	✓			
Ensuring that all staff are aware of the service's expectations for positive, respectful, and appropriate behaviour, including acceptable responses and fostering warm, trusting, and reciprocal interactions when working with children and families. (refer to Code of Conduct and Interactions with Children Policy)	✓	✓	✓	✓	✓
Ensuring children are adequately supervised (refer to Definitions) and that educator-to-child ratios are maintained at all times (refer to Supervision of Children Policy)	R	R	✓		✓
Ensuring the environment at the service is safe, secure, free from any hazards (National Law: Section 167) (refer to Child Safe Environment Policy, Council's Occupational Health and Safety Policy and Supervision of Children Policy) and promotes the active participation of every child	R	✓	✓		✓
Developing and implementing educational programs that are delivered in accordance with an approved learning framework (refer to Definitions), are based on the developmental needs, interests and experiences of each child, and take into account the individual differences and strengths of each child (refer to Educational Program and Inclusion and Equity Policy)	R	R	✓		✓
Implementing planned and spontaneous discussions about emotions, feelings and issues of inclusion and exclusion, fair and unfair behaviour, bias and prejudice		✓	✓		✓
Always maintaining the dignity and rights of each child		✓	✓		✓
Ensuring that no child is subjected to any form of corporal punishment or discipline that is unreasonable in the circumstances (National Law: Section 166)	R	R	R		R
Ensuring that methods of control and discipline that are not strengths based are not used (e.g. timeout)	R	R	R		R
Ensuring the behaviour guidance is not be associated with food (never is a child or infant to be 'force fed', or refused food as a form of discipline), rest, toilet training or isolation	R	R	R		R
Providing each child with positive guidance and encouragement toward acceptable behaviour and encourage children to express themselves and their opinions		✓	✓		✓
Modelling respectful behaviour and providing supportive language to enable children to vocalise their concerns		✓	✓		✓
Talking with children about the consequences of their actions		✓	✓		✓
Planning and implementing strategies to support individual children's behaviour		✓	✓		✓
Discussing with and supporting children to identify their feelings, and providing a safe place for them to explore and build strategies to calm the body and mind		✓	✓		✓

Listening empathetically to children when they express their emotions, acknowledging their feelings and reassuring children that it is normal to experience positive and negative emotions at times		✓	✓		✓
Supporting children to negotiate their rights in relation to the rights of others and intervening sensitively when children experience difficulty in resolving a disagreement learn about and support individual children's relationships with other children		✓	✓		✓
Helping children to understand that others may not always wish to play with them		✓	✓		✓
Using knowledge of individual children's personalities and friendship preferences to support children to manage their emotions and behaviour and develop an understanding of the feelings and needs of others		✓	✓		✓
Supporting children when they are trying to negotiate and resolve conflicts with others		✓	✓		✓
Supporting children to negotiate and share ownership of responsible and respectful behaviours as a group work with families and other professionals to appropriately support each child's emotional and social learning		✓	✓		✓
Working with each child's family and, where applicable, other support services, to ensure an inclusive and consistent approach is used to support all children to regulate their behaviour and communicate effectively		✓	✓	✓	✓
Managing situations in which families have different views and expectations compared to those of the service about guiding children's behaviour		✓	✓	✓	✓
Managing situations in which a child may benefit from more support in managing their behaviour (refer to Attachment 1)		✓	✓		✓
Collaborating with other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties		✓	✓	✓	✓
Documenting communication with families that shows their views, ideas and preferences have been considered when planning appropriate strategies to support their child's positive inclusion in the program		✓	✓	✓	✓
Ensuring that there is a behaviour guidance plan (refer to Definitions and Attachment 1) developed for a child if educators are concerned that the child's behaviour may put the child themselves, other children, educators/staff and/or others at risk		✓	✓		✓
Developing individual behaviour guidance plans (refer to Definitions and Attachment 1) for children, including evidence of consultation with their families and if appropriate, input and suggestions from other professionals and support agencies.		✓	✓	✓	✓
Pre-empting potential conflicts or challenging behaviours by monitoring children's play and supporting interactions		✓	✓		✓
Developing links with and referral pathways to services and to support children experiencing social, emotional and behavioural difficulties and their families	✓	✓	✓		✓
Ensuring that parents/guardians and program support groups (refer to Definitions) (as appropriate) are consulted if an individual behaviour guidance plan (refer to Definitions) has not resolved the challenging behaviour	✓	✓	✓	✓	
Working collaboratively with educators/staff and program support groups (refer to Definitions) to develop or review an individual behaviour guidance plan for their child, where appropriate.	✓	✓	✓	✓	✓
Setting clear timelines for review and evaluation of the behaviour guidance plan.	✓	✓	✓		
Providing information, ideas and practical strategies to families, educators and staff on a regular basis to promote and support health and wellbeing in the service and at home	✓	✓	✓		
Consulting with, and seeking advice from, DE if a suitable and mutually agreeable behaviour guidance plan (refer to Definitions) cannot be developed	R	✓	✓		
Ensuring that additional resources are sourced, if required, to implement a behaviour guidance plan (refer to Definitions)	R	✓			
Ensuring that educators/staff at the service are provided with appropriate training to guide the actions and their responses to a child/children with challenging behaviour.	✓	✓			

Informing educators/staff of concerns, events or incidents that may impact on their child's behaviour at the service (e.g. moving house, relationship issues, a new sibling)				✓	
Building and maintaining a workplace environment and culture that supports a commitment to a workplace that is free from behaviour aggression (refer to Definitions)	R	✓			
Providing and promoting a safe work environment where staff members are not exposed to hazards and can work without risk of injury or harm including behaviour aggression (refer to Definition)	R	R			
Identifying, assessing, and controlling environmental risks in each workplace to reduce the potential for harm to staff members, including behaviour aggression (refer to Definition) (refer to Occupational Violence and Aggression Policy)	R	R			
Promoting a no tolerance approach to any form of harm, including behaviour aggression (refer to Definition) against staff members	R	✓			
Providing training programs specific to the needs of staff, relative to the degree of risk faced within the working environment	R	✓			
Supporting staff members to actively report all incidents and hazards related to behaviour aggression (refer to Definition)	R	✓			
Ensuring all incidents and near misses of behaviour aggression are reported via Elumina and external reporting to WorkSafe may also be required by the WHS team, in the case of notifiable incidents (refer to Definitions)	R	✓			
Taking appropriate action after any incidents of behaviour aggression, in terms of support, counselling and follow-up	R	✓			
Maintaining confidentiality (refer to Privacy and Confidentiality Policy)	R	✓	✓	✓	✓
Investigating the availability of extra assistance, financial support such as Inclusion Support Program (refer to Definitions) or training, by contacting their regional Inclusion Agency (refer to Sources) (LONG DAY CARE)	R	✓	✓		
Investigating the availability of extra assistance, such as Kindergarten Inclusion Support (refer to Definitions) or training, by contacting the regional Preschool Field Officer (refer to Definitions), specialist children's services officers from DET or other agencies working with the child (KINDERGARTEN)	R	✓	✓		

Sources and Related Policies

Sources

Australian Children's Education and Care Quality Authority - Planning and Strategies to Promote Positive Behaviour (Babies - 5 years): www.acecqa.gov.au

Australian Children's Education and Care Quality Authority: Supporting children to regulate their own behaviour: www.acecqa.gov.au

Belonging, Being & Becoming – The Early Years Learning Framework for Australia: www.acecqa.gov.au

Child Safe Standards: www.cyp.vic.gov.au

Calmer Classrooms: https://earlytraumagrief.anu.edu.au/files/calmer_classrooms.pdf

Department of Education - Supporting children's behaviour in early childhood services: www.vic.gov.au

Early Childhood Australia Code of Ethics: www.earlychildhoodaustralia.org.au

Emerging Minds - Supporting children in families with complex needs: Nine tips for practitioners who feel out of their depth: www.emergingminds.com.au

Guide to the National Quality Framework, ACECQA: www.acecqa.gov.au

Inclusion Support Program: www.dese.gov.au

The Kindergarten Funding Guide: www.education.vic.gov.au

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

Victorian Early Years Learning and Development Framework: www.acecqa.gov.au

Victorian Inclusion Agency (VIA): www.viac.com.au

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Code of Conduct
- ✓ Compliments and Complaints
- ✓ Educational Program
- ✓ Inclusion and Equity
- ✓ Interactions with Children
- ✓ Occupational Health and Safety
- ✓ Occupational Violence and Aggression
- ✓ Privacy and Confidentiality
- ✓ Staff Grievances and Dispute Resolutions
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Behaviour Support Plan Template

Attachment 2: Guiding Children's Behaviour Procedure

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 July 2024**.

Review Date: **31 March 2026**.

ATTACHMENT 1

SAMPLE

Behaviour Support Plan Template (Complete with Family)

Child Details	
Name of Child:	Start Date of Plan:
Date of Birth:	End Date of Plan/Ongoing:
Age:	

Responsibility for Implementing Plan	
Staff Name:	Date and Sign:
Family Name:	Date and Sign:
Support Service Staff Name:	Date and Sign:

Child's Background
Behaviour of Concern
Known warning signs/triggers of impending behaviour

Alternative Behaviours - short term goals**Long Term Goals****Preventative Strategies and Techniques****Response and management during inappropriate behaviour****Review Date and Notes and Process**

ATTACHMENT 2

Guiding Children's Behaviour

This document has been developed to support Hume City Council Early Years staff with a process for managing complex and challenging behaviours of children attending Early Years programs.

This document should be used in conjunction with Hume City Council's Guiding Children's Behaviour policy and the Behaviour Support Plan Template

Introduction

Children learn to regulate their feelings & behaviours through co-regulation with trusted adults. As they are taught these skills, they are more able to practice self-regulation of their feelings & behaviours in appropriate ways with the strong support of consistent caregivers.

For some children in our programs, this learning can take a longer time and their social & emotional developmental journey might see them become dysregulated and their heightened feelings leading to behaviours that can put teaching staff and other children at risk of injury.

These guidelines are designed to provide practical steps to support our teaching teams when educating children displaying dysregulation. They also outline the expectations of families to be involved in these steps.

Our obligation under the OHS Act is to ensure that the working environment for our employees is safe and supports physical, emotional, mental health and wellbeing.

Scope

These guidelines will set out the steps to be undertaken when there is an episode of a child who becomes highly dysregulated; leading to feelings and behaviours that become a risk to their own safety and the safety of other children and staff.

Decision making around the steps that will require additional support and / or contacting the family requires teachers & educators to be actively involved with the Assistant Team/Team Leader/Regional Co-ordinator at the time of the episode.

Procedure for Managing Challenging Behaviour:

Step 1: Co-regulation

Co-regulation normalises all emotions - this helps children to express and manage their emotions over time, developing emotion identification, emotion expression and self-regulation. Effective co-regulation with children supports healthy social and emotional development and involves holding the emotion for the child as they move through their emotional experience.

Use co-regulation as a first strategy to support the child. Co-regulating requires the adult to:

- acknowledge and name the child's feelings and emotional experience and stay available as a calm and consistent presence as the child moves through their emotions.

Critically important in this Step 1: the whole teaching team are providing warm, nurturing, calm, consistent messaging to the child and building a responsive relationship. Educators must remain calm and respond using the strategies from the Behaviour Support Plan that the ECT or educator and family has developed for use. These can include visuals, sensory experiences and resources that the child is interested in, places of calm & comfort, soothing tones, opportunities to relax or exert energy.

Step 2: Safety Response

This step should be enacted if a child's behaviour escalates further and is unable to regulate resulting in a safety issue for children and staff.

The ECT/educator will need to communicate to all the other educators about the expectations for supporting this child, while keeping all staff and other children safe.

Key Steps for Safety First Response -One ECT/educator to shadows the child. Maintain your own regulated state, remain calm and be the right team member to stay with the child. Know the child's history, triggers and acknowledge feelings and respect the child's fears or anger; be ready to soothe and comfort the child, invite the child back and repair the relationship. Stay with the child (at a safe distance) - and when the child is calm and ready, slowly reintroduce the child to the program when they display signs of regulation. Continue to remain close and provide continuous support. When the child is calm you can discuss what to do next time they are experiencing big feelings and strategies that will help them.

Strategies

If all children are indoors together, encourage the child that is dysregulated to move outside. The key educator follows at a distance to allow the child space, while providing calm and reassuring words of support such as :

“You sound upset and angry, I get upset sometimes too. Lets take a break and go outside”

“I can see you are having some big feelings, I'm here to help you if you need me. We can figure it out together”

“When I'm feeling a bit upset or overwhelmed I look for things in the room to help me calm down-I can see a book, I can see a window, I can see a trainset-what can you see?”

Use simple language, offer choice, use a quiet voice and calm tone and be consistent. Alternatively, you can focus the child on their body, breathing, and talk to them in a very quiet, calm voice. You can also remain calm and offer a choice for coping strategies. Do not try to talk the child out of their feelings, or shame them or speak in an angry manner. This will only heighten their response. Give the child time to safely “flip their lid” and then slowly calm down away from other children, respecting their dignity throughout. [Dan Siegel's Flip your lid hand model](#)

If all children are outdoors or indoors / outdoors – move the group of children to a different play space; away from the dysregulated child. ECT/educator to direct who is to stay with the child, who is to move with the other children into safe play zones. The ECT/educator with the child will need to be communicating regularly throughout the episode to all the other educators about what is happening next. Forward planning and thinking are essential. The educational environment will be established ahead of time to allow for supporting all children. Resources that can be available to the upset child, spaces where the group of children can safely move to that provide for play and learning.

Once the child has calmed down you can discuss with them what happened and talk together about strategies to use next time to help the child when they feel upset or angry. Where a Safety First Response has been implemented, this behaviour and the background must be documented and shared with child's family and discussed with all educators as part of room collaboration, reflection and evaluation of what works to support the child in the following days. If any injury occurs to a staff member as a result, it must be reported to an Assistant Team Leader/Team Leader and an Elumina report must be completed. If any injury occurs to a child, an incident report must be completed.

Step 3: Parent notification - Emergency Response

Only to be used as a necessary step to support the child who is not in an emotionally secure place, at this time, and will benefit from more individual comfort from their primary caregiver. The decision is made to fulfil our “duty of care” to all staff and other children – for their safety and to avoid risk of injury, including psycho-social injury and

the decision must be made by an Assistant Team Leader/Team Leader/Regional Co-ordinator. Any children who are demonstrating this level of dysregulation will have their family fully informed of our Guiding Children's Behaviour policy, approaches to supporting their child and what happens if the behaviours escalate to being unsafe for staff and other children.

Step 3 response allows the child to have a safe break from the group learning environment that is triggering extreme feelings. This decision will always be made in collaboration with the Team Leader or Regional Co-ordinator in the best interest of the child and their circumstances. Discussion may include strategies for the child's attendance in a limited time capacity if this is considered to support positive outcomes for the child. A Behaviour Support Plan review meeting should be scheduled with the family, T/L and PSFO to review strategies and responses to dysregulated behaviour. There will be a recommendation for follow up referrals to specialist services for the family to pursue (if these are not already in place) and a meeting to discuss ways to support the child and family.

These guidelines link specifically to the following quality areas and elements of the NQS and the National Education and Care Regulations.

NQS Quality Area 1; Element 1.2.1 Intentional Teaching

Educators are deliberate, purposeful and thoughtful in their decision making & actions.

NQS Quality Area 2; Element 2.2.1 Supervision

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

NQS Quality Area 4: Element 4:1-Staffing arrangements enhance children's learning and development

NQS Quality Area 5: Element 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.

NQS Quality Area 6; Element 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.

NE&C Regulations - Interactions with Children: Regulatory Policy No. 12

NE&C Regulations - Providing a Child Safe Environment: Regulatory Policy No.15

Additional Resources:

ECA Learning Hub Module-Understanding young children's behaviour and empowering their future (2 part series)

K.U Guiding Children's Behaviour Bundle

EAP details

The Red Beast-Kay Alghani

Lester loses his cool-Sophie Havighurst

Trauma informed practice guidelines-[Calmer Classrooms](#)

Interactions with Children

Quality Area 5

Purpose

This policy provides a clear set of guidelines to ensure:

- the development of responsive, warm, trusting and respectful relationships with children that promote their wellbeing, self-esteem, sense of security and belonging at Hume City Council Early Years Services
- each child at all Hume City Council Early Years Services is supported to learn and develop in a secure and empowering environment.

Policy Statement

Values

Hume City Council is committed to:

- maintaining the dignity, agency and rights of each child at the service
- promoting fairness, respect and equity
- encouraging children to express themselves and their opinions, and to undertake experiences that develop self-reliance and self-esteem
- considering the health, safety and wellbeing of each child, and providing a safe, secure and welcoming environment in which they can develop and learn
- maintaining a duty of care (refer to Definitions) towards all children at all Hume City Council Early Years Services
- considering the diversity of individual children at the service, including family and cultural values, age, gender, and the physical and intellectual development and abilities of each child
- building collaborative relationships with families to improve learning and development outcomes for children
- encouraging positive, respectful and warm relationships between children, families and educators/staff at the service.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

The United Nations Convention on the Rights of the Child is founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, wealth, birth status or ability. When children experience nurturing and respectful reciprocal relationships with educators, they develop an understanding of themselves as competent, capable and respected. Relationships are the foundation for the construction of identity, and help shape children's thinking about who they are, how they belong and what influences them [Early Years Learning Framework, p. 20; Framework for School Age Care, p. 19]

'Constructive everyday interactions and shared learning opportunities form the basis of equitable, respectful and reciprocal relationships between educators and children. Educators who are actively engaged in children's learning and share decision-making with them, use their everyday interactions during play, routines and ongoing projects to stimulate children's thinking and to enrich their learning. These relationships provide a solid foundation from which to guide and support children as they develop the self-confidence and skills to manage their own behaviour, make decisions and relate positively and effectively to others.' (Guide to National Quality Framework – refer to Sources)

Child Safe Standard 3 requires services to have strategies to empower children about their rights, ensure children can participate in decisions affecting them and are taken seriously. When children feel respected and valued, they are much more likely to speak up about issues of safety and wellbeing. Enabling and promoting empowerment and the participation of children within a service has multiple benefits in addition to enhancing the safety of children, including demonstrating a commitment to upholding the rights of children, checking that what the service is doing is what children want and building the communication and leadership skills of children.

In developing an Interactions with Children Policy, early childhood education and care services must review and reflect on the philosophy, beliefs and values of the service, particularly with regard to the relationships with children. The development of this policy should also be informed by the service's Code of Conduct Policy.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- National Quality Standard, Quality Area 5: Relationships with Children

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

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

Definitions

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

Adequate supervision: entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Behaviour guidance: a means of assisting children in a positive and effective ways to help children gain understanding and learn skills that will help them learn to manage

their own behaviour.

Behaviour guidance plan: A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties or challenging behaviours to self-manage their behaviour. The plan is developed in consultation with the nominated supervisor, early childhood teachers, educators, parents/guardians and families, and other professional support agencies as applicable.

Challenging behaviour: behaviour that can be described as:

- infringes on the rights of others
- disrupts others or causes disputes between children
- causes harm or risk to the child, other children, adults or living things
- is destructive to the environment and/or equipment
- inhibits the child's learning and relationship with others
- a child presenting as shy, withdrawn or excessively passive in a way which is inhibiting their learning and/or development
- is inappropriate relative to the child's developmental age and background.

Inclusion Support Program (ISP): is a key component of the Government's Child Care Safety Net. The program provides support for eligible mainstream Early Childhood Education and Care services to build their capacity and capability to include children with additional needs, alongside their typically developing peers, so all children have genuine opportunities to access, participate and achieve positive learning outcomes. For more information visit: www.dese.gov.au

Kindergarten Inclusion Support Program (KIS): Supports funded kindergartens to plan and implement a program that is responsive to the individual abilities, interests and needs of children with a disability, developmental delay or complex medical needs. Long Day Care services can apply for the KIS program for their Victorian Government-funded kindergarten programs.

Program Support Groups (PSG): A program support group brings together key people to support the inclusion of children with disability or developmental delay, or complex medical needs, from the time of enrolment at kindergarten until they move to school. The group may include:

- the early childhood teacher
- the child's parent/carer(s)
- early childhood intervention professionals
- a preschool field officer
- medical practitioners, therapists or other allied health professionals
- a support person – if the child's parent/carer(s) chooses to use one.

Mental health: In early childhood, a child's mental health is understood as a child's ability to 'experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development. <https://beyou.edu.au/>

Preschool Field Officer (PSFO) Program: The role of the PSFO Program to support the access and participation of children with additional needs in their kindergarten program. For more information visit: www.education.vic.gov.au

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Developing and implementing the Interactions with Children Policy in consultation with stakeholders, and ensuring that it reflects the philosophy, beliefs and values of the service	R	✓	✓	✓	✓
Ensuring all stakeholders are provided with a copy of the Interactions with Children Policy and comply with its requirements	R	✓	✓	✓	✓
Ensuring all staff are aware of the service’s expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and warm, trusting and reciprocal interactions when working with children and families (refer to Code of Conduct Policy)	R	✓			
Ensuring children are adequately supervised (refer to Definitions) and that educator-to-child ratios are maintained at all times (Supervision of Children Policy)	R	✓	✓		✓
Ensuring the environment at the service is safe, secure, free from any hazards (National Law: Section 167) (refer to Child Safe Environment Policy, Occupational Health and Safety Policy and Supervision of Children Policy) and promotes the active participation of every child	R	R	✓		✓
Ensuring the size and composition of groups is considered to ensure all children are provided with the best opportunities for quality interactions and relationships with each other and with adults at the service (Regulation 156(2)). Smaller group sizes are considered optimal, to promote intentional teaching strategies and responsive engagement opportunities.	R	✓	✓		✓
Developing and implementing educational programs that are delivered in accordance with an approved learning framework (refer to Definitions), are based on the developmental needs, interests and experiences of each child, and take into account the individual differences and strengths of each child (refer to Inclusion and Equity Policy)	R	R	✓		✓
Ensuring the educational program contributes to the development of children to have a strong sense of wellbeing and identity, and to be connected, confident, involved and effective learners and communicators (Regulation 73) (refer to Educational Program Policy)	R	✓	✓		✓
Ensuring that the service provides education and care to children in a way that: <ul style="list-style-type: none"> • encourages children to express themselves and their opinions • allows children to undertake experiences that develop self-reliance and self-esteem • maintains the dignity and the rights of each child at all times • offers positive guidance and encouragement towards acceptable behaviour • has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for (Regulation 155) 	R	✓	✓		✓
Ensure that Hume City Council Early Years Services provides children with opportunities to interact and develop positive relationships with each other, and with the staff and volunteers at the service (Regulation 156(1))	R	✓	✓		✓
Recognising the importance of friendships and encourage support from peers, to help children and young people feel safe and be connected	✓	✓	✓		✓
Ensuring clear documentation of the assessment and evaluation of each child’s: <ul style="list-style-type: none"> • developmental needs, interests, experiences and program participation • progress against the outcomes of the educational program (Regulation 74) (refer to Educational Program Policy) 	R	✓	✓		✓

Ensuring that procedures are in place for effective daily communication with parents/guardians to share information about children's learning, development, interactions, behaviour and relationships	R	✓	✓		✓
Supporting ECT/educators/staff to access resources and gain appropriate training, knowledge and skills for the implementation of this policy, including promoting social, emotional and mental health and wellbeing	✓	✓			
Ensuring that staff members at all Hume City Council Early Years Service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166)	R	R	R	✓	✓
Promoting collaborative relationships between children/families and program support groups (if required) (refer to Definitions), to improve the quality of children's education and care experiences	✓	✓	✓	✓	✓
Ensuring notifications of serious incidents (refer to Definitions) are made to the regulatory authority (DE) (refer to Definition) through the NQA IT System (refer to Definitions) as soon as is practicable but not later than 24 hours after the occurrence (National Law: Section 174(2)(a), Regulations 176 (2)(a))	R	✓			
Notifying DE within 24 hours of becoming aware of a notifiable complaint (refer to Definitions) or allegation regarding the safety, health and/or welfare of a child at the service (National Law: Section 174(2)(b), Regulations 176 (2)(a))	R	✓			
Ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises	R	R	✓		✓
Ensuring all staff, volunteers and contractors use positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others	R	✓	✓		✓
Developing links with and referral pathways to services and/or program support groups (refer to Definitions) to support children experiencing social, emotional and behavioural difficulties and their families	✓	✓	✓		✓
Ensuring that there is a behaviour guidance plan (refer to Definitions) developed for a child if educators are concerned that the child's behaviour may put the child themselves, other children, educators/staff and/or others at risk	✓	✓	✓	✓	
Ensuring that parents/guardians and program support groups (refer to Definitions) (as appropriate) are consulted if an individual behaviour guidance plan has not resolved the challenging behaviour	✓	✓	✓	✓	
Working collaboratively with educators/staff and program support groups (refer to Definitions) to develop or review an individual behaviour guidance plan for their child, where appropriate.	✓	✓	✓	✓	✓
Setting clear timelines for review and evaluation of the behaviour guidance plan.	✓	✓	✓		
Providing information, ideas and practical strategies to families, educators and staff to promote and support health and wellbeing in the service and at home	✓	✓	✓		
Consulting with, and seeking advice from, DE if a suitable and mutually agreeable behaviour guidance plan cannot be developed	R	✓	✓		
Investigating the availability of extra assistance, such as Kindergarten Inclusion Support (refer to Definitions) or training, by contacting the regional Preschool Field Officer (refer to Definitions), specialist children's services officers from DET or other agencies working with the child	R	✓	✓		
Investigating the availability of extra assistance, financial support such as Inclusion Support Program (refer to Definitions) or training, by contacting their regional Inclusion Agency (refer to Sources)	R	✓	✓		
Ensuring additional resources are sourced to implement behaviour guidance plan	R	✓			
Ensuring that educators/staff at the service are provided with appropriate training to guide the actions and their responses to a child/children with challenging behaviour.	✓	✓			
Informing educators/staff of concerns, events or incidents that may impact on their child's behaviour at the service (e.g. moving house, relationship issues, a new sibling)				✓	
Maintaining confidentiality (refer to Privacy and Confidentiality Policy)	R	✓	✓	✓	✓

Sources and Related Policies

Sources

Belonging, Being & Becoming – The Early Years Learning Framework for Australia:

www.acecqa.gov.au

Child Safe Standards: www.cryp.vic.gov.au

Early Childhood Australia Code of Ethics: www.earlychildhoodaustralia.org.au

Guide to the National Quality Framework, ACECQA: www.acecqa.gov.au

Inclusion Support Program: www.dese.gov.au

Kids Matter, an Australian mental health and well-being initiative set in primary schools and early childhood education and care services: <https://beyou.edu.au>

The Kindergarten Funding Guide (DE): www.education.vic.gov.au

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

Victorian Early Years Learning and Development Framework: www.acecqa.gov.au

Victorian Inclusion Agency (VIA): www.viac.com.au

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Compliments and Complaints
- ✓ Inclusion and Equity
- ✓ Privacy and Confidentiality
- ✓ Code of Conduct
- ✓ Educational Program
- ✓ Occupational Health and Safety
- ✓ Supervision of Children

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Enrolment and Orientation

Long Day Care

Quality Area 6

Purpose

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

- enrolling a child at any Hume City Council Early Years Service
- the orientation of new parents/guardians and children into any Hume City Council Early Years Service
- ensuring compliance with Victorian and national legislation, including disability discrimination, anti-discrimination, human rights laws, No Jab No Play and Family Assistance Law

Policy Statement

Values

Hume City Council is committed to:

- engaging collaboratively and respectfully with parents/guardians during enrolment and orientation to learn about their expertise, culture, values and beliefs and priorities for their child's learning and wellbeing
- being flexible and catering for unique family circumstances and needs
- ensuring the enrolment process is simple to understand, follow and implement
- meeting the needs of the local community
- supporting parents/guardians to meet the requirements for enrolment through the provision of information and communication
- being transparent in the process and allocation of places through consistent communication and information sharing
- maintaining confidentiality in relation to all information gathered for enrolment.

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

The Education and Care Services National Regulations 2011 require approved services to have a policy and procedures in place in relation to enrolment and orientation (Regulation 168(2)(k)). Childcare services providing approved child care (refer to Definitions) must abide by the Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017 (refer to Legislation and Standards). Australian families receive help with the cost of child care through the Child Care Subsidy (CCS). The Australian Government, through the Department of Education (DE) and Services Australia, administers the CCS. Providers must be approved by the department to receive CCS. DE is responsible for the legislation that underpins CCS. This legislation is called Family Assistance Law (FAL). All providers that receive CCS must follow the rules under FAL. DE monitors providers' compliance with FAL. The Australian Government subsidises the cost of child care. State and territory governments are responsible for the health, safety, wellbeing and educational outcomes of children.

The Australian Government considers that immunisation is an important health measure for children and their families, as it is the safest and most effective way of providing protection against harmful and often deadly diseases. To meet the CCS immunisation requirements, children must be immunised according to the standard vaccination schedule, be on an eligible catch-up vaccination schedule or have an approved exemption from being immunised. CCS is paid directly to approved providers and passed on to families as a fee reduction. Additional Child Care Subsidy provides additional fee assistance to support vulnerable or disadvantaged families and children. This support recognises the preventative and protective influence of quality child care on a child's health, wellbeing and development; and the importance of continuity of care. There are four different payments under Additional Child Care Subsidy:

- Additional Child Care Subsidy (child wellbeing) - to help children who are at risk of serious abuse or neglect
- Additional Child Care Subsidy (grandparent) - to help grandparents on income support who are the principal caregiver of their grandchildren
- Additional Child Care Subsidy (temporary financial hardship) - to help families experiencing financial hardship
- Additional Child Care Subsidy (transition to work) - to help low-income families transitioning from income support to work

The Inclusion Support Program is designed to help eligible child care providers address barriers to child care participation, particularly in disadvantaged communities, including Indigenous communities.

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011 have legislative responsibilities under the Public Health and Wellbeing Act 2008 to only offer a confirmed place in their programs to children with an Australian Immunisation Register (AIR) Immunisation History Statement (refer to Definitions). To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the National Immunisation Program Schedule (refer to Sources) set out by the Australian Government Department of Health.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- A New Tax System (Family Assistance) Act 1999
- A New Tax System (Family Assistance) (Administration) Act 1999
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Child Care Subsidy Minister's Rules 2017
- Child Care Subsidy Secretary's Rules 2017
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 160, 161, 162, 168, 170, 171, 177, 181, 183
- Equal Opportunity Act 2010 (Vic)
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)
- Sex Discrimination Act 1984 (Cth)

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

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

Definitions

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

Australian Immunisation Register (AIR) Immunisation History Statement: The AIR is a national register administered by Medicare that records all vaccinations given in Australia, including to children. Parents/carers must provide a copy of their most recent AIR Immunisation History Statement, which shows that the child is up to date with their immunisations upon enrolment and when a child has received or been due to receive a vaccination while attending the service. In the case of medical contraindication, an authorised medical practitioner completes and signs a Medical Exemption Form and supplies it to the AIR (previous forms of documentation, for example a letter from a GP or local council, are no longer acceptable). In order to confirm enrolment, the Immunisation History Statement must show the child is up to date with the vaccines they can have, medical contraindication and indicate the due date for the next vaccinations the child is able to receive in the future if applicable.

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

Centrelink: The agency that delivers payments and services to individuals and parents/guardians on behalf of the Australian Government.

Child care software: Software developed and provided by commercial providers to interact with the Australian Government's Child Care Subsidy System (information technology system) and to support other administrative and management activities for child care providers.

Child Care Safety Net: Targeted assistance to vulnerable and at-risk children and their families, as well as supporting child care services in disadvantaged communities to address barriers in accessing child care.

The Child Care Safety Net has three components:

- Additional Child Care Subsidy
- Community Child Care Fund
- Inclusion Support Program

Child Care Subsidy (CCS): A Commonwealth Government means tested subsidy to assist eligible parents/guardians with the cost of child care. Payments are paid directly to approved child care providers (refer to Definitions). Further information can be found at: www.dese.gov.au/child-care-package/child-care-subsidy

Children/families experiencing vulnerability and/or disadvantage (in relation to this policy): children are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long-term development and wellbeing is limited. Some factors which may contribute to a child experiencing vulnerability include: a child with a disability; living in a family with a low income, or one which is experiencing problems with housing, domestic violence, , substance abuse, or mental health; known to Child Protection; in statutory Out of Home Care; Aboriginal and/or Torres Strait Islander, having a culturally and linguistically diverse background; having a young or sole parent, or a parent with a disability (adapted from the Kindergarten Funding Guide)

Children with additional needs: Children whose development or physical condition requires specialist support or children who may need additional support due to language, refugee or asylum seeker experience, complex trauma, cultural or economic circumstances (refer to Inclusion and Equity Policy) (refer to Children/families experiencing vulnerability and/or disadvantage Definition).

Complying Written Arrangement: a written arrangement between a child care provider and an individual to provide child care in return for fees. The arrangement includes certain required information.

Enrolment: An enrolment occurs when the provider has an arrangement with an individual or organisation to provide care to a child and the provider submits an enrolment notice in the Child Care Subsidy System. It is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for care) to have an enrolment notice regardless of their Child Care Subsidy eligibility status

Enrolment notice: The notice given by a provider through the Child Care Subsidy System that they have an arrangement with an individual or organisation to provide care to a child.

Enrolment record: the collection of documents which contains information on each child as required under the National Regulations (Regulations 160, 161, 162) including but not limited to parent details; emergency contacts; authorised nominee; transportation authorisations, details of any court orders; and health information including immunisation status. Enrolment records are stored securely in the service due to their confidential nature.

Grace period: allows specific categories of children of parents/guardians experiencing vulnerability and disadvantage to enrol and attend the service without an AIR Immunisation History Statement (refer to Definitions) or when the statement is assessed as not being up to date. Services complete the grace period eligibility form with parents/guardians during enrolment and keep a copy with the child's enrolment record. The 16-week grace period starts on the first day of the child's attendance at the service. During the grace period, the service is required to take reasonable steps to obtain the AIR Immunisation History Statement (refer to Definitions) and to encourage parents/guardians to access immunisation services.

Inclusion Support Program: A program that assists child care services to include children with additional needs by providing tailored inclusion advice and support from contracted Inclusion Agencies as well as funding to address more challenging inclusion barriers.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that obligations under the Education and Care Services National Law Act and National Regulations are met	R	✓			
Ensuring that the Enrolment and Orientation Policy is readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families and available for inspection (Regulation 171)	R	✓			
Ensuring that the Enrolment and Orientation Policy and procedures are followed (Regulation 170)	R	✓	✓		✓
Ensuring not to exceed the maximum number of children whom the service is licensed to provide care for	R				
Ensuring all enrolled children are six years of age and under. Children aged six years old will require to complete an exemption from school form from the Department of Education	R	✓			
Communicating to parents/guardians the days and times the service will operate, planned closures (including public holidays) service philosophy and governance.	R	✓			

Providing parents/guardians easy-to-read information about how the service operates and what the service will provide (including information about inclusion and learning)	✓	✓	✓		
Ensuring parents/guardians have access to:					
<ul style="list-style-type: none"> • Family handbook • Statement of philosophy • Child Safe Environment Policy/Statement of Commitment to Child Safety • Fees Policy • Privacy Statement and Code of Conduct Policy • Acceptance and Refusal of Authorisation Policy and Dealing with Medical Conditions Policy • Incident, Injury, Trauma and Illness Policy and Delivery and Collection of Children Policy 	R	✓	✓		
Developing strategies on how to communicate with parents/guardians with varying literacy skills, or where English is not a first language	✓	✓	✓		
Complying with the Inclusion and Equity Policy	R	R	✓	✓	✓
Appointing a person to be responsible for the enrolment process and the day-to-day implementation of this policy (refer to Attachment 1)	R				
Responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process as required	✓	✓	✓		
Providing parents/guardians with consistent and transparent communication on waitlist management processes (refer to Attachment 1)	R	✓			
Complying with the service's Privacy and Confidentiality Policy in relation to the collection and management of a child's enrolment information	R	R	R	✓	✓
Providing opportunities for interested parents/guardians to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program except where this may pose a risk to the safety of children or staff, or conflict with any duty of the approved provider, nominated supervisor, early childhood teachers or educators under the National Law: Section 167	R	✓	✓		
Seeking information from parents about any specific health care need, allergy or medical condition, including whether a medical practitioner has been consulted in relation to a specific health care need, allergy or relevant medical condition	R	✓	✓	✓	
Ensuring that medical management plan has been provided and that the risk minimisation plan has been developed and both documents are kept in the child's enrolment records	R	✓	✓	✓	
Providing any required authorisations, such as 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, if required, transportation by an ambulance service				✓	
Gathering information from parents/guardians to support continuity of care between home and the service	✓	✓	✓		
Providing parents/guardians with information about the requirements of the law for enrolment, including obtaining the AIR Immunisation History Statement (refer to Definitions) and accessing immunisation services	R	✓	✓		
Assessing the child's immunisation documentation as defined by the Immunisation Enrolment Toolkit (refer to Source) for early childhood education and care services prior to enrolment to determine if the child's vaccination status complies with requirements or whether the child is eligible for the 16-week grace period (refer to Definitions)	R	✓	✓		
Ensuring that only children whose AIR Immunisation History Statement (refer to Definitions) have been assessed as being acceptable or who are eligible for the grace period (refer to Definitions) have confirmed place in the program (refer to Attachment 1)	R	✓	✓		
Taking reasonable steps to obtain an up to date AIR Immunisation History Statement (refer to Definitions) from all parents/guardians after enrolment , twice per calendar year, timing reminders to comply with the maximum seven-month interval (Public Health and Wellbeing Regulations 2019 107, Public Health and Wellbeing Act 2019 Section 143E)	R	✓	✓		
Completing the enrolment record prior to their child's commencement at the service and providing AIR Immunisation History Statement (refer to Definitions) of their child's immunisation status (refer to Attachment 1)				✓	

Where a child is eligible for the 16 weeks grace period, ensuring that the child's immunisations are updated in line with the schedule and providing an up-to-date AIR Immunisation History Statement (refer to Definitions) to the service				✓	
Once an enrolment record (refer to Definitions) has been completed for a child, review the enrolment record to ensure that no section/question has been left blank.	R	✓			
Ensuring all authorised nominees (refer to Definitions) have been completed on the enrolment record (refer to Definitions) (Regulations 160 and 161) as well as authorisations from parents relating to medical treatment, regular outings, health information and transportation	R	✓		✓	
Ensuring that the enrolment record (refer to Definitions) both digital and/or hard copy complies with the requirements of Regulations 160, 161, 162 (refer to Attachment 2) and that it effectively meets the management requirements of the service	✓	✓	✓		
Ensuring that enrolment record (refer to Definitions) is kept up to date if family circumstances change	R	✓	✓	✓	
Ensuring that enrolment records (refer to Definitions) are kept confidential (Regulations 181, 182) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183 (1a) (2d))	R	✓	✓		
Discussing the individual child's needs with parents/guardians and developing an orientation program to assist them to settle into the service. The service should take into consideration barriers parents/guardians may have in disclosing sensitive information including communication and information barriers and the development of trusting relationships.	R	✓	✓		
Reviewing enrolment applications to identify children with additional needs (refer to Definitions and the Inclusion and Equity Policy)	R	✓	✓		
Ensuring that the orientation program meet the individual needs of children and parents/guardians	R	✓	✓		
Review enrolment to see if the family qualifies for CCS kindergarten exemption	✓	✓			
Communicating with parents/guardians when their child will be eligible for a funded year of kindergarten	R	✓	✓		
Supporting families to make an informed decision on when the best is for their child to start kindergarten	✓	✓	✓		
Reviewing the orientation processes for new parents/guardians and children to ensure the objectives of this policy are met	R	✓	✓	✓	
Ensuring that parents/guardians of a child attending the service can enter the service premises at any time whilst the child is being educated and cared for (Regulation 157), except where this may pose a risk to the safety of children or staff, or conflict with any duty of the approved provider, nominated supervisor, early childhood teachers or educators under the National Law: Section 167	R	R	✓	✓	✓
Encouraging parents/guardians during orientation to stay with their child as long as required during the settling in period and make contact with educators at the service, when required	✓	✓	✓	✓	
Assisting parents/guardians to develop and maintain a routine for saying goodbye to their child	✓	✓	✓	✓	
Sharing information with parents/guardians concerning their child's progress with regard to settling into the service	✓	✓	✓	✓	
Discussing support services for children with parents/guardians, where required.	✓	✓	✓	✓	
Developing strategies to assist new parents/guardians to: <ul style="list-style-type: none"> • feel welcomed into the service • become familiar with service policies and procedures • share information about their family beliefs, values and culture and feel culturally safe • share their understanding of their child's strengths, interests, abilities and needs • value the voice of the child, ensuring they have opportunity to articulate their individual interests and needs • discuss the values and expectations they hold in relation to their child's learning • providing comfort and reassurance to children who are showing signs of distress when separating 	✓	✓	✓	✓	
Reading and complying with this Enrolment and Orientation Policy	R	R	R	R	✓
Notifying Hume City Council in writing if they wish to cancel their enrolment.				✓	

Procedures

GENERAL ORIENTATION PROCEDURES

The time required for orientation and settling in will vary for each child and their family, therefore it is important to be flexible and individualise orientation for each family.

- Offer parents/guardians the opportunity to visit the service at different times during the day/session, this allows the child and their family to become familiar with the various routines of the service
- Providing reassurance to the family that they may stay with their child for as long as they choose during orientation and once the child commences
- Provide the family with suggestions for developing and maintaining a routine for saying goodbye to their child
- Reassure the family:
 - they can leave their child initially for a shorter day, gradually increasing the length of time
 - they may call and speak to their child's educator(s) at an agreed time
 - the educators will keep them informed on how their child is settling in
 - they will be informed about any changes or circumstances which may affect them or their child.
- Further considerations may include but are not limited to:
 - send an email during the day to update the family on their child including a photo of the child (if the child has settled in) (refer to the Information and Communication Technology Policy). Note: For children in out-of-home care, the educator may need to seek permission from Child Protection before taking and distributing photos of the child
 - asking the family how they have settled in and if they have any questions or concerns.

Refer to Attachment 1 for the general enrolment procedures.

Sources and Related Policies

Sources

Australian Childhood Immunisation Register: www.servicesaustralia.gov.au

Australian Government Department of Health and Aged Care, National Immunisation Program Schedule: www.health.gov.au

Department of Health, Immunisation enrolment toolkit for early childhood education and care service: www2.health.vic.gov.au

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au

Guide to Additional Child Care Subsidy (child wellbeing): www.education.gov.au

The Family Assistance Law as the basis for Commonwealth child care fee assistance including the Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS): www.education.gov.au

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Compliments and Complaints
- ✓ Dealing with Medical Conditions
- ✓ Fees
- ✓ Incident, Injury, Trauma and Illness
- ✓ Code of Conduct Policy
- ✓ Dealing with Infectious Disease
- ✓ Delivery and Collection of Children
- ✓ Inclusion and Equity
- ✓ Privacy and Confidentiality

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: General Enrolment Procedures

Attachment 2: Enrolment Record Requirements

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

General Enrolment Procedures

PRIORITY OF ACCESS

There are no requirements for filling vacancies. The approved provider can set their own rules for deciding who receives a place.

Approved providers are asked to (but are not legally obliged to) prioritise children who are:

- at risk of serious abuse or neglect
- a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

This meets the Australian Government's aims of helping parents/guardians who are most in need and supporting the safety and wellbeing of children at risk.

The approved provider can set their own rules for deciding who receives a place, this can include but not limited to:

- Siblings attending the service
- Length of time on the waitlist
- Proximity to the service
- Family works or studies close to the service

ENROLMENT PROCEDURE

Enrolments will be taken throughout the year subject to availability. If there are no placements available, the child will be placed on a waiting list. Once a family has decided to commence at a Hume City Council Early Years Service, they will need to:

- Complete separate enrolment records (refer to Definitions) for each child attending the service
- Provide the following information:
 - child's name, address and details of any special needs
 - information about themselves and any other parents, carers or guardians
 - details of the people who can pick up the child
 - child's birth certificate or other identity documents
 - details of any parenting orders or legal matters to do with the care or safety of the child (refer to Privacy and Confidentiality Policy)
 - the child's medical health and AIR Immunisation History Statement status.
- To facilitate the inclusion of all children into the program, the enrolment process should clearly identify any additional or specific needs of the child (refer to Inclusion and Equity Policy).
- Completed enrolment records are to be forwarded to the person responsible for the enrolment process at Hume City Council Early Years Services

- Access to completed enrolment records will be restricted to the person responsible for the enrolment process, the approved provider and/or nominated supervisor at the service, unless otherwise specified by the approved provider.
- Parent/guardians to create or access their Centrelink online account to lodge a Child Care Subsidy claim for each of their children (refer to Diagram 1).
- The service and parent/guardian to complete and sign a Complying Written Agreement (refer to Definitions), which includes:
 - The names and contact details of the approved provider and the parent/guardians(s)
 - the date the arrangement starts
 - the name and date of birth of the child (or children) if care will be provided on a routine basis and if so
 - details about the days on which sessions of care will usually occur
 - the usual start and end times for these sessions of care
 - whether care will be on a casual or flexible basis (in addition to, or instead of, a routine basis)
- details of fees charged under the arrangement (providers can reference a fee schedule or information available on their website), which the parties understand may vary from time to time.
- additional information can be included to support the individual's understanding of their payment obligations.
- once the CWA is signed, it is then filed in the child's record

IMMUNISATION – NO JAB NO PLAY

- Prior to the child/children commencing care Australian Immunisation Register (AIR) Immunisation History Statement is assessed as outlined in the Immunisation enrolment toolkit for early childhood education and care services by the person responsible for the enrolment process on behalf of the approved provider.
- The “Key dates work form for immunisation and enrolment” in the Immunisation enrolment toolkit for early childhood education and care services is used to determine the date at which immunisations must be up to date. The toolkit also provides guidance on assessing immunisation documentation to determine if a child is up to date or qualifies for an exemption. The following documents and resources can be accessed from www2.health.vic.gov.au:
 - The Immunisation enrolment toolkit for early childhood education and care services (search ‘Immunisation enrolment toolkit’)
 - The Key dates work form for Immunisation and enrolment (search ‘Key Dates work form’)
 - Hard copies of the immunisation resources (search ‘immunisation resources order form’)
- The acceptable outcomes of the assessment for offering a confirmed place are:
 - That the next due vaccine for the child on the AIR Immunisation History Statement is within the acceptable timeframe for an enrolment, or;
 - That the child has been assessed by Hume City Council as being eligible for a 16-week grace period
- The person responsible for the enrolment process advises the parent/guardian in writing whether a confirmed place is offered, and the enrolment can proceed.
- Parents/guardians who do not have an up to date AIR Immunisation History Statement and whose child is not eligible for the grace period cannot be offered a place and are referred to Australian Childhood Immunisation Register or to an immunisation provider

CHILD CARE SUBSIDY ENROLMENT PROCESS

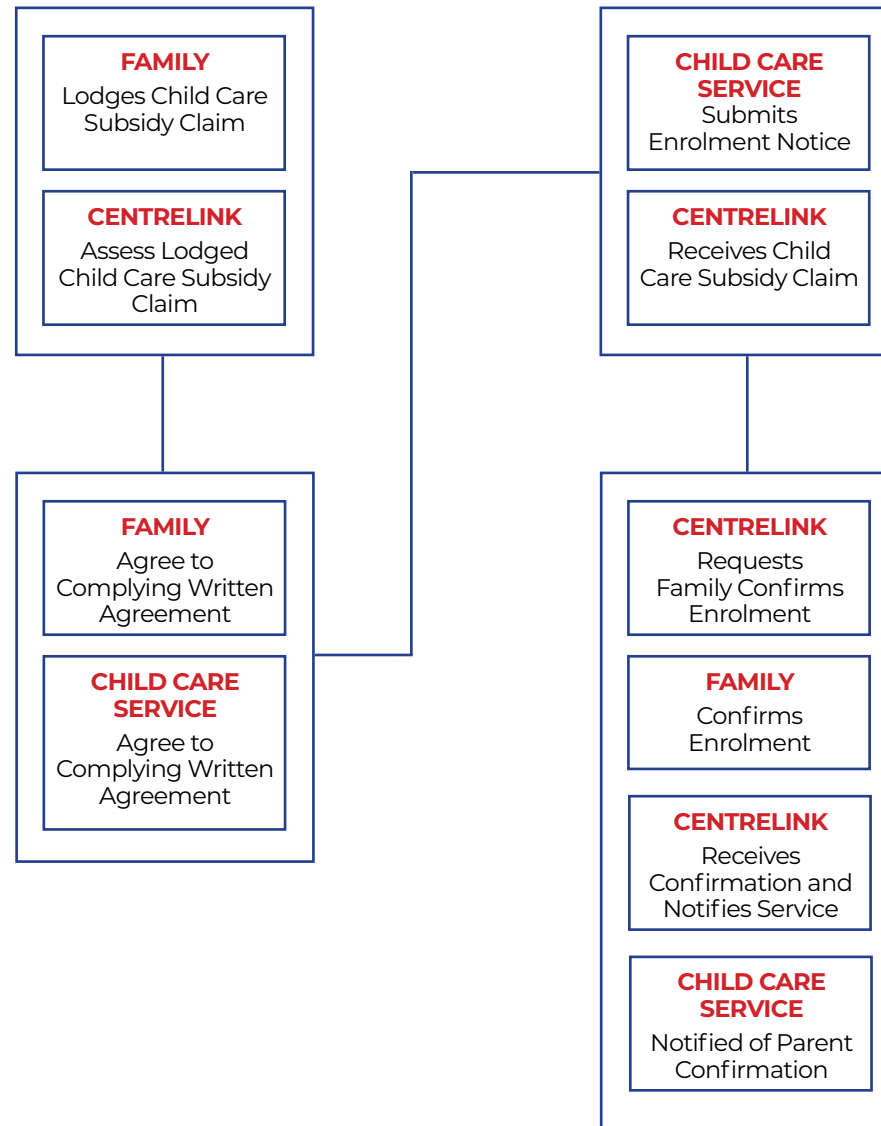
Enrolling children is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for care) regardless of their parent’s or guardian’s eligibility for Child Care Subsidy.

- The person responsible for the enrolment must lodge an enrolment notice (through their child care software) in the Child Care Subsidy System to show they have made an arrangement with the parent/guardian and the child is enrolled (refer to Diagram 1).
- Once a person responsible for the enrolment has lodged an enrolment notice, they must report attendance for that child
- After the person responsible for the enrolment submits an enrolment notice for a child, the parent/guardian will be notified and asked to check the main enrolment notice details. This will occur through their Centrelink online account. Where a parent/guardian cannot access myGov, they can confirm their enrolment over the phone with Centrelink or by visiting a Centrelink office (refer to Diagram 1).

WAITLIST

- If there are no suitable vacancies, the child / children’s details will be placed on a waitlist
- Families on the waitlist are not guaranteed a place at any Hume City Council Early Years Service
- Applications will be entered on the wait list using the priority of access criteria
- It is the responsibility of families to update personal information, as required

DIAGRAM 1



Adapted from the Child Care Provider Handbook, May 2023

ATTACHMENT 2

Enrolment Form Requirements

The approved provider must ensure that an enrolment record (refer to Definitions) is kept for each child enrolled at all Hume City Council Early Years Services. Regulations 160, 161, 162 outlines the enrolment record requirements for services under the Education and Care Services National Law Act 2010 (National Law), the Education and Care Services National Regulations 2011 (National Regulations).

The approved provider must keep enrolment records available for inspection by an authorised officer (National Law: Section 175). An approved provider must also take reasonable steps to ensure the enrolment records are:

- accurate
- made available to the parents of the child upon request unless otherwise required by a court order (Regulations 177 and 178).

Information that **must** be included in enrolment record:

- Full name, date of birth and address of the child
- The name, address and contact details of:
 - each known parent of the child
 - any emergency contact
 - any authorised nominee
 - any person authorised to consent to medical treatment or administration of medication
 - any person authorised to give permission to the educator to take the child off the premises
- Details of any court orders, parenting orders or parenting plans
 - Gender of the child
 - Language used in the child's home
 - Cultural background of the child and their parents
 - Any special considerations for the child, such as cultural, dietary or religious requirements or additional needs

- Authorisations for:
 - the approved provider, nominated supervisor or an educator to seek medical treatment and/or ambulance transportation for the child
 - the service to take the child on regular outings
 - for regular transportation of the child
 - any person who is authorised to authorise the education and care service transport the child or arrange transportation of the child
- Name, address and telephone number of the child's registered medical practitioner or medical service
- Medicare number (if available)
- Details of any specific healthcare needs of the child, including any medical conditions, allergies, or diagnosis that the child is at risk of anaphylaxis
- Any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- Dietary restrictions
- Immunisation status (In Victoria, AIR Immunisation History Statement, as required under the Public Health and Wellbeing Act 2019)

Enrolment and Orientation

Kindergarten

Quality Area 6

Purpose

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

- enrolling a child at any Hume City Council Early Years Service
- the orientation of new families and children into any Hume City Council Early Years Service
- ensuring compliance with Victorian and national legislation, including disability discrimination, anti-discrimination, human rights laws, No Jab No Play and Department of Education [DE] Kindergarten Funding Guide.
- ensuring access to participation, especially for vulnerable and disadvantaged children
- ensuring early entry applicants (this includes children younger than three years and children younger than four years old on 30 April in the year they will attend kindergarten) are given equitable access to enrolment.
- adhering to DE's priority of access requirements for both three and four-year-old children

Policy Statement

Values

Hume City Council is committed to:

- families feeling respected, safe and supported during the enrolment process
- ensuring families who may experience barriers to accessing kindergarten are proactively engaged
- being flexible and catering for unique family circumstances and needs
- being transparent in the process and allocation of places through consistent communication and information sharing
- ensuring the registration, allocation and enrolment process is simple to understand, follow and implement
- maintaining confidentiality in relation to all information provided for enrolment
- promoting fair and equitable access to kindergarten programs, including those who face barriers to participation
- enrolling Early Start Kindergarten (refer to Definitions) eligible children into full 15 hours of kindergarten program

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

The Education and Care Services National Regulations 2011 require approved services to have a policy and procedures in place in relation to enrolment and orientation (Regulation 168(2) (k)).

All eligible Victorian children (refer to Definitions) will have access to two years of kindergarten before commencing school. Where demand is higher than availability, approved providers must adhere to their eligibility and DE's Priority of Access criteria (refer to Definitions and Attachment 1) in order to allocate the available places. The criteria used to determine the allocation of places takes account of the requirements set out in DE's Kindergarten Funding Guide (refer to Sources), the service's philosophy, values and beliefs, and the provisions of the Equal Opportunity Act 2010. The Victorian Government requires funded organisations to ensure that their policies and procedures promote equal opportunity for all children. Services participating in a central registration and enrolment scheme are required to comply with the registration and/or enrolment procedures of that scheme.

The Central Registration and Enrolment Scheme (CRES), co-designed by DE provides access to families to register for and secure a place for their children in kindergarten. It is a collaborative model that brings together councils, service providers, MCH staff, support services and other stakeholders to support children and their families. Currently, more than half of all local councils across Victoria operate a form of central enrolment or central registration scheme. These schemes provide a single point of entry for families, simplifying the kindergarten enrolment process and improving equity of access.

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011 have legislative responsibilities under the Public Health and Wellbeing Act 2008 to only offer a confirmed place in their programs to children with an Australian Immunisation Register (AIR) Immunisation History Statement (refer to Definitions).

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 160, 161, 162, 168, 170, 171, 177, 181, 183
- Equal Opportunity Act 2010 (Vic)
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities
- Public Health and Wellbeing Act 2019 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)
- Sex Discrimination Act 1984 (Cth)

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

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

Definitions

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

Access to Early Learning (AEL): is an early intervention program for a child who is at least three years old on April 30th in the year of enrolment. It aims to provide intensive support to eligible families with multiple and complex needs, assisting them to access universal kindergarten programs.

Australian Immunisation Register (AIR) Immunisation History Statement: The AIR is a national register administered by Medicare that records all vaccinations given in Australia, including to children. In the case of medical contraindication, an authorised medical practitioner completes and signs a Medical Exemption Form and supplies it to the AIR (previous forms of documentation, for example a letter from a GP or local council, are no longer acceptable).

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

Children/families experiencing vulnerability and/or disadvantage (in relation to this policy): children are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long-term development and wellbeing is limited. Some factors which may contribute to a child experiencing vulnerability include: a child with a disability; living in a family with a low income, or one which is experiencing problems with housing, domestic violence, substance abuse, or mental health; known to child protection; in statutory out-of-home care; Aboriginal and/or Torres Strait Islander, having a culturally and linguistically diverse background; having a young or sole parent, or a parent with a disability (adapted from the Kindergarten Funding Guide)

Children with additional needs: Children whose development or physical condition requires specialist support or children who may need additional support due to language, refugee or asylum seeker experience, complex trauma, cultural or economic circumstances (refer to Inclusion and Equity Policy) (refer to Children/families experiencing vulnerability and/or disadvantage Definition).

Central Registration and Enrolment Scheme (CRES): CRES provides a single point for families to apply for multiple kindergarten services within a local government area, helping them secure a place that meets their needs and enabling funded kindergartens to work collaboratively with other services to engage vulnerable and disadvantaged families.

Central Registration System: Provides an equitable and transparent application and allocation process, enabling families to access local kindergarten services within a local government area.

Deferral: When a child does not attend in the year when they are eligible for a funded kindergarten place or is officially withdrawn from a service prior to the annual confirmation in April DE considers that this child has not accessed a year of funded kindergarten and is therefore eligible for a DE funded kindergarten place in the following year.

Early Start Kindergarten (ESK): Early Start Kindergarten provides eligible children with 15 hours of free or low-cost kindergarten each week led by a qualified Victorian Institute of Teaching (VIT) registered teacher. ESK is available to children who are at least three years old by 30 April in the year they are enrolled to attend the program and are:

- from a refugee or asylum seeker background, or
- Aboriginal and/or Torres Strait Islander, or
- the family have had contact with child protection.

These children can also access free or low cost year-before-school kindergarten through the ESK Extension Grant regardless of whether they have accessed ESK in the previous year.

Early Start Kindergarten extension grants: provides eligible children with 15 hours of free or low cost kindergarten each week led by a qualified VIT registered teacher. The ESK extension grants are available to children attending kindergarten in the year-before-school and are:

- not eligible for the Kindergarten Fee Subsidy
- from a refugee or asylum seeker background, or Aboriginal and/or Torres Strait Islander, or
- known to child protection.
- A child is not required to access ESK in the previous year to access the ESK extension grant.

Eligible child: as defined by the Victorian DE Kindergarten Funding Guide:

- a child who is at least four years old on 30 April in the year of attendance; enrolled for at least 15 hours per week or 600 hours per year in a Four-Year-Old Kindergarten; and not enrolled at a funded kindergarten program at another service
- a child who is at least three years old on 30 April in the year of attendance and is enrolled in a funded Three-Year-Old Kindergarten for a minimum of 5 hours per week
- any child that is enrolled in an early childhood and education and care service must have an AIR Immunisation History Statement that indicates that the child is fully vaccinated for their age or who qualifies for the 16-weeks grace period

Enrolment record: the collection of documents which contains information on each child as required under the National Regulations (Regulations 160, 161, 162) including but not limited to parent details; emergency contacts; authorised nominee; transportation authorisations, details of any court orders; and health information including immunisation status. Enrolment records are stored securely in the service due to their confidential nature.

Kindergarten registration form: The process of families providing initial information about their child to confirm their intention to enrol in kindergarten, administered by the CRES Provider (refer to Definition) or by the kindergarten service. This includes collection of basic contact information, kindergarten preferences and any other details that may inform prioritised allocation in kindergarten

Grace period: allows specific categories of children of families experiencing vulnerability and disadvantage to enrol and attend the service without an AIR Immunisation History Statement (refer to Definitions) or when the statement is assessed as not being up to date. Services complete the grace period eligibility form with families during enrolment and keep a copy with the child's enrolment record. The 16-week grace period starts on the first day of the child's attendance at the service. During the grace period, the service is required to take reasonable steps to obtain the AIR Immunisation History Statement (refer to Definitions) and to encourage families to access immunisation services.

Local Government Area (LGA): a geographic area governed by a local council or shire.

Priority of access: in instances where more eligible children apply for a place at a service than there are places available, the service must allocate places using the criteria outlined in the DE Kindergarten Funding Guide (refer to Attachment 1 and Sources).

Registration: The process of families and carers giving initial information about their child to confirm their intention to enrol in kindergarten, administered by the service provider/EYM/CRES Provider. This includes collection of basic contact information, kindergarten preferences and any other details that may inform prioritised allocation in kindergarten.

School Readiness Funding: funding provided by DE for programs and supports that builds the capacity of kindergarten services, educators and families to support children's learning and development outcomes.

Second year of funded four-year-old kindergarten: second year eligibility may be considered when a child shows delays in key outcomes of learning and development. An assessment is carried out for each child by an early childhood teacher in Term 4 (the year before the child is to attend school) when a second year is being considered.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Providing a free kindergarten program to children who turn four years of age by 30 April in the year they will attending, that is delivered by a qualified early childhood teacher, and offering at least: <ul style="list-style-type: none"> 15 hours per week for 40 weeks of the year, or 600 hours per year 	R				
Providing a free kindergarten program to children who turn three years of age by 30 April in the year they will attending, that is delivered by a qualified early childhood teacher and offering between 5 to 15 hours a week or 200 to 600 a year	R				
Applying the Priority of Access criteria to funded programs at Hume City Council Early Years Services as described in the Department of Educations (DE) Kindergarten Funding Guide (Attachment 1)	R	✓	✓		
Communicating to families the days and times the service will operate, planned closures (including public holidays and child-free days), details of any planned alternative sessions, and unplanned teacher absences or emergency situations	R				
Following the Priority of Access criteria to funded programs at any Hume City Council Early Years Service, as described in Department of Education's [DE] The Kindergarten Funding Guide (refer to Attachment 1)	R	✓	✓		
Communicating and providing advice to families regarding the best time to commence kindergarten for children born between January and April	✓	✓	✓		
Supporting inclusion and access through specific funding stream (for eligible families): <ul style="list-style-type: none"> Early Start Kindergarten (refer to Definitions) Early Start Kindergarten extension grants (refer to Definitions) Access to Early Learning (refer to Definitions) Second year of funded four-year-old kindergarten (refer to Definitions) 	R	✓	✓		
Supporting families whose children may be eligible for early entry to kindergarten or late entry to kindergarten and school exemption (refer to Attachment 2)	✓	✓	✓		
Providing communication to families explaining how they can only access one funded kindergarten program per child, per year.	R	✓			
Receiving written confirmation from families confirming they are attending one funded kindergarten program per child, per year	R	✓		✓	
Considering any barriers to access that may exist, developing procedures that ensure all eligible families are aware of, and are able to access kindergarten	R	✓	✓		
Working with the families to obtain an alternate form of identification if a birth certificate or other official documentation is not available	R	✓			
Complying with the Inclusion and Equity Policy	R	R	✓	✓	✓

Ensuring the collection of accurate, consistent and timely kindergarten data, to monitor and pro-actively manage capacity, utilisation of services and to meet School Readiness Funding requirements	R	R			
Ensuring families have access to: <ul style="list-style-type: none"> Family Handbook Child Safe Environment and Wellbeing Policy and/or Statement of Commitment to Child Safety Fees Policy Privacy Statement and Code of Conduct Policy Acceptance and Refusal of Authorisations Dealing with Medical Conditions Incident, Injury, Trauma and Illness Delivery and Collection of Children 	R	✓	✓		
Appointing a person to be responsible for the enrolment process and the day-to-day implementation of this policy (refer to Attachment 2)	R				
Responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process as required	✓	✓	✓		
Where applicable; considering access and inclusion for vulnerable children in the allocation of places at the service (refer to Attachment 1 and 2)	R	✓			
Where applicable, providing families with consistent and transparent communication on waitlist management processes (refer to Attachment 2)	R	✓			
Complying with the service's Privacy and Confidentiality Policy in relation to the collection and management of a child's enrolment information	R	R	R	✓	✓
Providing opportunities for interested families to attend the open days to observe the program and become familiar with the service prior to their child commencing in the program	✓	✓	✓		
Providing parents/guardians with information about the requirements of the law for enrolment, including obtaining the AIR Immunisation History Statement (refer to Definitions) and accessing immunisation services	R	✓	✓		
Assessing the child's immunisation documentation as defined by the Immunisation Enrolment Toolkit (refer to Sources) for early childhood education and care services prior to enrolment to determine if the child's vaccination status complies with requirements or whether the child is eligible for the 16-week grace period (refer to Definitions)	R	✓	✓		
Ensuring that only children whose AIR Immunisation History Statements (refer to Definitions) have been assessed as being acceptable or who are eligible for the grace period (refer to Definitions) have confirmed places in the program	R	✓	✓		
Taking reasonable steps to obtain an up-to-date AIR Immunisation History Statement (refer to Definitions) from a parent/guardian of a child enrolled under a grace period within 16 weeks from when the child begins attending (Note: the child can continue to attend the service if acceptable immunisation documentation is not obtained).	R	✓	✓		
Completing the enrolment record prior to their child's commencement at the service and providing all associated enrolment documents and AIR Immunisation History Statement (refer to Definitions) of their child's immunisation status				✓	
Where a child is eligible for the 16 weeks grace period, ensuring that the child's immunisations are updated in line with the schedule and providing an up-to-date AIR Immunisation History Statement (refer to Definitions) to the service				✓	
Ensuring all authorised nominees (refer to Definitions) have been completed on the enrolment record (refer to Definitions) (Regulations 160 and 161)	R	✓		✓	
Ensuring that the enrolment record (refer to Definitions) both digital and/or hard copy complies with the requirements of Regulations 160, 161, 162 and that it effectively meets the management requirements of the service	R	✓	✓		
Ensuring that enrolment record (refer to Definitions) is kept up to date if family circumstances change, and that services are made aware if they become eligible for additional funding as a result of changed circumstances	R	✓	✓	✓	✓
Ensuring that enrolment records (refer to Definitions) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183 (1a) (2d))	R	✓	✓		

Discussing the individual child's needs with parents/guardians and developing an orientation program to assist them to settle into the service. The service should take into consideration barriers parents/guardians may have in disclosing sensitive information including communication and information barriers and the development of trusting relationships.	R	✓	✓		
Reviewing the orientation processes for new families and children to ensure the objectives of this policy are met	R	✓	✓	✓	
Ensuring that parents/guardians of a child attending the service can enter the service premises at any time whilst the child is being educated and cared for (Regulation 157), except where this may pose a risk to the safety of children or staff, or conflict with any duty of the approved provider, nominated supervisor, early childhood teachers or educators under the National Law: Section 167	R	R	✓	✓	✓
Taking reasonable steps to contact non-attending families prior to the cancellation of their enrolment (refer to Attachment 4)	✓	✓	✓		
Reviewing enrolment applications to identify children with additional needs (refer to Definitions and the Inclusion and Equity Policy)	✓	✓	✓		
Encouraging parents/guardians to: <ul style="list-style-type: none"> stay with their child as long as required during the settling in period make contact with educators at the service, when required 	✓	✓	✓	✓	
Assisting parents/guardians to develop and maintain a routine for saying goodbye to their child	✓	✓	✓	✓	
Sharing information with parents/guardians concerning their child's progress with regard to settling into the service	✓	✓	✓	✓	
Discussing support services for children with parents/guardians, where required such as Pre School Field Officer, Early Intervention Programs, and Maternal Health Services	✓	✓	✓	✓	
Developing strategies to assist new families to: <ul style="list-style-type: none"> feel welcomed into the service become familiar with service policies and procedures share information about their family beliefs, values and culture and feel culturally safe share their understanding of their child's strengths, interests, abilities & needs value the voice of the child, ensuring they have opportunity to articulate their individual interests and needs discuss the values and expectations they hold in relation to their child's learning providing comfort and reassurance to children who are showing signs of distress when separating 	✓	✓	✓	✓	
Reading and complying with this Enrolment and Orientation Policy	R	R	R	✓	✓
Updating information by notifying the service of any changes as they occur, for example if the child or family becomes known to Child Protection				✓	
Notifying Hume City Council in writing [if possible] if they wish to cancel their enrolment.				✓	

Procedures

GENERAL ORIENTATION PROCEDURES

The time required for orientation and settling in will vary for each child and their family, therefore it is important to be flexible and individualise orientation for each family.

- Offer families the opportunity to visit the service at different times during the day/ session, this allows the child and their family to become familiar with the various routines of the service
- Providing reassurance to the family that they may stay with their child for as long as they choose during orientation and once the child commences
- Provide the family with suggestions for developing and maintaining a routine for saying goodbye to their child
- Reassure the family:
 - they can leave their child initially for a shorter day, gradually increasing the length of time
 - they may call and speak to their child's educator(s) at an agreed time
 - the educators will keep them informed on how their child is settling in
 - they will be informed about any changes or circumstances which may affect them or their child.
- Further considerations may include but are not limited to:
 - send an email during the day to update the family on their child including a photo of the child (if the child has settled in) (refer to the Information and Communication Technology Policy). Note: For children in out-of-home care, the educator may need to seek permission from Child Protection before taking and distributing photos of the child
 - asking the family how they have settled in and if they have any questions or concerns.

Refer to Attachment 2 for the general registration and enrolment procedures and Refer to Attachment 4 for cancellation of enrolment and non-attendance procedures.

Sources and Related Policies

Sources

Australian Childhood Immunisation Register: www.servicesaustralia.gov.au

Australian Government Department of Health and Aged Care, National Immunisation Program Schedule: www.health.gov.au

Department of Health and Human Services, Immunisation enrolment toolkit for early childhood education and care service: www2.health.vic.gov.au Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au

Related Policies

- ✓ Acceptance and Refusal of Authorisations
- ✓ Compliments and Complaints
- ✓ Dealing with Medical Conditions
- ✓ Fees Policy and Inclusion and Equity Policy
- ✓ Code of Conduct Policy
- ✓ Dealing with Infectious Diseases
- ✓ Delivery and Collection of Children
- ✓ Incident, Injury, Trauma and Illness
- ✓ Privacy and Confidentiality

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Eligibility and Priority of Access Criteria for 3 and 4 year old funded kindergarten programs

Attachment 2: General Kindergarten Registration and Enrolment Procedures

Attachment 3: Enrolment Form Requirements

Attachment 4: Cancellation of Enrolment and Non-Attendance

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Eligibility and Priority of Access Criteria

FOR A FUNDED THREE OR FOUR YEAR OLD KINDERGARTEN PROGRAM

The approved provider must notify all families of the priority of access (PoA) policy that applies when they enrol their child.

In instances where more eligible children apply for a place at a kindergarten service than there are places available, services must:

- prioritise children based on the Department of Education (DE) criteria listed in the table below
- work with other local kindergarten services and the regional DE office to ensure all eligible children have access to a kindergarten place.

These criteria must be used by the approved provider when prioritising enrolments. Guidance is available from the Department's regional offices if required. Service providers should build flexibility into their enrolment processes that consider the circumstances of families from priority groups.

If participating in a central registration and enrolment scheme, the CRES provider will allocate places in accordance with DE's PoA criteria, and other local criteria if applicable. Services must first apply the DE's PoA criteria, and following this may apply locally developed criteria, as per examples below. All information relating to PoA criteria should be respectfully collected from families upon enrolment, recorded in the child's confidential enrolment record and entered into the Kindergarten Information Management (KIM) system, where applicable.

The Department of Education's Priority of Access Criteria

High Priority Children	Criteria and Processes for Verifying Need(s)
Children at risk of abuse or neglect, including children in Out-of-Home Care	The child is: <ul style="list-style-type: none"> • eligible for ESK or AEL, and/or • family, carer or legal guardian identifies the child as known to Child Protection or in out-of-home care, and/or • referred by one of the following: <ul style="list-style-type: none"> • Child Protection • Child & family services (family services referral & support team, Child FIRST/integrated family services/Services Connect case worker) • Maternal and Child Health nurse • out-of-home care provider.
Aboriginal and/or Torres Strait Islander children	As part of the enrolment process, service providers must respectfully ask families 'is your child Aboriginal and/or Torres Strait Islander?' & record this information in KIMS
Asylum seeker and refugee children	Child or family holds a visa or supporting documentation and information, including an ImmiCard, identifying the child and/or parents, carers or legal guardians as a refugee or asylum seeker and/or referred as a refugee or asylum seeker by a CALD outreach worker.
Children eligible for the Kindergarten Fee Subsidy	A child or parent holds a Commonwealth Health Care Card, Pensioner Concession Card, Veteran's Affairs Card, or the child is identified on their birth certificate as one of a set of triplets, quadruplets or more.
Children with additional needs, defined as children who: <ul style="list-style-type: none"> • require additional assistance in order to fully participate in the kindergarten program • require a combination of services which are individually planned • have an identified specific disability or developmental delay 	The child: <ul style="list-style-type: none"> • holds a Child Disability Health Care Card, and/or • has previously been approved for Kindergarten Inclusion Support (KIS) program, and/or • has been referred by: <ul style="list-style-type: none"> • the National Disability Insurance Scheme • Early Childhood Intervention Services • Preschool Field Officer • Maternal and Child Health Nurse, or • is assessed as having delays in 2 or more areas and is declared eligible for a second year of funded four year old kindergarten

Examples to Consider for Second Priority

- children who turn four years of age by 30 April in the year they will attend kindergarten; or
- children who turn three years of age* by 30 April in the year they will attend kindergarten
- children turning six years of age at kindergarten who have been granted an exemption from school-entry age requirements by the regional office of DE
- children who have a sibling that has previously attended the same kindergarten as their first preference
- home address falls within the same suburb as the kindergarten
- family lives, works, studies or attends child care in Hume City

Examples to Consider for Third Priority

- service for transient families e.g. RAAF, seasonal workers and tourism workers
- date of application
- local community zoning

Note: DE's PoA guidelines are to ensure that kindergarten programs are available to those children who stand to benefit the most from attending early education. In mixed age groups, PoA guideline will equally prioritise three and four-year-old children that are considered high priority. Where programs for three- and four-year old children are provided separately, the PoA criteria will be applied separately for each age cohort.

*Early Start Kindergarten and Three Year Old Kindergarten

During the roll-out of Three-Year-Old Kindergarten, Early Start Kindergarten (ESK) (refer to Definitions) will continue to provide 15 hours a week of funded kindergarten for all eligible children up until 2029, when three-year-old children across the state will have access to 15 hours.

It is important to continue to enrol eligible children in ESK, even if funded Three-Year-Old Kindergarten is available at the service.

The Kindergarten Funding Guide 2023 states for ESK funding, service providers should:

- provide up to 15 hours in a kindergarten program free of charge and maximise access to 15 hours of kindergarten (children accessing ESK can be enrolled in a 3-year-old group, a 4-year-old group, a mixed age group or a combination of groups in order to access the full 15 hours per week)

This guarantees that children experiencing vulnerability will continue to be enrolled in the full 15 hours of kindergarten in all service settings, including long day care. It also ensures that service providers can continue to receive all funding entitlements. Service providers are expected to continue to provide the full 15 hours funded through Early Start Kindergarten, even in instances where three-year-old groups are being offered fewer than 15 hours.

ESK is available to children who turn three years of age by 30 April in the year of enrolment and who:

- are Aboriginal and/or Torres Strait Islander
- have had contact with Child Protection
- have a refugee or asylum seeker background*

*Children/families without a current refugee visa or ImmiCard who have a recent refugee experience may be eligible by exception for Early Start Kindergarten, for more information contact your local Department of Education and office. Refer to the Department of Education's website for up-to-date information: www.education.vic.gov.au

ATTACHMENT 2

General Kindergarten Registration and Enrolment Procedures

KINDERGARTEN REGISTRATION PROCESS

Stage	CRES Role	Family Role	Kindergarten Role
Proactive engagement and awareness	Ensures families are aware of the importance of ECEC, the CRES and available assistance to help them engage with the CRES.	Searches for information about ECEC and CRES. Receives information from a service provider, MCH staff or support service they have contact with.	Communicates information about ECEC and CRES to families
Registration	Obtains information about children to initiate the process of allocating places.	Completes a registration form.	Supports families to complete registration forms if they find it difficult, or refers them directly to the CRES Provider.
Allocation	Equitably allocates kindergarten places and optimise the supply and demand of places.	Receives an update on the progress of their registration.	
Confirmation and Communication	Clearly communicates with families and carers to confirm their allocated place and inform service providers of their enrolment list.	Accepts their offer of place or rejects the offer and goes on a waiting list.	Supports families to understand what an offer means and what they need to do next.
CRES Planning, maintenance and development	Plans for success every year by evaluating and improving the CRES.	Begins to engage with the service provider to start the enrolment process.	Supports families to enrol and begin kindergarten.

* If the kindergarten believes a family will need extra support completing a registration form or are likely to miss the first round registration date, refer them to the Hume City Council who will follow up with this family or carer to offer support in getting their children into kindergarten.

Kindergarten registration dates

If families miss the registration close deadline, they can still register although they will be placed into a pool for second-round (or even later rounds) of allocation and are less likely to get their top preference. After second round offers have been confirmed, Hume City Council will continue to allocate children to kindergarten places where they are available. More places may become available as children move kindergartens or withdraw, or when kindergartens add capacity.

Date	Activity
March 1	Registrations Open
June 30	Registrations Close*
Early August	First Round of Offers
Mid August	Acceptance of First Round Offers Due
Late August	Second Round of Offers
Early September	Acceptance of Second Round of Offers Due
Mid September and Ongoing	Subsequent Offers on an Individual Basis

*Registrations will still be accepted after 30 June, but registrations received prior will be allocated first. Children eligible for Priority of Access will be prioritised regardless of when registration is received.

Registration

The quickest way to complete a registration form is online at <https://forms.enrolnow.com.au/222617435828966>. A separate registration form must be completed for each child.

Families cannot register directly with the kindergarten that are part of the CRES, they must go through the centralised registration process. Kindergarten's can direct families to register through Hume City Council and assist them to complete the registration.

To fill out the registration form, families will need to provide information about themselves and their child. At this stage they do not need to attach any supporting documentation.

The registration form asks families for:

- Basic information about the child including name, date of birth, language spoken at home and immunisation status.
- Details of any additional support the child might require due to a disability including intellectual, sensory or physical impairment.
- Contact details for the family or carer and any additional adults that should be kept informed throughout the process (e.g. another family member, a case worker or other support service staff member the family or carer trusts).
- Whether the child is identified as fulfilling any of the following criteria:
 - Is Aboriginal or Torres Strait Islander
 - Is from a multiple birth (triplet or greater)
 - Is known to Child Protection
 - Is in Out-Of-Home Care
 - Holds, or has a family member who holds, a Commonwealth Health Care Card, Commonwealth Pensioner Concession Card, Department of Veteran's Affairs Gold Card or White Card, or a Refugee or Asylum Seeker Visa.
- other local criteria

It is strongly recommended that you do not collect documents proving the child's birth date, address, visa status, concession card status or similar at the registration stage. A statement at the end of the registration form that certifies the information provided is true can suffice as a legal declaration.

This will make accessing kindergarten as easy as possible for families, particularly those who are experiencing vulnerability or disadvantage. Gathering documentation can be a barrier for many families and carers attempting or completing the form and establishing contact with the CRES. Once registered, the CRES Provider, the kindergarten service, MCH or support service staff can assist the family or carer to gather documentation for the enrolment stage.

Enrolment

Once a kindergarten place has been accepted, the enrolment process can begin.

To enrol a child, families will need to provide copies of:

- Proof of identity: child's birth certificate, birth notice or passport
- Proof of residence: a utilities bill, rental agreement or rates notice with your family name and address (this must be the main residence of your child).
- Concession cards and immigration visas (where applicable).
- Documents from Family Support Services or a Maternal and Child Health nurse confirming high support needs and/or disability or letter from a doctor for complex medical needs (where applicable).
- Immunisation History Statement (unless experiencing vulnerability or disadvantage, at which point they can take advantage of a 16-week 'grace period'. More information is available at <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>
- Documents detailing any medical conditions or requirements the child has.

* Where a birth certificate cannot be produced, other acceptable evidence of a child's full name and date of birth includes:

- statement from the Australian Immunisation Register (AIR)
- Medicare card
- letter from the doctor or midwife who attended the birth
- doctor's note attesting to a child's age
- passport
- citizenship documents or Australia visa documents or Immicard.

Kindergartens may also require additional documentation. The kindergarten should ensure that information regarding any additional documentation is easily accessible for families, carers and support services.

Enrolment Records

Enrolment records (refer to Definitions) form part of the enrolment procedure and are completed by families after they have been allocated a place, and before commencing attendance. An example enrolment form can be found on the DE website: www.education.vic.gov.au.

Cancellations

Families to notify Hume City Council Early Years Services in writing of their intention to leave the service.

Second Year of Funded Four Year Old Kindergarten

- All children in Three-Year-Old Kindergarten will be expected to transition to Four-Year-Old Kindergarten in the following year. A funded second year of kindergarten will only be available for children in the Four-Year-Old Kindergarten program who meet the criteria.
- Families of children who have been determined as eligible for a second year must complete and submit a kindergarten registration form for a second year, signed and dated by the early childhood teacher.
- It will be weighted with the relevant points and allocated accordingly.
- A Declaration of Eligibility Form for a second year of kindergarten must be completed and submitted to the relevant funding authority.

Early entry to Four Year Old Kindergarten

- Early entry to Four Year Old Kindergarten may be appropriate for some gifted children where families are seeking an early entry to school for their child (i.e., the child will not be 5 years of age before 30 April in the year of school commencement)
- Early entry to school is approved only when exceptional circumstances apply and is subject to an application process and rigorous eligibility criteria. It is important to note that most children who enrol early in 4 Year Old Kindergarten are not approved for early entry into school because they did not meet the eligibility criteria.
- The decision regarding early entry should be discussed with parents/guardians and consider the following:
 - Children are not guaranteed early school entry as a result of being enrolled to attend kindergarten early
 - To start school early, the child must possess suitable academic ability as evidenced by a formal cognitive assessment, and be considered at risk of long-term educational disadvantage if early entry to school

Children Older than the Eligible Preschool Age

- Children who will turn six during the kindergarten year must apply for an exemption from school from the relevant their local ECIB that their child is seeking an exemption from school by submitting an Exemption from school due to attendance in kindergarten program form to the appropriate departmental regional office by 1 November in the year prior to the child turning 6.
- The kindergarten service must sight the approved exemption form from relevant education authority and note that it has been sighted on the child's enrolment record. Data on the number of children attending Kindergarten who are six years plus, and confirmation that the exemption was sighted for each child, must be provided as part of funding data collection process.
- Children who will turn 6 while attending their second year of Four-Year-Old Kindergarten can be exempted from school if a Declaration of eligibility for a second year of funded kindergarten has been completed by the child's kindergarten teacher.

Withdrawal

Some children who have commenced Kindergarten may benefit from withdrawing from the program, in order to access Kindergarten in the following year.

- A withdrawal can occur without any impact on government funding for that child's place the following year, only if it is implemented before the first funding data collection that occurs in, or early March each year.

Adapted from the Kindergarten Funding Guide, 2023

ATTACHMENT 3

Enrolment Form Requirements

The approved provider must ensure that an enrolment record (refer to Definitions) is kept for each child enrolled at all Hume City Council Early Years Services. Regulations 160, 161, 162 outlines the enrolment record requirements for services under the Education and Care Services National Law Act 2010 (National Law), the Education and Care Services National Regulations 2011 (National Regulations).

The approved provider must keep enrolment records available for inspection by an authorised officer (National Law: Section 175). An approved provider must also take reasonable steps to ensure the enrolment records are:

- accurate
- made available to the parents of the child upon request unless otherwise required by a court order (Regulations 177 and 178).

Information that **must** be included in enrolment record:

- Full name, date of birth and address of the child
- The name, address and contact details of:
 - each known parent of the child
 - any emergency contact
 - any authorised nominee
 - any person authorised to consent to medical treatment or administration of medication
 - any person authorised to give permission to the educator to take the child off the premises
- Details of any court orders, parenting orders or parenting plans
 - Gender of the child
 - Language used in the child's home
 - Cultural background of the child and their parents
 - Any special considerations for the child, such as cultural, dietary or religious requirements or additional needs
- Authorisations for:
 - the approved provider, nominated supervisor or an educator to seek medical treatment and/or ambulance transportation for the child
 - the service to take the child on regular outings
 - for regular transportation of the child

- any person who is authorised to authorise the education and care service transport the child or arrange transportation of the child
- Name, address and telephone number of the child's registered medical practitioner or medical service
- Medicare number (if available)
- Details of any specific healthcare needs of the child, including any medical conditions, allergies, or diagnosis that the child is at risk of anaphylaxis
- Any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- Dietary restrictions
- Immunisation status (In Victoria, AIR Immunisation History Statement, as required under the Public Health and Wellbeing Act 2019)

ATTACHMENT 4

Cancellation of Enrolment and Non-Attendance

FOR FUNDED KINDERGARTEN

Cancellation of Enrolment

Families MUST notify Hume City Council's Enrolment Officer in writing of their intention to cancel their child's enrolment.

Note: This process does not apply to vulnerable children (refer to Definitions). Children and families that are experiencing vulnerability are to be supported according to their individual needs. Where children/families are linked to Child Protection and not attending; early childhood teacher or educator will need to inform their Case Officer.

Non-attendance

Term One

- Families that have accepted a placement and have not completed an enrolment form and not attended the service within the first 3 weeks of Term One will be contacted and informed their placement has been cancelled.

Families Traveling Overseas

- Families are required to notify Hume City Council prior to extended periods of travel, and ensure any applicable fees are paid if they wish to return to the service.

Non-contactable Families

- After two/three weeks of a child not attending the service, early childhood teacher or educator to call the family. If there is no response, educator to log this attempt and place in the child's file.
- After second week of the child not attending and the family has made no attempts to contact the service, early childhood teacher or educator to contact the family via phone/text and/or email. If there is no response, Educator to log this attempt and place in the child's file.
- After third week of non-attendance, early childhood teacher or educator to inform nominated supervisor and cross check families contact details.
- Nominated supervisor or approved provider to email family, ensuring a response date is documented in the email.
- If the family have made no attempt to communicate with the service before the response date, post a final attempt letter, ensuring a response date is documented in the letter.
- If the family has not responded to the final attempt letter before the response date, their placement will be cancelled.

Compliments and Complaints

Quality Area 7

Purpose

This policy will provide guidelines for:

- receiving and dealing with compliments and complaints at Hume City Council Early Years Services
- procedures to be followed in investigating complaints and grievances.

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

Policy Statement

Values

Hume City Council is committed to:

- providing an environment of mutual respect and open communication
- complying with all legislative and statutory requirements
- dealing with disputes, complaints and complainants with fairness and equity
- establishing mechanisms respond to complaints in a timely way
- treating information in relation to complaints with sensitivity

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, early childhood teachers (ECT), educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council including during offsite excursions and activities.

Background and Legislation

Background

Compliments are expressions of praise, encouragement or gratitude about service, staff, management and program. Compliments provide valuable feedback about the level of satisfaction with service delivery and are a valuable indicator of the effectiveness of a service. Compliments impart useful insights about the aspects of service that are most meaningful to children, families and stakeholders, and provide an opportunity to recognise the efforts of staff, foster a culture of excellence and boost morale.

Complaints may be received from anyone who comes in contact with Hume City Council Early Years Services including parents/guardians, volunteers, students, members of the local community and other agencies.

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

When a complaint or grievance has been assessed as 'notifiable', the Approved Provider must notify Department of Education (DE) of the complaint or grievance. The Approved Provider will investigate the complaint or grievance and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DE.

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

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

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010: Section 174(2)(b)
- Education and Care Services National Regulations 2011: Regulations 168(2)(o) and 176(2)(b)
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 7: Governance and Leadership
- Privacy Act 1988 (Cth)
- Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)
- Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013(Cth)

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

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

Definitions

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

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

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

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

Compliment: a compliment is an expression of praise, encouragement or gratitude. It may relate to an individual staff member, a team, the program or the service.

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

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

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

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Being familiar with the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011, service policies, constitution, and procedures	R	✓	✓	✓	✓
Acknowledge compliments and thank the party for their interest and feedback	✓	✓			
Save compliments and sharing with relevant parties	✓	✓			
Ensuring that compliments and complaints are monitored and used to continually improve the quality of the service	R	✓			
Identifying, preventing and addressing potential concerns before they become formal complaint	R	✓	✓		✓
Ensuring that the name and telephone number of the responsible person (refer to Staffing Policy) to whom complaints may be addressed are displayed prominently at the main entrance of the service (National Law: Section 172, Regulation173(2)b))	R	✓			
Ensuring that the address and telephone number of the Authorised Officer at the DE regional office are displayed prominently at the main entrance of the service (Regulation 173(2)(e))	R	✓			
Advising parents/guardians and any other new members of Hume City Council Early Years Services of the Compliments and Complaints policy and procedures upon enrolment	R	✓			
Ensuring the complaints processes is child focused, understood broadly (including by children, their families, staff and volunteers), culturally safe and compliant with privacy laws, reporting obligations and employment law	R	✓			
Ensuring that the management of a complaint that alleges a child is exhibiting harmful sexual behaviours is child focused, culturally safe and compliant with privacy laws, reporting obligations and employment law	R	✓			
Ensuring that children have access to age appropriate information, support and complaints processes in ways that are culturally safe, accessible and easy to understand	R	✓	✓		✓
Ensuring that this policy is available for inspection at the service at all times (Regulation 171)	R	✓			
Being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers	R	✓			
Responding to all complaints in the most appropriate manner and at the earliest opportunity	R	✓	✓		✓
Treating all complainants fairly and equitably	R	✓	✓		
Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)	R	✓	✓	✓	
Communicating (preferably in writing) any concerns or compliments relating to the management or operation of the service as soon as is practicable		✓	✓	✓	✓

Providing a Complaints Register (refer to Definitions) and ensuring that staff record complaints along with outcomes	R	✓			
Providing information as requested by the approved provider e.g. written reports relating to the complaint		✓	✓	✓	✓
Notifying the approved provider if the complaint is a notifiable complaint (refer to Definitions) or is unable to be resolved appropriately in a timely manner		✓	✓	✓	✓
Complying with the service's Privacy and Confidentiality Policy at all times (Regulations 181, 183)	R	✓	✓	✓	✓
Referring notifiable complaints (refer to Definitions), or complaints that are unable to be resolved appropriately and in a timely manner to the Complaints Subcommittee/investigator	✓	✓			
Co-operating with requests to meet with the Complaints Subcommittee and/or provide relevant information when requested in relation to complaints	✓	✓	✓	✓	✓
Informing DE in writing within 24 hours of any complaints alleging that a serious incident (refer to Definitions) has occurred at the service or that the Education and Care Services National Law has been breached (National Law: Section 174, Regulation 176(2)(b))	R	✓			
Working co-operatively with the approved provider and DE in any investigations related to complaints about Hume City Council Early Years Services, its programs or staff.	✓	✓	✓	✓	✓
Receiving recommendations from the Complaints Subcommittee/investigator and taking appropriate action	✓	✓			
Analysing complaints, concerns and safety incidents to identify causes and systemic failures to inform continuous improvement	✓	✓			
Maintaining professionalism and integrity at all times (refer to Code of Conduct policy)	✓	✓	✓		✓

Sources and Related Policies

Sources

ACECQA: www.acecqa.gov.au

Commonwealth Ombudsman – Better practice complaint handling guide: www.ombudsman.gov.au/publications/better-practice-guides

Department of Education (DE) – Regional Office details are available under 'The Department': www.education.vic.gov.au

ELAA Early Childhood Management Manual: www.elaa.org.au

Kindergarten Funding Guide: www.education.vic.gov.au

Victorian Ombudsman – Complaints: Good Practice Guide for Public Sector Agencies September 2016: <https://assets.ombudsman.vic.gov.au/assets/Best-Practice-Guides/Complaints-Good-Practice-Guide-for-Public-Sector-Agencies.pdf?mtime=20191217165914>

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Enrolment and Orientation (LDC and Kindergarten)
- ✓ Incident, Injury, Trauma and Illness
- ✓ Interactions with Children
- ✓ Staffing
- ✓ Supervision of Children
- ✓ Code of Conduct
- ✓ Fees
- ✓ Inclusion and Equity
- ✓ Privacy and Confidentiality
- ✓ Staff Grievance and Dispute Resolutions

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor complaints as recorded in the Complaints Register to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Nil.

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

Fees - Long Day Care

Quality Area 7

Purpose

This policy provides a clear set of guidelines for:

- the setting, payment and collection of fees for Long Day Care Services
- ensuring the viability of Hume City Council Early Years Services, by setting appropriate fees and charges
- the equitable and non-discriminatory application of fees across the programs provided by Hume City Council Early Years Services.

Policy Statement

Values

Hume City Council is committed to:

- providing responsible financial management of the service, including establishing fees that will result in a financially viable service, while keeping user fees at the lowest possible level
- providing a fair and manageable system for dealing with non-payment and/or inability to pay fees/outstanding debts
- maintaining confidentiality in relation to the financial circumstances of parents/guardians
- advising users of the service about program government funding and fees to be paid by parents/guardians

Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, and parents/guardians attending the programs and activities of Hume City Council.

Background and Legislation

Background

Regulation 168(2) (n) of Education and Care Services National Regulations 2011 requires that Early Childhood Education and Care services have a comprehensive written fees policy, and the content of this policy must be communicated to families. The policy must include a written statement about the fees to be charged and the payment process. All families must be informed of applicable fees at the time of enrolment.

Australian families receive help with the cost of child care through the Child Care Subsidy (CCS). The Australian Government, through the Department of Education (DE) and Services Australia, administers the Child Care Subsidy (CCS). Providers must be approved by the department to receive CCS. DE is responsible for the legislation that underpins CCS. This legislation is called Family Assistance Law (FAL). All providers that receive CCS must follow the rules under FAL. DE monitors providers' compliance with FAL.

The Australian Government subsidises the cost of child care. State and territory governments are responsible for the health, safety, wellbeing and educational outcomes of children. The Australian Government considers that immunisation is an important health measure for children and their families, as it is the safest and most effective way of providing protection against harmful and often deadly diseases. To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the standard vaccination schedule, be on an eligible catch-up vaccination schedule or have an approved exemption from being immunised.

CCS is paid directly to approved providers and passed on to families as a fee reduction.

Additional Child Care Subsidy provides additional fee assistance to support vulnerable or disadvantaged families and children. This support recognises the preventative and protective influence of quality child care on a child's health, wellbeing and development; and the importance of continuity of care.

There are four different payments under Additional Child Care Subsidy:

- Additional Child Care Subsidy (Child Wellbeing) - to help children who are at risk of serious abuse or neglect.
- Additional Child Care Subsidy (Grandparent) - to help grandparents on income support who are the principal caregiver of their grandchildren.
- Additional Child Care Subsidy (Temporary Financial Hardship) - to help families experiencing financial hardship.
- Additional Child Care Subsidy (Transition to Work) - to help low-income families transitioning from income support to work.

The Inclusion Support program is designed to assist early childhood education and care services to include children with additional needs by providing support, in the form of practical and tailored advice and strategies on effective inclusive practice, from contracted Inclusion Agencies as well as funding to address more challenging inclusion barriers. The Community Child Care Fund is designed to help eligible child care providers address barriers to child care participation, particularly in disadvantaged communities, including indigenous communities.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- A New Tax System (Family Assistance) Act 1999
- A New Tax System (Family Assistance) (Administration) Act 1999
- Charter of Human Rights and Responsibilities 2006 (Vic)
- Child Care Subsidy Minister's Rules 2017
- Child Care Subsidy Secretary's Rules 2017
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulation 168(2)(n)
- Equal Opportunity Act 1995 (Vic)
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017
- National Quality Standard, including Quality Area 7: Governance and Leadership

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

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

Definitions

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

Centrelink: The agency that delivers payments and services to parents/guardians on behalf of the Australian Government

Child Care Safety Net: Targeted assistance to vulnerable and at-risk children and their families, as well as support child care services in disadvantaged communities to address barriers in accessing child care.

The Child Care Safety Net has three components:

- Additional Child Care Subsidy
- Community Child Care Fund
- Inclusion Support Program

Child Care Subsidy (CCS): A Commonwealth Government means tested subsidy to assist eligible parents/guardians with the cost of child care. Payments are paid directly to approved child care providers. Further information can be found at: www.dese.gov.au/child-care-subsidy

Excursion/service event charge: An additional charge required to meet the cost of special events or excursions that occur in response to emerging children's program needs. Events that are planned ahead and are included as an expenditure item in the service's budget do not incur this additional charge (Excursions and Service Events Policy).

Fees: A charge for a place within a program at the service.

Late collection fee: A charge that may be imposed by the approved provider when parents/guardians are late to collect their child/children from the program (refer to Attachment 1)

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring policies and procedures are in place for payment of fees and provision of a statement of fees charged by the service (Regulation 168), and take reasonable steps to ensure those policies and procedures are followed (Regulation 170)	R	✓			
Reviewing the current budget to determine fee income requirements	R	✓			
Developing a fee policy that balances the parent's/guardian's capacity to pay, with providing a high-quality program and maintaining service viability	R	✓			
Implementing and reviewing this policy in consultation with parents/guardians, the nominated supervisor and staff, and in line with the requirements of the Commonwealth Governments Child Care Subsidy and Additional Child Care Subsidy (refer to Sources)	R	✓			
Reviewing effectiveness of the procedures for late payment and support offered	R	✓			
Considering options for payment when affordability is an issue for families	R	✓			
Clearly communicating this policy and payment options to families in a culturally-sensitive way, and where possible in the family's first language	R	✓			
Ensuring that the Fees Policy is readily accessible at the service (Regulation 171)	R	✓			
Providing all parents/guardians with fee information (refer to Attachment 1)	R	✓			
Providing all parents/guardians with a statement of fees and charges upon enrolment of their child/ren	R	✓			
Ensuring fees are collected and receipted	R	✓			
Collecting all relevant information and maintaining relevant documentation regarding those with entitlement to concessions, where applicable	R	✓		✓	
Complying with the service's Privacy and Confidentiality Policy regarding financial and other information received, including in relation to the payment/non-payment of fees	R	✓			
Notifying parents/guardians a minimum of 14 days before any proposed changes that will affect the fees charged or the way in which fees are collected. (Regulation 172(2))	R	✓			
Addressing any complaints or concerns that have been raised regarding fees at the service in a timely manner	R	✓			
Reading the Hume City Council Early Years Services Fee information for families (refer to Attachment 1)				✓	
Notifying the approved provider if they are experiencing difficulties with the payment of fees				✓	

Sources and Related Policies

Sources

Department of Education: Child Care Subsidy (CCS): www.education.gov.au/early-childhood/child-care-subsidy

The Child Care Provider Handbook: www.education.gov.au/early-childhood/resources/child-care-provider-handbook

Related Policies

- ✓ Compliments and Complaints
- ✓ Enrolment and Orientation
- ✓ Inclusion and Equity
- ✓ Delivery and Collection of Children
- ✓ Excursions and Service Events
- ✓ Privacy and Confidentiality

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to affordability, flexibility of payment options and procedures for the collection of fees
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor the number of families/children excluded from the service because of their inability to pay fees
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2))

Attachments

Attachment 1: Fee Information for Families

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Fee Information for Families

GENERAL INFORMATION

Hume City Council Early Years Services abides by the Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017 (refer to Legislation and standards). The Child Care Subsidy helps by assisting families with their child care fees and provides greater assistance to low and middle-income families. The Child Care Safety Net provides families and services extra support if they are vulnerable and disadvantaged or located in a regional or remote community.

HOW FEES ARE SET

As part of the budget development process, Hume City Council Early Years Services sets fees each year for the programs of the service, taking into consideration:

- the financial viability of the service
- the level of government funding provided
- the availability of other income sources, such as grants
- the fees charged by similar services in the area
- the capacity of parents/guardians to pay fees
- reasonable expenditure in meeting agreed program quality and standards
- requirements of Child Care Subsidy: www.education.gov.au

Once fees are set for the year, they will only be reviewed in extraordinary circumstances, for example, if enrolments drop and the service is at risk of not being able to meet its expenses.

OTHER CHARGES

Other charges levied by Hume City Council Early Years Services are included on an invoice which is provided to families for payment. Other charges include:

- Late collection fee: Hume City Council reserves the right to implement a late collection charge when parents/guardians are frequently late in collecting a child from the service. This charge will be set at a level determined by Council.

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy (CCS) is an Australian Government subsidy that can assist eligible families with the costs of childcare at an approved child care provider. Hume City Council is an approved care provider.

Approved child care are providers that meet certain standards and requirements, and are approved by the Australian Government. Approved child care providers must:

- hold the required approvals or licences to provide child care in the state or territory that the service/s operate in
- ensure the provider and any individual who is or will be a Person with Management or Control of the Provider is fit and a proper person to administer the CCS (requirements set out in Section 194E of A New Tax System (Family Assistance) Act 1999.
- be financially viable and is likely to remain so
- ensure that required fit and proper checks are carried out for each Person with Management or Control of the Provider and Persons with Responsibility for Day-to-Day Operation of the Service

The amount payable is determined by the circumstances of the applicant's including the family income, the hourly rate cap and the hours of activity undertaken by the parents. Further information for parents can be found here: <https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>.

Exclusions and exceptions: Not available for providers that primarily provide an early educational program to children in the year that is two years before grade one of school (three or four year old kindergarten).

PAYMENT OF FEES

Hume City Council will regularly review payment options and procedures to ensure that they are inclusive and sensitive to families' cultural and financial situations.

Fees will be charged on a fortnightly basis. Invoices will show any childcare subsidy payments made by the Commonwealth Government and the remaining gap fee is to be paid by parents/carers within as indicated on the invoice. Families are expected to pay the gap fee shown on the invoice and not allow fees to fall into arrears.

Parents/guardians experiencing difficulty in paying fees are requested to contact the [responsible person] to arrange a suitable alternative payment plan. The Privacy and Confidentiality Policy of the service will be complied with at all times in relation to a family's financial/personal circumstances.

CANCELLATION OF BOOKING

Families are asked to provide 2 weeks' notice of the cancellation of a booking. Fees will continue to apply for the notice period unless cancellation of booking is due to an illness and a medical certificate is provided.

UNPAID FEES

If fees are not paid by the due date, the following steps will be taken:

- An initial reminder notification will be sent to parents/guardians with a specified payment date and will include information on a range of support options available for the family.
- Where payment is still not received, parents may discuss the range of support options available and establish a payment plan.
- Failure to discuss alternative options and continued non-payment may result in a second and final notification notifying parents/guardians that the child's place at the service may be withdrawn unless payment is made or a payment plan is entered into within a specified period of time. This letter will also include information on a range of support options available for the family.
- Hume City Council will continue to offer support and will reserve the right to employ the services of a debt collector.
- If a decision is made to withdraw the child's place at the service, the parents/guardians will be provided with adequate notice in writing.
- No further enrolments of children from the parents/guardians will be accepted until all outstanding fees have been paid.

REFUND OF FEES

Fees are non-refundable (exceptional circumstances may apply – these are at the discretion of the Manager, Family, Youth and Children). There will be no refund of fees in the following circumstances:

- a child's short-term illness
- public holidays
- family holiday during operational times
- closure of the service for one or more days when a qualified educator is absent and a qualified reliever is not available
- closure of the service for staff training days
- closure of the service due to extreme and unavoidable circumstances.

In addition, there will be no refund where a family chooses not to send their child to the program for the maximum number of hours for which they are enrolled.

SUPPORT SERVICES

Families experiencing financial hardship often require access to family support services. Information on these services may be available from the Long Day Care service or alternatively families may contact the local council.

NOTIFICATION OF FEE CHANGES DURING THE YEAR

Fees set for the year would only be reviewed in extraordinary circumstances. Parents/guardians will be notified in advance of any required fee increase and will be offered the option to request a payment plan.

Information and Communication Technology

Quality Area 7

This policy aligns and compliments Hume City Council's Information Security Policy Framework and the Information Security Management Policy and should be read in conjunction with this policy.

Purpose

This policy will provide guidelines to ensure that all users of information and communication technology (ICT) at Hume City Council Early Years Services or on behalf of Hume City Council Early Years Services:

- understand and follow procedures to ensure the safe and appropriate use of ICT, including maintaining secure storage of information
- take responsibility to protect and maintain privacy in accordance with the service's Privacy and Confidentiality Policy
- are aware that only those persons authorised by the approved provider are permitted to access ICT at the service
- understand what constitutes illegal and inappropriate use of ICT facilities and avoid such activities.
- understand and follow professional use of interactive ICT platforms, such as social media (refer to Definitions) and other information sharing platforms (refer to Definitions).

Policy Statement

Values

Hume City Council is committed to:

- professional, ethical and responsible use ICT at the service
- providing a safe workplace for management, educators, staff and others using the service's ICT facilities and information sharing platforms
- safeguarding the privacy and confidentiality of information received, transmitted or stored electronically
- ensuring that the use of the service's ICT facilities complies with all service policies and relevant government legislation
- providing management, educators and staff with online information, resources and communication tools to support the effective operation of the service.

Scope

This policy applies to the approved provider or persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students and volunteers at Hume City Council Early Years Services.

This policy does not apply to children.

This policy applies to all aspects of the use of ICT including:

- desktop top computers, laptops/notebooks, tablets, iPads, smartphones
- copying, saving or distributing files
- electronic bulletins/notice boards
- electronic discussion/news groups
- electronic mail (email)
- file sharing
- file storage (including the use of end point data storage devices – refer to Definitions)
- file transfer
- instant messaging
- internet usage
- online discussion groups and chat facilities
- portable communication devices including mobile and cordless phones.
- printing material
- social media (refer to Definitions)
- streaming media
- subscriptions to list servers, mailing lists or other like services
- video conferencing
- viewing material electronically
- weblogs (blogs)

Background and Legislation

Background

The ICT environment is continually changing. Early childhood services now have access to a wide variety of technologies via fixed, wireless and mobile devices. While ICT is a cost-effective, timely and efficient tool for research, communication and management of a service, there are also legal responsibilities in relation to information privacy, security and the protection of employees, families and children.

State and federal laws, including those governing information privacy, copyright, occupational health and safety, anti-discrimination and sexual harassment, apply to the use of ICT (refer to Legislation and standards). Illegal and inappropriate use of ICT resources includes pornography, fraud, defamation, breach of copyright, unlawful discrimination or vilification, harassment (including sexual harassment, stalking and privacy violations) and illegal activity, including illegal peer-to-peer file sharing.

The Victorian Government funds the State Library Victoria to provide IT support to kindergarten cluster managers and community based kindergarten services that operate funded kindergarten programs. Through the Kindergarten IT program, the State Library Victoria provides the following services to eligible organisations:

- Internet connectivity for kindergartens (data connection only)
- Twenty email addresses per kindergarten
- User support for general computer and Microsoft software enquiries
- Web hosting options
- Coordinated IT Training for eligible services including privacy and cyber safety training
- Providing advice for kindergartens purchasing new computers with the option to supply and install (kindergartens meet the purchase and installation costs)
- Repair of computer hardware that was provided by the Department of Education through the Kindergarten IT Project roll-out

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Broadcasting Services Act 1992 (Cth)
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Crimes Act 1958 (Vic)
- Classification (Publications, Films and Computer Games) Act 1995
- Commonwealth Classification (Publication, Films and Computer Games) Act 1995
- Competition and Consumer Act 2010 (Cth)
- Copyright Act 1968 (Cth)
- Copyright Amendment Act 2006 (Cth)
- Cybercrime Act 2001 (Cth)

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- Freedom of Information Act 1982
- Health Records Act 2001 (Vic)
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Protected Disclosure Act 2012 (Vic)
- Public Records Act 1973 (Vic)
- Sex Discrimination Act 1984 (Cth)
- Spam Act 2003 (Cth)
- Trade Marks Act 1995 (Cth)

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

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

Definitions

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

Anti-spyware: Software designed to remove spyware: a type of malware (refer to Definitions), that collects information about users without their knowledge.

Chain email: An email instructing recipients to send out multiple copies of the same email so that circulation increases exponentially.

Computer virus: Malicious software programs, a form of malware (refer to Definitions), that can spread from one computer to another through the sharing of infected files, and that may harm a computer system's data or performance.

Cyber safety: The safe and responsible use of technology including use of the internet, electronic media and social media in order to ensure information security and personal safety. There are three main areas of risk to safety:

- Content: being exposed to illegal, inappropriate or harmful material
- Contact: being subjected to harmful online interactions with other users (including bullying)
- Conduct: personal online behaviour that increases the likelihood of, or causes, harm.

Defamation: To injure or harm another person's reputation without good reason or justification. Defamation is often in the form of slander or libel.

Disclaimer: Statement(s) that seeks to exclude or limit liability and is usually related to issues such as copyright, accuracy and privacy.

Electronic communications: Email, instant messaging, communication through social media and any other material or communication sent electronically.

Encryption: The process of systematically encoding data before transmission so that an unauthorised party cannot decipher it. Different levels of encryption are available.

Endpoint data storage devices: Devices capable of storing information/data. New devices are continually being developed, and current devices include:

- laptops
- USB sticks, external/removable hard drives, thumb drives, pen drives & flash drives
- iPods or other similar devices
- cameras with USB drive connection
- iPhones/smartphones
- PCI/PC Card/PCMCIA storage cards
- PDAs (Personal Digital Assistants)
- other data-storage devices (CD-ROM and DVD).

Firewall: The primary method of keeping a computer/network secure. A firewall controls (by permitting or restricting) traffic into and out of a computer/network and, as a result, can protect these from damage by unauthorised users.

Flash drive: A small data-storage device that uses flash memory, and has a built-in USB connection. Flash drives have many names, including jump drives, thumb drives, pen drives and USB keychain drives.

Information sharing platforms: Describes the exchange of data between various organisations, people and technologies This can include but no limited to Dropbox, Google Drive, Sharepoint, Skype for Business, One Drive. Hume City Council Early Years Services uses Kinder M8 to share information with parents about their child.

Integrity: (In relation to this policy) refers to the accuracy of data. Loss of data integrity may be either gross and evident (e.g. a computer disk failing) or subtle (e.g. the alteration of information in an electronic file).

Malware: Short for 'malicious software'. Malware is intended to damage or disable computers or computer systems.

PDAs (Personal Digital Assistants): A handheld computer for managing contacts, appointments and tasks. PDAs typically include a name and address database, calendar, to-do list and note taker. Wireless PDAs may also offer email and web browsing, and data can be synchronised between a PDA and a desktop computer.

Phishing: Phishing is the attempt to obtain sensitive information such as usernames, passwords, and credit card details (and indirectly, money) often for malicious reasons, by disguising as a trustworthy entity in an electronic communication.

Portable storage device (PSD) or removable storage device (RSD): Small, lightweight, portable easy-to-use device that is capable of storing and transferring large volumes of data. These devices are either exclusively used for data storage (for example, USB keys) or are capable of multiple other functions (such as iPods & PDAs).

Ransomware: Ransomware is a type of malicious software that threatens to publish the victim's data or block access to it unless a ransom is paid.

Security: (In relation to this policy) refers to the protection of data against unauthorised access, ensuring confidentiality of information, integrity of data and the appropriate use of computer systems and other resources.

Social Media: A computer-based technology that facilitates the sharing of ideas, thoughts, information and photos through the building of virtual networks and communities. Examples can include but not limited to, Facebook, YouTube, WhatsApp, Facebook Messenger, TikTok and Instagram.

Spam: Unsolicited and unwanted emails or other electronic communication.

USB interface: Universal Serial Bus (USB) is a widely used interface for attaching devices to a host computer. PCs & laptops have multiple USB ports that enable many devices to be connected.

USB key: Also known as sticks, drives, memory keys and flash drives, a USB key is a device that plugs into the computer's USB port and is small enough to hook onto a key ring. A USB key allows data to be easily downloaded and transported/transferred.

Virus: A program or programming code that multiplies by being copied to another program, computer or document. Viruses can be sent in attachments to an email or file, or be present on a disk or CD. While some viruses are benign or playful in intent, others can be quite harmful: erasing data or requiring the reformatting of hard drives.

Vishing: Vishing is a form of phishing that uses the phone system or voice over internet protocol (VOIP) technologies. The user may receive an email, a phone message, or even a text encouraging them to call a phone number due to some discrepancy. If they call, an automated recording prompts them to provide detailed information to verify their account such as credit card number, expiration date or birthdate.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring that the use of the service’s ICT complies with all relevant state and federal legislation (refer to Legislation and standards), and all service policies (including Privacy and Confidentiality Policy and Code of Conduct Policy)	R	✓	✓	✓	✓
Managing inappropriate use of ICT as described in Attachment 2	R	✓			
Providing suitable ICT facilities to enable early childhood teachers, educators and staff to effectively manage and operate the service	✓	✓			
Ensuring staff do not use their personal devices to record images of children (National Law 167)	R	R			
Authorising the access of early childhood teachers, educators, staff, volunteers and students to the service’s ICT facilities, as appropriate	✓	✓			
Providing clear procedures and protocols that outline the parameters for use of the service’s ICT facilities both at the service and when working from home (refer to Attachment 1)	✓	✓			
Embedding a culture of awareness/understanding of security issues at any service	R	✓	✓	✓	✓
Ensuring that effective financial procedures and security measures are implemented where transactions are made using the service’s ICT facilities, e.g. handling fees, invoice payments, and using online banking	R	✓			
Ensuring that the service’s computer software and hardware are purchased from an appropriate and reputable supplier	✓	✓			
Identifying the need for additional password-protected email accounts for management, early childhood teachers, educators, staff and others at the service, and providing these as appropriate	✓	✓			
Identifying the training needs of early childhood teachers, educators and staff in relation to ICT, and providing recommendations for the inclusion of training in ICT in professional development activities	✓	✓			
Ensuring regular backup of critical data and information at the service (refer to Attachment 1)	✓	✓	✓		
Ensuring secure storage of all information at the service, including backup files (refer to Privacy and Confidentiality Policy)	R	✓	✓		
Adhering to the requirements of the Privacy and Confidentiality Policy in relation to accessing information on the service’s computer/s, including emails	R	R	R		
Considering encryption (refer to Definitions) of data for extra security	✓	✓			
Ensuring that reputable anti-virus & firewall software (refer to Definitions) are installed on service computers, and that software is kept up to date	✓	✓			
Developing procedures to minimise unauthorised access, use and disclosure of information and data, which may include limiting access and passwords, and encryption (refer to Definitions)	R	✓			
Ensuring that the service’s liability in the event of security breaches, or unauthorised access, use and disclosure of information and data is limited by developing and publishing appropriate disclaimers (refer to Definitions)	R	✓			

Developing procedures to ensure data and information (e.g. passwords) are kept secure, and only disclosed to individuals where necessary e.g. to new educators, staff or committee of management	R	✓			
Being aware of the requirements and complying with this policy	✓	✓	✓	✓	✓
Appropriate use of endpoint data storage devices (refer to Definitions) by ICT users at the service	R	✓	✓	✓	✓
Ensuring that all material stored on endpoint data storage devices is also stored on a backup drive, and that both device and drive are kept in a secure location	R	✓	✓		✓
Complying with all relevant legislation and service policies, protocols and procedures, including those outlined in Attachments 1	✓	✓	✓	✓	✓
Reading and understanding what constitutes inappropriate use of ICT (refer to Attachment 2)	✓	✓	✓	✓	✓
Maintaining the security of ICT facilities belonging to Hume City Council Early Years Services and keeping allocated passwords secure, including not sharing passwords and logging off after using a computer	R	R	R	✓	R
Accessing accounts, data or files on the service's computers only where authorisation has been provided		✓	✓		✓
Co-operating with other users of the service's ICT to ensure fair and equitable access to resources	✓	✓	✓		✓
Obtaining approval from the approved provider before purchasing licensed computer software and hardware		✓	✓		✓
Ensuring no illegal material is transmitted at any time via any ICT medium (refer to Attachment 2)	R	✓	✓	✓	✓
Using the service's email, messaging and social media (refer to Definitions) facilities for service-related and lawful activities only (refer to Attachment 2)	✓	✓	✓	✓	✓
Using endpoint data storage devices (refer to Definitions) supplied by the service for service-related business only, and ensuring that this information is protected from unauthorised access and use		✓	✓		✓
Notifying the approved provider of any damage, faults or loss of endpoint data storage devices		R	R		R
Restricting the use of personal mobile phones to rostered breaks, and only used in areas outside of spaces being utilised for education and care of children	✓	✓	✓	✓	✓
Responding only to emergency phone calls when responsible for supervising children to ensure adequate supervision of children at all times (refer to Supervision of Children Policy)	✓	✓	✓		✓
Ensuring electronic files containing information about children and families are kept secure at all times (refer to Privacy and Confidentiality Policy)	R	R	R		R
Responding to a privacy breach in accordance with the Privacy and Confidentiality policy.	R	✓			
Complying with the appropriate use of social media (refer to Definitions) platforms (refer to Attachment 3)	✓	✓	✓		✓
Complying with this policy at all times to protect the privacy, confidentiality and interests of Hume City Council Early Years Services employees, children and families	R	R	R		R

Sources and Related Policies

Sources

Acceptable Use Policy, DET Information, Communications and Technology (ICT)

Resources: <https://www.education.vic.gov.au/school/teachers/management/infrastructure/Pages/acceptableuse.aspx>

IT for Kindergartens: www.kindergarten.vic.gov.au

Related Policies

- ✓ Code of Conduct
- ✓ Educational Program
- ✓ ESafety for Children
- ✓ Privacy and Confidentiality
- ✓ Compliments and Complaints
- ✓ Enrolment and Orientation
- ✓ Occupational Health and Safety
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Procedures for use of ICT at the service

Attachment 2: Unacceptable/inappropriate use of ICT facilities

Attachment 3: Social Media Guidelines

Attachment 4: National Model Code for Early Childhood Education and Care

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2023**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Procedures for use of ICT at the Service

Email Usage

- Content of emails and email addresses must always be checked before sending.
- When sending emails to multiple recipients, care should be taken to avoid the inappropriate disclosure of email addresses to a whole group of recipients; blind copying (BCC) should be used where appropriate.
- Always include a subject description in the subject line.
- Create an email signature that identifies employee name, title, service name, service phone number and address
- Always include a disclaimer (refer to Definitions) which is common to all users, on emails to limit liability.
- Be cautious about opening files or launching programs that have been received as an attachment via email from the email itself. Instead, save an attachment to disk and scan with anti-virus software before opening, and keep an eye out for unusual file names.
- Never open emails if unsure of the sender.
- Check email accounts on a regular basis and forward relevant emails to the approved provider or appropriate committee members/staff.
- Remove correspondence that is no longer required from the computer quarterly.
- Respond to emails as soon as is practicable.
- Never send unauthorised marketing content or solicitation emails
- Be suspicious of clickbait titles.

Digital storage of personal and health information

- Digital records containing personal, sensitive and/or health information, or photographs of children must be password protected and stored securely so that privacy and confidentiality is maintained. This information must not be removed from the service without authorisation, as security of the information could be at risk (refer to Privacy and Confidentiality Policy).
- Digital records containing personal, sensitive and/or health information, or photographs of children may need to be removed from the service from time-to-time for various reasons, including for:
 - excursions and service events (refer to Excursions and Service Events Policy)
 - offsite storage, where there is not enough space at the service premises to store the records.
- In such circumstances, services must ensure that the information is transported, handled and stored securely so that privacy and confidentiality is maintained at all times.

- ICT users are not to view or interfere with other users' files or directories, knowingly obtain unauthorised access to information or damage, delete, insert or otherwise alter data without permission.
- Ensure all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location.

Backing up Data (this process is handled by HCC's IT Department)

Data backup is the process of creating accessible data copies for use in the event of breach or loss.

- Develop a written backup plan that identifies:
 - What's being backed up
 - Where it's being backed up
 - How often backups will occur
 - Who's in charge of performing backups
 - Who's in charge of monitoring the success of these backups
 - How will backup drives be stored securely

Services can choose to either between onsite or remote backup:

- Onsite Backup
 - copy data to a second hard drive, either manually or at specified intervals.
- Remote Backup- cloud based backup server
 - install the software on every computer containing data that needs to be backed up,
 - set up a backup schedule, and
 - identify the files and folders to be copied.

Password Management (this process is handled by HCC's IT Department)

The effective management of passwords is the first line of defence in the electronic security of an organisation. Every ICT facility should have a password strategy in place as part of the overall security strategy. The technical considerations and principals outlined below are intended to be used as a guide for developing a password procedure.

Technical considerations include:

- a strong password should:
 - Be at least 8 characters in length
 - Contain both upper and lowercase alphabetic characters (e.g. A-Z, a-z)
 - Have at least one numerical character (e.g. 0-9)
 - Have at least one special character (e.g. ~!@#\$\$%^&*()_-=)
- always verify a user's identity before resetting a password
- change passwords when an employer leaves the service
- password rotation; changed every 90 days or less
- do not use automatic login functionality
- use of account lockouts for incorrect passwords, with a limit of 5 or fewer bad attempts.

Users should always follow these principles:

- do not share passwords with anyone. If there is an issue that requires you to do so, remember to change the password immediately after the issue has been resolved.
- never use the same password for work accounts as the one you have for personal use (banking, etc.).
- do not write down passwords or include them in an email.
- do not store passwords electronically unless they are encrypted.
- never use the "remember password" feature on any systems; this option should be disabled
- Do not use the same password for multiple administrator accounts.

Working from Home

When an approved provider, nominated supervisor, early childhood teachers, educators or staff members are working from home they must:

- conduct a workstation assessment, taking reasonable care in choosing a suitable work space, including ergonomics, lighting, thermal comfort, safety and privacy
- ensure security and confidentiality of work space, keeping private, sensitive, health information, planning, educational programs and children's records confidential and secure at all times
- keep allocated passwords secure, including not sharing passwords and logging off after using a computer
- adhere to the Privacy and Confidentially Policy
- report breaches to privacy or loss of private, sensitive, and health information to nominated superiors as soon as practically possible.

ATTACHMENT 2

Unacceptable/Inappropriate use of ICT Facilities

Users of the ICT facilities (and in particular, the internet, email and social media) provided by Hume City Council Early Years Services must not:

- create or exchange messages that are offensive, harassing, obscene or threatening
- create, copy, transmit or retransmit chain emails (refer to Definitions), spam (refer to Definitions) or other unauthorised mass communication
- use the ICT facilities as a platform to gain unauthorised access to other systems
- carry out activities that are illegal, inappropriate or offensive to fellow employees or the public. Such activities include, but are not limited to, hate speech or material that ridicules/discriminates against others on the basis of race, nationality, creed, religion, ability/disability, gender or sexual orientation
- use the ICT facilities to access, download, create, store or distribute illegal, offensive, obscene or objectionable material (including pornography and sexually explicit material). It will not be a defence to claim that the recipient was a consenting adult
- use the ICT facilities to make any personal communication that could suggest that such communication was made in that person's official capacity as an employee or volunteer of Hume City Council
- conduct any outside business or engage in activities related to employment with another organisation
- play games
- use the facilities to assist any election campaign or lobby any government organisation
- exchange any confidential or sensitive information held by Hume City Council unless authorised as part of their duties
- publish the service's email address on a 'private' business card
- harass, slander, intimidate, embarrass, defame, vilify, seek to offend or make threats against another person or group of people
- breach copyright laws through making copies of, or transmitting, material or commercial software.

Breaches of this policy

- Individuals who use ICT at the service for unlawful purposes may be liable to criminal or civil legal action. This could result in serious consequences, such as a fine, damages and/or costs being awarded against the individual, or imprisonment. The Approved Provider will not defend or support any individual using the service's ICT facilities for an unlawful purpose.
- The service may block access to internet sites where inappropriate use is identified.
- Employees who fail to adhere to this policy may be liable to counselling, disciplinary action or dismissal.
- Management, educators, staff, volunteers and students who fail to adhere to this policy may have their access to the service's ICT facilities restricted/denied.

Category 1: illegal — criminal use of material

This category includes but is not limited to:

- child abuse material offences relating to child pornography covered by the Crimes Act 1958 (Vic). 'Child abuse material' is defined in section 51A of the Crimes Act 1958 (Vic)
- objectionable material — offences relating to the exhibition, sale and other illegal acts relating to 'objectionable films' and 'objectionable publications' covered by the Classification (Publications, Films and Computer Games) (Enforcement) Act 1995 (Vic). Such material has or would attract a classification of X18+ (restricted) or RC (refused classification) under the Guidelines for Classification of Films 2012, Guidelines for the Classification of Computer Games 2012 or National Classification Code scheduled to the Classification (Publications, Films and Computer Games) Act 1995 (Cth)
- reckless or deliberate copyright infringement
- any other material or activity that involves or is in furtherance of a breach of criminal law

Category 2: extreme — non-criminal use of material

This category includes non-criminal use of material that has or may attract a classification of RC or X18+ under the Guidelines for Classification of Films 2012, Guidelines for the Classification of Computer Games 2012 or National Classification Code scheduled to the Classification (Publications, Films and Computer Games) Act 1995 (Cth).

This includes any material that:

- depicts, expresses or otherwise deals with matters of sex, drug misuse or addiction, crime, cruelty, violence or revolting or abhorrent phenomena in such a way that they offend against the standards of morality, decency and propriety generally accepted by reasonable adults to the extent that the material should not be classified
- describes or depicts in a way that is likely to cause offence to a reasonable adult or a person who is, or appears to be, a child under 18 (whether or not the person is engaged in sexual activity or not)
- promotes, incites or instructs in matters of crime or violence
- includes sexually explicit material that contains real depictions of actual sexual intercourse and other sexual activity between consenting adults

Category 3: critical — offensive material

This category includes other types of restricted or offensive material, covering any material that:

- has or may attract a classification of R18+ under the Guidelines for Classification of Films 2012, Guidelines for the Classification of Computer Games 2012 or National Classification Code scheduled to the Classification (Publications, Films and Computer Games) Act 1995 (Cth). Material may contain sex scenes and drug use that are high in impact
- includes sexualised nudity
- involves racial or religious vilification
- is unlawfully discriminatory
- is defamatory
- involves sexual harassment or bullying

Category 4: serious

- This category includes any use which is offensive or otherwise improper.
- The categories do not cover all possible breaches of this policy. Matters not covered by the above categories will be dealt with on an individual basis and on the relevant facts.

ATTACHMENT 3

Social Media and Information Sharing Platform Guidelines

The below directives are essential to the safety and wellbeing of staff, children and their families, and to ensure that Hume City Council Early Years Services operates in a professional and appropriate manner when using social media and/or information sharing platforms (Hume City Council Early Years Services use Kinder M8).

Staff must exercise extreme caution using ICT facilities when accessing social media and/or information sharing platforms, whether in the workplace or relating to external events or functions involving Hume City Council.

It is a breach of confidentiality and privacy to make posts or comments about children, families, staff or management from Hume City Council on social media sites without consent or authorisation. It is also an offence under current legislation, to record or use a visual image of a child, including transmitting the image on the internet, without the written consent of the child's parent.

***All Early Childhood Teachers/Educators and other staff that work with children are strictly prohibited from using personal mobile phones or other personal devices to take photos of children at the service.**

Hume City Council Early Years Services specifically requires that, unless you have the express permission, you:

- Do not video or photograph anyone, or post photos or personal details of other Council staff, children or families;
- **Do not post photos or videos of Council staff, children or families on your personal Facebook page, or otherwise share photos or videos of staff, children or families through social media;**
- Do not create a early years service branded Facebook page, or other pages or content on social media that represents the service or Hume City Council, it's staff, children or families;
- Do not post anything that could embarrass or damage the reputation of Hume City Council, colleagues, children or families.

Staff must not:

- post or respond to material that is, or might be construed as offensive, obscene, fraudulent, defamatory, threatening, harassing, bullying, discriminatory, hateful, racist, sexist, infringes copyright, constitutes a contempt of court, breaches a Court suppression order, or is otherwise unlawful or inaccurate;
- make any comment or post any material that might otherwise cause damage to Hume City Council's reputation or bring it into disrepute;
- imply that they are authorised to speak as a representative of Hume City Council, or give the impression that the views expressed are those of Council, unless authorised to do so
- use a Council email address or any Council logos or insignia that may give the impression of official support or endorsement of personal comments;
- use the identity or likeness of another employee, contractor or other member of Hume City Council Early Years Services;
- use or disclose any confidential information or personal information obtained in the capacity as an employee/contractor of Hume City Council; or
- access and/or post on personal social media during paid work hours.

Personal use of social media

Hume City Council recognises that staff may choose to use social media in their personal capacity. This policy is not intended to discourage nor unduly limit staff using social media for personal expression or other online activities in their personal life. Staff should be aware of and understand the potential risks and damage to Hume City Council that can occur through their use of social media, even if their activity takes place outside working hours or on devices not owned by Council.

If an individual can be identified as an employee of Hume City Council on social media, that employee must:

- only disclose and discuss publicly available information;
- ensure that all content published is accurate and not misleading and, complies with all relevant policies of Hume City Council Early Years Services
- expressly state on all postings (identifying them as an employee of Council) the stated views are their own and are not those of Council;
- be polite and respectful to all people they interact with;
- adhere to the Terms of Use of the relevant social media platform/website, as well as copyright,
- abide by privacy, defamation, contempt of Court, discrimination, harassment and other applicable laws;
- ensure that abusive, harassing, threatening or defaming postings which are in breach of Hume City Council policies may result in disciplinary action being taken, even if such comments are made using private social networks outside of working hours.
- notify the approved provider or person with management or control if they become aware of unacceptable use of social media as described above.

Consequences of unacceptable use of social media

- Hume City Council will review any alleged breach of this policy on an individual basis. If the alleged breach is of a serious nature, the person shall be given an opportunity to be heard in relation to the alleged breach.
- If the alleged breach is clearly established, the breach may be treated as grounds for dismissal. In all other cases, the person may be subject to disciplinary action in accordance with Council's Code of Conduct Policy.
- Hume City Council may request that any information contained on any social media platform that is in breach of this policy be deleted.
- Hume City Council may restrict an employee's access to social media on Council ICT facilities or if they are found to have breached this policy or while Council investigates whether they have breached this policy.

ATTACHMENT 4

National Model Code for Early Childhood Education and Care

TAKING IMAGES OR VIDEOS OF CHILDREN WHILE PROVIDING EARLY CHILDHOOD EDUCATION AND CARE

Purpose

The National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care (National Model Code) addresses child safe practices for the use of electronic devices while providing early childhood education and care (ECEC). Providers of centre-based ECEC under the National Quality Framework (NQF) are strongly encouraged to adopt the National Model Code as a further support to promote a child safe culture. The National Model Code is a voluntary, interim measure while future legislative reform is being considered by governments.

Scope

This National Model Code has been developed for approved providers and their services, including educators, other staff, and volunteers, while children are being educated and cared for at centre-based early childhood services. While the National Model Code targets centre-based services whose primary purpose is to educate and care for children 0-5 years old under the NQF (long day care and pre-school / kindergarten services), providers of other types of children's education and care services may wish to consider adopting similar practices within their own contexts.

National Model Code

Part 1

Only service-issued electronic devices should be used when taking images or videos of children while providing education and care. The appropriate use of service-issued electronic devices for taking, sending and storing images or videos of children should be clearly outlined in policies and procedures.

Part 2

Personal electronic devices that can take images or videos (such as tablets, phones, digital cameras, and smart watches) and personal storage and file transfer media (such as SD cards, USB drives, hard drives and cloud storage) should not be in the possession of any person while providing education and care and working directly with children. Any exceptions to this should be for limited, essential purposes that are authorised in writing (or through another means if written authorisation is not reasonably practicable) by the approved provider of the service, and where that access does not impede the active supervision of children.

Part 3

Essential purposes for which use and / or possession of a personal electronic device may be authorised for purposes other than taking images or recording videos of children include:

- communication in an emergency situation involving a lost child, injury to child or staff member, or other serious incident, or in the case of a lockdown or evacuation of the service premises
- personal health requirements, e.g. heart or blood sugar level monitoring
- disability, e.g. where a personal electronic device is an essential means of communication for an educator or other staff member
- family necessity, e.g. a worker with an ill or dying family member
- technology failure, e.g. when a temporary outage of service-issued electronic devices has occurred
- local emergency event occurring, to receive emergency notifications through government warning systems, for example, bushfire evacuation text notification

Part 4

Approved providers and their services should have strict controls in place for the appropriate storage and retention of images and videos of children.

Guidelines

Guidelines have been developed to support approved providers and their services apply the National Model Code in their context(s) and uphold child safe practices when using electronic devices to take images or videos of children.

Occupational Violence and Aggression

Quality Area 7

Purpose

Hume City Council is committed to the provision of a safe and healthy work environment and safe work procedures that protect staff and other persons at the service from the risk of occupational violence and aggression (OVA) (refer to Definitions). This policy outlines the minimum requirements and responsibilities of Hume City Council in providing a safe workplace where staff members are not subjected to aggression and violence.

Policy Statement

Values

Hume City Council is committed to:

- promoting a no tolerance approach to any form of aggression or violence, including verbal abuse against staff members
- staff and other persons at Hume City Council Early Years Services will be protected as far as reasonably practicable from all forms of OVA (refer to Definitions).
- following a risk management approach to eliminate or minimise the risks of OVA (refer to Definitions)
- regularly consulting with staff and the OHS committee, to discuss OVA (refer to Definitions), concerns and the factors likely to increase the risk of OVA (refer to Definitions).

Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Hume City Council Early Years Services, including during off-site excursions and activities and online (i.e. during an online meeting).

Background and Legislation

Background

The approved provider has a duty under the Occupational Health and Safety Act 2004 to eliminate risks to health and safety of workers and other persons so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks, they must be minimised so far as is reasonably practicable.

This means the approved providers must do all that they reasonably can to manage the risk of violence and aggression occurring at the workplace.

They must also, so far as is reasonably practicable:

- provide and maintain a work environment that is without risk to the health and safety of staff
- provide adequate and accessible facilities for the welfare of staff to carry out their work
- give staff the necessary information, instruction, training or supervision to do their job safely and without risks to health, and
- consult with staff, and health and safety representatives, if you have them, about health and safety issues that may directly affect them.

Workplace violence and aggression is any incident where a person is abused, threatened or assaulted at work or while they are carrying out work. The approved provider has occupational health and safety duties to ensure staff and others are not exposed to risks to their health and safety, including violence.

Workplace violence and aggression can be:

- physical assault – such as biting, scratching, hitting, choking, kicking, pushing, grabbing, and throwing objects
- coughing or spitting on someone on purpose
- sexual assault or any other forms of indecent physical contact
- harassment or aggressive behaviour that creates a fear of violence, such as stalking, sexual harassment, verbal threats and abuse, yelling and swearing
- hazing or initiation practices for new or young workers
- violence from a family or domestic relationship when this occurs at the workplace, including if the person's workplace is their home Violence may come from anyone in the workplace, including any other staff member, parent/guardian, authorised nominee, Authorised Provider, visitor, student on placement, service provider, allied health provider or child.

Violence and aggression can have significant short- and long- term impacts on a person's physical and psychological (mental) health. It's not just violent incidents like physical assault which can cause harm - being exposed to lower level but frequent forms of aggression, like yelling, name calling and challenging behaviours, can also have a lasting effect on a person's health.

Violence and aggression can lead to:

- feelings of isolation, social isolation or family dislocation
- loss of confidence and withdrawal
- physical injuries
- stress, depression, anxiety or post-traumatic stress disorder (PTSD)
- illness such as cardiovascular disease, musculoskeletal disorders, immune deficiency and gastrointestinal disorders e.g. as a result of stress, and
- suicidal thoughts.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Framework: Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017

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

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

Definitions

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

Notifiable Incident: (In the context of this policy) An incident that is required, under the Occupational Health and Safety Act 2004, employers must notify WorkSafe immediately after becoming aware a notifiable incident has occurred. Failure to report an incident to WorkSafe is an offence and may result in prosecution.

Employers must report incidents resulting in:

- 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)

For more information about obligation to notify visit:

<https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents>

Occupational Violence and Aggression: OVA involves incidents in which a person is abused, threatened or assaulted in circumstances relating to their work. This definition covers a broad range of actions and behaviours that can create a risk to the health and safety of employees and other persons at work.

Examples of work-related violence can include:

- biting, spitting, scratching, hitting, kicking, choking
- pushing, shoving, tripping, grabbing
- throwing objects
- verbal threats
- threatening someone with a weapon
- armed robbery
- sexual assault
- emotional abuse

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Developing policies and procedures to prevent and manage aggressive and violent behaviours (refer to Definitions) in the service	✓	✓			
Building & maintaining a workplace environment & culture that supports a commitment to a workplace that is free from violence and aggression	✓	✓	✓	✓	✓
Providing and promoting a safe work environment where staff members are not exposed to hazards and can work without risk of injury or harm	R	✓			
Identifying, assessing, and controlling environmental risks in each workplace to reduce the potential for harm to staff members	R	✓			
Implementing a risk assessment (refer to Definitions) approach in the management of workplace aggression and violence	R	✓			
Promoting a no tolerance approach to any form of aggression or violence, including verbal abuse against staff members	✓	✓	✓	✓	✓
Providing training programs specific to the needs of staff, relative to the degree of risk faced within the working environment	✓	✓			
Supporting staff members to actively report all incidents and hazards related to aggression and violence	R	✓			
Informing staff and other persons at Hume City Council Early Years Services about unacceptable behaviours in the workplace	✓	✓			
Ensuring all incidents and near misses of violence or aggression are reported. External reporting to WorkSafe may also be required, in the case of notifiable incidents (refer to Definitions)	R	✓			
Ensuring all incidents and near misses reported are reviewed and will be investigated to identify controls	✓	✓			
Ensuring all staff, contractors, volunteers and students are given an induction and on-going training (if applicable) to learn relevant skills and strategies on conflict and aggression management	✓	✓			
Ensuring staff at Hume City Council Early Years Services are trained on the appropriate response to any violence/aggression exposed to	✓	✓			
Taking appropriate action after any incidents of violence and aggression, in terms of support, counselling and follow-up	✓	✓			
Keeping a record of persons who have exhibited past behaviours of violence and aggression and sharing amongst appropriate staff	✓	✓			
Implementing appropriate security measures to protect the health and safety of staff from OVA (refer to Definitions)	✓	✓			
Ensuring that all allegations or acts of violence or aggression will be thoroughly investigated, and where appropriate may be referred to the Police	✓	✓			
Notifying Work Safe Victoria within 48 hours of a notifiable incident	R	✓			
Notifying DE within 24 hours of becoming aware of a notifiable complaint or allegation regarding the safety, health and/or welfare of a child	R	✓			
Evaluating the effectiveness of this policy to minimise violence and aggression	✓	✓			
Immediately reporting any incidents or near misses of occupational violence or aggression which affect their own health/safety, or that of others in the workplace		✓	✓	✓	✓

Sources and Related Policies

Sources

1800Respect: www.1800respect.org.au
 Fair Work Ombudsman: www.fairwork.gov.au
 Our Watch: www.ourwatch.org.au
 Safe Work Australia: www.safeworkaustralia.gov.au
 Work Safe Victoria: www.worksafe.vic.gov.au

Related Policies

- ✓ Code of Conduct
- ✓ Occupational Health and Safety

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Steps to Preventing Violence and Aggression
 Attachment 2: Managing Risks
 Attachment 3: Responding to Incidents

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2023**.
 Review Date: **31 March 2026**.

ATTACHMENT 1

Steps to Prevent Violence and Aggression

As an approved provider, there are a number of steps you can take to manage the risk of violence and aggression and meet your Occupational Health and Safety duties. Here are some ideas to help you start thinking about what you can reasonably do to prevent violence and aggression at your workplace.

Create a safe physical and online work environment.

Workplace violence is commonly committed by people such as parents/guardians, contractors, volunteers and students or members of the public, but it may also happen between staff. Keeping workplaces safe, well-lit, and under strong natural observation can help reduce the likelihood of violence and improve the ability to react if it does occur. Avoid having items like furniture, walls, or partitions that can limit staff's visibility and freedom of movement. If staff are working alone or after hours, think about security measures including security personnel, video surveillance, communication, and alarm systems. Think about segregating staff from the public by utilising security doors. People with a history of violence or aggressive behaviour should be banned from the service where possible.

Implement safe work systems and procedures.

Manage the expectations of parents/guardians, contractors, volunteers and students by clearly communicating the service that is being provided. Avoid the need to handle a lot of cash or valuables, and staff working alone or outside of standard business hours. If staff work at other places such as a family's house, provide training in how to do a situational risk assessment, regularly check in with staff throughout their shift and have processes to assess and manage client behaviours.

Create a positive and respectful workplace culture.

As an approved provider, it is your responsibility to set the behaviour standards that provide a safe workplace for all staff. Foster a safe and respectful workplace culture where violence and aggression are not tolerated, and all matters can be discussed openly and routinely. Make sure everyone at the workplace understands what violence and aggression is and that it will not be tolerated, including from customers and clients.

Implement workplace policies.

How the service will prevent, and address workplace violence should be outlined in a workplace policy. It should make clear to everyone who enters—staff, parents/guardians, contractors, volunteers, students, and visitors—that violence and aggressiveness have no place at the service. The policy can outline the duties of every employee (including the approved provider, nominated supervisor and persons in day-to-day charge), the protocols for handling violent or aggressive occurrences (both during the incident and afterwards), how to report incidents, and the available support services. To make sure that staff are aware of the policies at induction, distribute pamphlets, hang posters, or have casual conversations with them.

Provide information and training.

Inform staff about where, when and how violence may happen at the workplace and prevention. Staff should receive training on dealing with challenging people, resolving conflicts, knowing when to escalate problems to more senior employees, and reporting events. Consider hiring staff who may come from culturally or linguistically varied backgrounds. Everyone at the service needs to understand the workplace standards and behaviours required of them. Additionally, staff should be made aware of the support resources that are available to them in the event that they encounter hostility or violence at work.

Address violence within the workplace.

Early intervention is crucial when dealing with inappropriate behaviour. Review workloads and time constraints frequently, make sure that jobs are clearly defined for staff, and offer training so that staff can carry out their responsibilities with assurance and competence. Young and inexperienced staff may require extra guidance and oversight.

Encourage workers to report violence and aggression.

Offer a variety of reporting options to staff, including informal, formal, anonymous, and confidential. Make sure staff are aware of the resources for assistance, protection, and advice when reporting acts of violence or hostility

ATTACHMENT 2

Managing Risks

Risk Management

Risk management of OVA is an approach that involves:

1. identifying OVA risks;
2. assessing the likelihood of those risks causing injury or illness;
3. implementing risk control measures to eliminate the risk/s (or, where that is not reasonably practicable, reducing the risk so far as is reasonably practicable); and
4. reviewing and improving the effectiveness of risk control measures over time.

This need to be done in consultation with staff and any Occupational Health and Safety representatives.

Identifying hazards and assessing risk

To identify the potential for violence or aggression gather information about the hazards in the service and assess the associated risk.

Factors that can increase the likelihood and risks of staff being exposed to violence or aggression include:

- providing care or services to people who are distressed, confused, afraid, ill, affected by drugs or alcohol, or receiving unwelcome or coercive treatment
- enforcement activities e.g. the activities of Police, prison officers or parking inspectors
- working in high crime areas
- handling valuable or restricted items e.g. cash or medicines
- the physical work environment e.g. poor lighting or visibility
- working alone, in isolation or in a remote area with the inability to call for assistance
- working offsite or in the community
- working in unpredictable environments e.g. where other people may pose a risk to workers' safety such as at a client's home
- interacting with customers including face-to-face, on the phone or online
- in relation to gendered violence, low worker diversity, power imbalances along gendered lines, and a workplace culture which accepts and tolerates gendered violence, and
- service methods or policies that cause or escalate frustration, anger, misunderstanding or conflict e.g. low staffing levels, customer service policies, setting unreasonable expectations of the services an organisation or workers can provide.

It is important to consider that staff may be more likely to experience violence and aggression, and/or be differently or more severely affected by it, because of their sex, gender, sexuality, age, migration status, disability and literacy - the risk of experiencing harm rises when a person faces multiple forms of discrimination.

Also less serious, but still unacceptable behaviour such as eye rolling, sneering, swearing and name-calling. This conduct can sometimes escalate to more serious forms of aggression and may be an indication of a risk of violence.

Violence and aggression may happen between staff within the service, but it may also come from third parties such as parents/guardians, contractors, volunteers, students or members of the public. Although it may be difficult to control the actions of third parties, as far as it is practically possible, the approved provide must eliminate or significantly reduce the chances of third-party violence and hostility occurring at the service.

To identify hazards at the service, it may be useful to:

- observe work practices to identify risks of exposure e.g., working alone, or working after hours
- walk-through and inspect the service e.g., low visibility in service areas, entries and exits for staff after hours
- observe parents/guardians, contractors, volunteers and students' behaviour and how they interact with staff, including lower level but more frequent behaviours like incivility from parents/guardians, contractors, volunteers and students
- identify whether issues already identified between co-workers, parents/guardians, contractors, volunteers and students could escalate to violence
- observe the culture of the service to see whether violence or aggression is accepted as normal behaviour - staff may take on this behaviour to participate in the service culture without thinking about the consequences to others e.g. name calling, swearing, sexual or gendered jokes, or hazing new or young workers is seen as a workplace norm
- identify the physical, psychological and emotional demands involved in the work
- observe how nominated supervisor/persons in day-to-day charge and others interact with one another e.g. poor relationships, cultural or community issues leading to workplace tension, or workers avoiding being around certain people
- conduct confidential staff surveys about incidents or behaviours that have caused discomfort and situations that had the potential to become more violent
- conduct surveys of parents/guardians, contractors, volunteers and students to identify problems with service delivery
- identify factors external to the service which may lead to violence or aggressive behaviour impacting the staff e.g. gatherings of people like protests or people affected by drugs or alcohol
- monitor information like hazard and incident reports and workers' compensation claims

After identifying the hazards, assess the risks in consultation with the staff. To do this, think about the following:

- Do particular tasks increase or decrease the likelihood of violence and aggression? How often are particular tasks done? Do particular tasks increase or decrease the severity of potential harm?
- Has violence happened before, either in this workplace or somewhere else? If it has happened, how often does it happen?
- What are the potential impacts? Will it cause harm to the health of the worker?

Controlling the risks

The risk of violence can be affected by a number of factors, for example the:

- nature and location of work
- interactions with clients, customers and members of the public, and frequency of interaction, and
- staffing levels and skills.

As these factors will vary between workplaces, the control measures that are put in place need to be tailored to context of the service and the staff. When deciding what control measures are reasonably practicable for the service consider and weigh up all relevant matters, including (but not limited to):

- the likelihood of staff and other people at the workplace being exposed to violence
- the degree of harm that might result e.g., physical assault can result in serious injury or death, which means the degree of harm is very high; violence can also result in serious psychological injuries like PTSD
- what you know about how to eliminate or minimise risks e.g., securing access to the service after hours or when staff are alone
- availability and suitability of ways to eliminate or minimise the risk, and
- costs associated with the available ways of eliminating or minimising the risk.

When thinking about control measures, it is important that staff and Occupational Health and Safety representatives are consulted. Engaging staff and others in developing controls will likely result in measures that are more effective and more widely used. Considering the views of staff into account when making decisions and advise them of decisions. Also consider whether the control measures introduced create new hazards or risks to health and safety.

ATTACHMENT 3

Responding to Incidents

If a staff member or anyone at the service is in immediate danger, call 000.

Responses to violence will vary depending on the nature and severity of the incident.

Ensuring there is a response system in place to address what to do at the time of an incident and after an incident, including internal reporting and notifications required by external agencies such as Police and Occupational Health and Safety regulator.

Staff should be trained in these procedures, for example (but not limited to):

- using calm verbal and non-verbal communication, de-escalation and distraction techniques
- seeking support from other staff
- asking the aggressor to leave the premises or disconnecting the aggressor from the phone call
- activating alarms, or alerting security personnel or Police, and
- retreating to a safe location.

Immediately after an incident occurs at the service:

- address immediate safety issues and ensure that everyone is safe
- provide first aid or urgent medical attention where necessary
- provide individual support where required, including psychological support to the victim and other workers
- report criminal acts such as physical assault, sexual assault and threats to harm someone to Police on 131 444, and
- record what happened, who was affected and who was involved.

Depending on the circumstances, even if a matter has been referred to Police or another agency, the Occupational Health and Safety Regulator may still be involved. For example, notifying Occupational Health and Safety regulator and if the incident is a notifiable incident (refer to Definitions).

After an incident, review the risk management systems to identify and address factors that may have increased the risk of violence and aggression, evaluate what worked and what could be improved.

Privacy and Confidentiality

Quality Area 7

Purpose

This policy provides a clear set of guidelines:

- for the collection, storage, use, disclosure and disposal of personal information, including photos, videos and health information at Hume City Council Early Years Services
- to ensure compliance with privacy legislation
- on responding to requests for information to promote child wellbeing or safety and/or assess and manage risk of family violence (mandatory)
- on sharing and requesting information to promote child wellbeing or safety and/or manage risk of family violence.

Policy Statement

Values

Hume City Council is committed to:

- responsible and secure collection and handling of personal and health information
- protecting the privacy of each individual's personal information
- ensuring individuals are fully informed regarding the collection, storage, use, disclosure and disposal of their personal and health information, and their access to that information
- proactively sharing information to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests.

Scope

This policy applies to the Approved Provider or Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, early childhood teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council.

Background and Legislation

Background

Early childhood services are obligated by law, service agreements and licensing requirements to comply with the privacy and health records legislation when collecting personal and health information about individuals.

The Health Records Act 2001 (Part 1, 7.1) and the Privacy and Data Protection Act 2014 (Vic) (Part 1, 6 (1)) include a clause that overrides the requirements of these Acts if they conflict with other Acts or Regulations already in place. For example, if there is a requirement under the Education and Care Services National Law Act 2010 or the Education and Care Services National Regulations 2011 that is inconsistent with the requirements of the privacy legislation, services are required to abide by the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011.

In line with the Victorian Government's Roadmap for Reform, Education State reforms and broader child safety initiatives, Part 6A of the Child Wellbeing and Safety Act 2005 (the Act) was proclaimed in September 2018. The Act established the Child Information Sharing (CIS) Scheme, which enables sharing of confidential information between prescribed entities in a timely and effective manner in order to promote the wellbeing and safety of children. The Act also authorised the development of a web-based platform that will display factual information about children's participation in services known as the Child Link Register (to be rolled out in the early years sector from 2023/2024). The Child Link Register aims to improve child wellbeing and safety outcomes, monitor and support the participation in government-funded programs and services for children in Victoria.

Alongside the CIS Scheme, the Family Violence and Protection Act 2008 includes the Family Violence Information Sharing (FVIS) Scheme and the Family Violence Multi-Agency Risk Assessment and Management (MARAM) framework, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. The MARAM Framework can be used by all services including ECEC services that come into contact with individuals and families experiencing family violence. It guides professionals across the continuum of service responses, across the range of presentations and spectrum of risk. It provides information and resources that professionals need to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Associations Incorporation Reform Act 2012 (Vic)
- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 181, 183
- Family Violence Protection Amendment (Information Sharing) Act 2017
- Freedom of Information Act 1982 (Vic)
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Privacy Amendment (Enhancing Privacy Protection)Act 2012 (Cth)
- Privacy Regulations 2013 (Cth)
- Public Records Act 1973 (Vic)

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

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

Definitions

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

Child Information Sharing Scheme (CISS): Enables Information Sharing Entities (ISE) (refer to definitions) to share confidential information about any person to promote the wellbeing and/or safety of a child or group of children. The CISS works in conjunction with existing information sharing legislative provisions. All Victorian children from birth to 18 years of age are covered. Unborn children are only captured when there has been a report to Child First or Child Protection. Consent is not required from any person when sharing under CISS. The CISS does not affect reporting obligations created under other legislation, such as mandatory reporting obligations under the Children, Youth and Families Act 2005.

Child Safe Standards: Promotes the safety of children, prevents child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

Confidential Information: For the purposes of this policy; the CISS and FVISS, the health information and identifiers for the Health Records Act 2001 and the personal information for the Privacy and Data Protection Act 2014, including sensitive information (such as a criminal record), and unique identifiers.

Data Breach: Unauthorised access or disclosure of personal information, or loss of personal information.

Discloser: In the context of the Schemes, this is defined as sharing confidential information for the purpose of promoting the wellbeing or safety of a child or group of children. In the context of family violence, this is defined as when someone tells another person about violence that they have experienced, perpetrated or witnessed.

Family Violence Information Sharing Scheme (FVISS): enables the sharing of relevant information between authorised organisations to assess or manage risk of family violence.

Freedom of Information Act 1982: Legislation regarding access and correction of information requests.

Health information: Any information or an opinion about the physical, mental or psychological health or ability (at any time) of an individual.

Health Records Act 2001: State legislation that regulates the management and privacy of health information handled by public and private sector bodies in Victoria.

Identifier/Unique identifier: A symbol or code (usually a number) assigned by an organisation to an individual to distinctively identify that individual while reducing privacy concerns by avoiding use of the person's name.

Information Sharing Entities (ISE): Are authorised to share and request relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and required to respond to requests from other ISE's. All ISE's are mandated to respond to all requests for information.

Multi-Agency Risk Assessment and Management Framework (MARAM): Sets out the responsibilities of the organisation in identifying, assessing, and managing families and guide information sharing under both CIS and FVIS schemes wherever family violence is present.

Notifiable Data Breaches Scheme (NDB): A commonwealth scheme that ensures any organisation or agency covered by the Privacy Act 1988 notifies affected individuals and the Office of the Australian Information Commissioner (OAIC) when a data breach is likely to result in serious harm to an individual whose personal information is involved.

Personal information: Recorded information (including images) or opinion, whether true or not, about a living individual whose identity can reasonably be ascertained.

Privacy and Data Protection Act 2014: State legislation that provides for responsible collection and handling of personal information in the Victorian public sector, including some organisations, such as early childhood services contracted to provide services for government. It provides remedies for interferences with the information privacy of an individual and establishes the Commissioner for Privacy and Data Protection.

Privacy Act 1988: Commonwealth legislation that operates alongside state or territory Acts and makes provision for the collection, holding, use, correction, disclosure or transfer of personal information. The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) introduced from 12 March 2014 has made extensive amendments to the Privacy Act 1988. Organisations with a turnover of \$3 million per annum or more must comply with these regulations.

Privacy breach: An act or practice that interferes with the privacy of an individual by being contrary to, or inconsistent with, one or more of the information Privacy Principles (refer to Attachment 2: Privacy principles in action) or the new Australian Privacy Principles (Attachment 4) or any relevant code of practice.

Public Records Act 1973 (Vic): Legislation regarding the management of public sector documents.

Risk Assessment Entity (RAE): Under FVISS, there is also a subset of specialist ISE's known as Risk Assessment Entities that are able to receive and request information for a family violence assessment purpose. RAE's have specialised skills and authorisation to conduct family violence risk assessments. Examples can include but are not limited to Victorian Policy, Child Protection, Family Violence service and some Orange Door services.

Sensitive information: Information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preference or practices, or criminal record. This is also considered to be personal information.

Responsibilities

'R' indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Families	Contractors, Volunteers and Students
Ensuring all records and documents are maintained and stored in accordance with Regulations 181 and 183 of the Education and Care Services National Regulations 2011	R	✓	✓		✓
Ensuring the service complies with the requirements of the Health Privacy Principles as outlined in the Health Records Act 2001, the Information Privacy Principles as outlined in the privacy and data protection act 2014 (Vic) and, where applicable, the Australia Privacy Principles as outlined in the Privacy Act 1988 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth), by taking proactive steps to establish and maintain internal practices, procedures, and systems that ensure compliance with privacy legalisations including: <ul style="list-style-type: none"> identifying the kind of personal, sensitive, and health information that will be collected from an individual or a family communicating the reason why personal, sensitive, and health information is being collected, and how it will be stored, used, and disclosed, and managed and are provided with the service's privacy statement (refer to Attachment 3) communicating how an individual or family can access and/or update their personal, sensitive, and health information at any time, to make corrections or update information (refer to Attachment 3) communicating how an individual or family can complain about any breaches of the privacy legislation, and how the service will deal with these complaints 	R	✓			

Ensuring a copy of this policy, including the Privacy Statement, is provided to all stakeholders, is prominently displayed at the service and/or electronically accessible, is up to date and available on request	R	✓			
Reading and acknowledging they have read the Privacy and Confidentiality Policy, including the Privacy Statement (refer to Attachments 3)	R	✓	✓	✓	✓
Maintaining the management of privacy risks at each stage of the information lifecycle, including collection, use, disclosure, storage, destruction or de-identification	R	✓	✓		
Protecting personal information from misuse, interference, loss and unauthorised access, modification or disclosure	R	✓	✓		
Identifying and responding to privacy breaches, handling access and correction requests, and receiving and responding to complaints and inquiries	R	✓			
Providing regular staff training and information on how the privacy legislation applies to them and the service	R	✓			
Ensuring appropriate supervision of staff who regularly handle personal, sensitive, and health information	R	✓			
Ensuring that personal, sensitive, and health information is only collected by lawful and fair means, and is accurate and complete	R	✓	✓		
Ensuring parents/guardians know why personal, sensitive and health information is being collected and how it will be used, disclosed and managed and are provided with the service's Privacy Statement (refer to Attachment 3) and all relevant forms	R	✓	✓		
Ensuring that an individual or family can have access to their personal, sensitive and health information at any time, to make corrections or update information (refer to Attachment 3)	R	✓	✓	✓	✓
Providing adequate and appropriate secure storage for personal, sensitive, and health information collected by the service, including electronic storage (refer to Attachment 2)	R	✓			
Ensuring that records and documents are kept in accordance with Regulation 183	R	✓	✓		
Notifying an individual or family if the service receives personal sensitive and health information about them from another source as soon as practicably possible	R	✓			
Ensuring that if personal, sensitive and health information needs to be transferred outside of Victoria, that the individual or family that it applies to has provided consent, or if the recipient of the personal information is subject to a law or binding scheme.	R	✓			
Ensuring the unique identifiers are not adopted, used or disclosed unless lawfully required to (refer to Attachment 2)	R	✓			
Ensuring reasonable steps to destroy personal and health information and ensure it is de-identified if the information is no longer required for any purpose as described in Regulations 177, 183, 184 (refer to Attachment 2)	R				
Complying with the Notifiable Data Breaches Scheme (refer to Definitions) which imposes an obligation to notify individual whose personal information is in a data breach that is likely to result in serious harm.	R	✓			
Developing a data breach (refer to Sources) response plan that sets out the roles and responsibilities involved in managing a data breach, the steps taken if a data breach occurs (refer to Sources) and notifying the Office of the Australian Information Commission as appropriate.	R				
Promoting awareness and compliance with the Child Safe Standards (refer to Definitions), and disclosing information to promote the wellbeing and safety of a child or group of children	R	R	R		
Ensuring information sharing procedures abide by the CISS Ministerial Guidelines and Family Violence Information Sharing (FVISS) Ministerial Guidelines (refer to Source) and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it (refer to Attachment 4)	R	R	R		
Identifying which staff should be authorised point of contact in relation to the CISS and the FVISS (refer to Definitions)	R	✓			
Ensuring the authorised point of contact undertakes appropriate training and is aware of their responsibilities under the CISS and FVISS (refer to Definitions)	R	✓			

Being aware of who the point of contact at the service under the CISS and FIVSS, and supporting them (if applicable) to complete the threshold test (refer to Attachment 4)		R	R		
Communicating to staff about their obligations under the Information Sharing Schemes, and ensure they have read this policy	R	✓			
Providing opportunities for identified ISE staff to undertake the appropriate Information Sharing and MARAM online Learning System training	R	✓			
Engaging in training about information sharing schemes and the MARAM online learning system training (refer to sources)	✓	✓	✓		
Ensuring information sharing procedures are respectful of and have regard 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	✓	✓	✓		
Ensuring any requests from ISE's are responded to in a timely manner and provide relevant information if the requirements for sharing under CISS or FVISS (refer to Definitions) are met (refer to Attachment 4)	R	R	R		
Promoting 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 when sharing information under the CISS and FVISS (refer to Definitions)	R	R	R		
Giving precedence to the wellbeing and safety of a child or group of children over the right to privacy when sharing information under the CISS and the FVISS (refer to Definitions)	R	R	R		
Ensuring confidential information is only shared to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children.	R	R	R		
Maintaining record keeping processes that are accurate and complete as set by Child Wellbeing and Safety (Information Sharing) Regulations concerning both written and verbal sharing of information and or complaints (refer Attachment 4)	R	R	R		
Ensuring actions are taken when an ISE becomes aware that information recorded or shared about any person is incorrect, and is corrected in a timely manner	R	R	R		
Only sharing confidential information to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children	R	R	R		
Working collaboratively with services that are authorised and skilled (including those located within The Orange Door) to determine appropriate actions and promote collaborative, respectful practice around families and children	R	R	R		
Seeking and taking into account the views and wishes of the child and the child's relevant family members, if it is appropriate, safe and reasonable to do so when sharing information under the CISS and the FVISS (refer to Definitions)	R	R	R		
Providing notice to children and parents/guardians when photos/video recordings are going to be taken at the service	✓	✓	✓		✓
Ensuring that images of children are treated with the same respect as personal information, and as such are protected by privacy laws in the same way	R	R	R	R	R
Ensuring the appropriate use of images of children, including being aware of cultural sensitivities and the need for some images to be treated with special care	✓	✓	✓	✓	✓
Being sensitive and respectful to parents/guardians who do not want their child to be photographed or videoed	R	✓	✓	✓	✓
Being sensitive and respectful of the privacy of other children and families in photographs/videos when using and disposing of these photographs/videos	R	✓	✓		
Establishing procedures to be implemented if parents/guardians request that their child's image is not to be taken, published, or recorded, or when a child requests that their photo not be taken	R	✓	✓		
Including a confidentiality clause relating to appropriate information handling in the agreement or contract between a photographer and the service.	R	✓			✓

Sources and Related Policies

Sources

Child Care Service Handbook Version 2, 2019: www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook

Child Information Sharing Scheme Ministerial Guidelines: www.vic.gov.au/guides-templates-tools-for-information-sharing

Ministerial Guidelines for the Family Violence Information Sharing Scheme: www.vic.gov.au/family-violence-information-sharing-scheme

Guidelines to the Information Privacy Principles: www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/

ELAA Early Childhood Management Manual: www.elaa.org.au

Office of the Health Complaints Commissioner: <https://hcc.vic.gov.au/>

Privacy Guide, 2020: www.nfplaw.org.au/privacy

Australia Not-for-profit Law Guide (2017), Privacy Guide: A guide to compliance with privacy laws in Australia:

www.nfplaw.org.au/sites/default/files/media/Privacy_Guide_Cth.pdf

Office of Australian Information Commissioner, Data breach preparation and response: www.oaic.gov.au/privacy/guidance-and-advice/data-breach-preparation-and-response

Office of the Victorian Information Commissioner: <https://ovic.vic.gov.au>

Information Sharing and Family Violence Reforms Contextualised Guidance: www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecunderstanding.aspx

Information Sharing and Family Violence Reforms Toolkit: www.vic.gov.au/guides-templates-tools-for-information-sharing

Office of the Victorian Information Commissioner, Child information sharing scheme and privacy law in Victoria: <https://ovic.vic.gov.au/wp-content/uploads/2019/01/20190109-Child-information-sharing-scheme-FAQs-1.pdf>

Family Violence Multi-Agency Risk Assessment and Management Framework: www.vic.gov.au/sites/default/files/2019-01/Family%20violence%20multi-agency%20risk%20assessment%20and%20management%20framework.pdf

Information Sharing and MARAM Online Learning System: <https://training.infosharing.vic.gov.au/login/index.php>

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Compliments and Complaints
- ✓ Enrolment and Orientation
- ✓ Staffing

- ✓ Code of Conduct
- ✓ Delivery and Collection of Children
- ✓ Information Communication Technology
- ✓ Inclusion and Equity

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Record Keeping and Privacy Laws

Attachment 2: Privacy Principles in Action

Attachment 3: Privacy Statement

Attachment 4: Sharing Information & Record Keeping under Child Information & Family Violence Sharing Scheme

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 March 2020**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Record Keeping and Privacy Laws

Early childhood services must ensure that their processes for the collection, storage, use, disclosure and disposal of personal, sensitive and health information meet the requirements of the appropriate privacy legislation and the Health Records Act 2001.

The following are examples of records impacted by the privacy legislation:

- Enrolment records:** Regulations 160, 161 and 162 of the Education and Care Services National Regulations 2011 detail the information that must be kept on a child's enrolment record, including personal details about the child and the child's family, parenting orders and medical conditions. This information is classified as personal, sensitive and health information (refer to Definitions) and must be stored securely and disposed of appropriately.
 - Attendance records:** Regulation 158 of the Education and Care Services National Regulations 2011 requires details of the date, child's full name, times of arrival and departure, and signature of the person delivering and collecting the child or the Nominated Supervisor/educator, to be recorded in an attendance record kept at the service. Contact details may be kept in a sealed envelope at the back of the attendance record or separate folder for evacuation/emergency purposes.
 - Medication records and incident, injury, trauma and illness records:** Regulations 87 and 92 of the Education and Care Services National Regulations 2011 require the Approved Provider of a service to maintain incident, injury, trauma and illness records, and medication records which contain personal and health information about the child.
 - Handling and storage of information:** Limited space can often be an issue in early childhood service environments, and both authorised employees and the Approved Provider need access to secure storage for personal and health information. Documents might be required to be stored off the service premises. Wherever confidential information is stored, it is important that it is not accessible to unauthorised staff or other persons. When confidential information is required to be taken off-site (e.g. on excursions, a list of children with medical conditions and contact numbers will be required), consideration must be given to how this is transported and stored securely.
- Electronic records:** It is important that electronic records containing personal, sensitive or health information are stored in password protect folders or software platforms and can only be accessed by authorised personnel. Services need to incorporate risk management measures to ensure that passwords are recorded and stored in a secure folder at the service, and to limit access to the information only to other authorised persons. (refer to the Information Technology Policy).
 - Forms:** Enrolment forms and any other forms used to collect personal, sensitive or health information should have the service's Privacy Statement (refer to Attachment 3) attached.
 - Collecting information for which there is no immediate use:** A service should only collect the information it needs and for which it has a specific purpose. Services should not collect information that has no immediate use, even though it may be useful in the future.

ATTACHMENT 2

Privacy Principles in Action

Your organisation may have to comply with more than one set of privacy obligations listed below. For example, an organisation that has a contract with a Victorian government agency may need to comply with the Australian Privacy Principles [AAP] (Privacy Act, 1988) as well as the Information Privacy Principles [IPP] (Privacy and Data Protection Act, 2014), and the Health Privacy Principles [HPP] (Health Records Act, 2001).

The Australian Privacy Principles

The APPs are legal obligations under federal Privacy Laws. They apply to every Australian organisation and federal government agency that meets the qualifying criteria below:

- it has an annual turnover of more than \$3 million
- it provides a health service (which is broadly defined) to a person (even if the organisation’s primary activity is not providing that health service)
- it trades in personal information (for example, buying or selling a mailing list)
- it is a contracted service provider under a Commonwealth contract (for example, an aged care provider or a disability services provider under a Commonwealth agreement)
- it is a credit reporting body
- it operates a residential tenancy database
- it is a reporting entity for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Act)
- it is an employee association registered or recognised under the Fair Work (Registered Organisations) Act 2009 (Cth)
- it is a business that conducts protection action ballots
- it is a business prescribed by the Privacy Regulation 2013
- it is related to a body corporate (for example, a subsidiary) that meets any of the above criteria (even if your not-for-profit itself does not), or
- it has opted into the Privacy Act (choosing to comply, despite not meeting any of the above criteria)

The Information Privacy Principles

The IPPs are relevant for all Victorian public sector organisations, as well as some private or community sector organisations, where those organisations are carrying out functions under a State contract with a Victorian public sector organisation.

A State contract means a contract between an organisation (e.g. the Department of Education) and a Contracted Service Provider [CSP] (e.g. an Approved Provider) under which services are provided by the CSP for the organisation (e.g. a funded Kindergarten Program).

The Health Privacy Principles

Victoria has specific Health Privacy Laws that provide a higher standard of protection of certain health information. Early Childhood Education and Care services collect, hold and use health information, therefore are required to follow the HPP under the Health Records Act 2001.

Principles in Action

Organisations need to make sure their policy and procedures are consistent with all the Privacy Laws that apply to their organisation. If you’re not sure, you should get legal advice.

The Child Information Sharing Scheme and Family Violence Information Sharing Scheme makes certain modifications to the Information Privacy Principles and the Health Privacy Principles to ensure that the scheme is able to operate as intended.

The table below is a reference tool that identifies how all three legislations can work together and what it may look like in practice.

Australian Privacy Principles	Information Privacy Principles	Health Privacy Principles	Principles in Action
APP 1 – Open and transparent management of personal information	IPP 5: Openness	Principle 5 Openness	Hume City Council Early Years Services has an up-to-date Privacy and Confidentiality policy that clearly sets out how we collect, use, disclose and store personal and health information. Stakeholders have access to this policy at any time, upon request.
APP 2 – Anonymity and pseudonymity	IPP 8: Anonymity	Principle 8 Anonymity	Wherever it is lawful and practicable, individuals and families will have the option of not identifying themselves when entering into transactions with Hume City Council Early Years Services. This may include surveys, suggestion boxes, QIP feedback etc.
APP 3 Collection of solicited personal information	IPP 1: Collection	Principle 1 Collection	Hume City Council Early Years Services will only collect the personal, sensitive and health information needed, and for which there is a purpose that is legitimate and related to the service's functions, activities and/or obligations.
APP 4 – Dealing with unsolicited personal information	IPP 10: Sensitive information	Principle 1 Collection	<p>Personal, sensitive and health information about children and parents/guardians either in relation to themselves or a child enrolled at the service, will generally be collected via forms filled out by parents/guardians. This can include but not limited to Enrolment Records, Enrolment Application Forms, Medical Management Plans, Risk Minimisation Plans, Communication Plans, Attendance Records, Staff Records, Direct Debit Application Forms, Visitors Logbook, etc.</p> <p>Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's Privacy Statement.</p> <p>When Hume City Council Early Years receives personal information (refer to Definitions) from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual or the parents/guardians of the child to whom the information relates to. Hume will advise that individual of their right to share or not share this information with the source.</p> <p>Sensitive information (refer to Definitions) will be collected only for the purpose of enabling the service to provide for the education and care of the child attending the service.</p> <p>CISS & FVISS: Information sharing entities are not obliged to collect personal or health information about an individual directly from that person if they are collecting the information from another information sharing entity under the scheme.</p> <p>If an information sharing entity collects personal or health information about a person from another information sharing entity under the scheme, it will not be obliged to take reasonable steps to notify that person that their information has been collected if doing so would be contrary to the promotion of the wellbeing or safety of a child.</p> <p>Information sharing entities will not be obliged to obtain consent from any person before collecting information under the scheme, including 'sensitive information' if they are sharing in accordance with the scheme.</p>
<p>APP 5 – Notification of the collection of personal information</p> <p>APP 6 – Use or disclosure of personal information</p>	IPP 2: Use and disclosure	Principle 2 Use and Disclose	<p>Upon enrolment, commencement of employment, or any other time personal, sensitive or health information is collected, Hume City Council Early Years Services will take reasonable steps to ensure individuals or families understand why this information is being collected, used, disclosed and stored. Individuals or families will be informed of the following:</p> <ul style="list-style-type: none"> • service contact details • the facts and circumstances of why personal, sensitive and health information is being collected • what information is required by authorised law • the purposes of collection • the consequences if personal information is not collected • service's usual disclosures of personal information; if applicable • information about the Hume City Council Early Years Services Privacy and Confidentiality Policy

The following identifies the personal, sensitive and health information that will be collected by Hume City Council Early Years Services, the primary purpose for its collection and some examples of how this information will be used.

Personal, sensitive and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Children and parents/guardians	To enable the service to provide for the education and care of the child attending the service	<ul style="list-style-type: none"> • Day-to-day administration and delivery of service • Provision of a place for their child in the service • Duty rosters • Looking after children’s educational, care and safety needs • For correspondence with parents/guardians relating to their child’s attendance • To satisfy the service’s legal obligations and to allow it to discharge its duty of care • Visual displays in the service • Newsletters
Job applicants, employees, contractors, volunteers and students	To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be and/or to administer the employment, contract or placement	<ul style="list-style-type: none"> • Administering the individual’s employment, contract or placement, as the case may be • Ensuring the health and safety of the individual • Insurance

The service may disclose some personal and/or health information held about an individual to:

- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing services related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the service to disclose information.

Sensitive information (refer to Definitions) will be used and disclosed only for the purpose for which it was collected, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

Australian Privacy Principles	Information Privacy Principles	Health Privacy Principles	Principles in Action
APP 7 – Direct marketing	N/A	N/A	A service must not use or disclose personal information it holds for the purpose of direct marketing. Direct marketing involves the use or disclosure of personal information to communicate directly with an individual to promote goods and services.
APP 8 – Cross-broader disclosure of personal information	IPP 9: Transborder data flows	Principle 9 Transborder Data Flows	Hume City Council Early Years will only transfer personal health information outside Victoria in certain circumstances, for example, if the individual consents, or if the recipient of the personal information is subject to a law or binding scheme.
APP 9 – Adoption, use or disclosure of government related identifiers	IPP 7: Unique identifiers	Principle 7 Identifiers	<p>Hume City Council Early Years will not adopt, use or disclose a government related identifier unless an exception applies and will collect information on the following identifiers (refer to Definitions) including but not limited to:</p> <ul style="list-style-type: none"> • information required to access the Kindergarten Fee Subsidy for eligible families (refer to Fees Policy) • tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted • Medicare number: for medical emergencies • For child care services only: Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government’s Child Care Subsidy (CCS) – failure to provide this would result in parents/guardians not obtaining the benefit.
APP 10 – Quality of personal information	IPP 3 - Data quality	Principle 3 Data quality	Hume City Council will take reasonable steps to ensure that the personal and health information it collects is accurate, up-to-date and complete, as outlined in this Privacy and Confidentiality policy. Council will ensure any updated or new personal and/or health information is promptly added to relevant existing records and will send timely reminders to individuals or families to update their personal and/or health information to ensure records are up to date at all times. This can include but not limited to emergency contact details, authorised nominees, medical management plans, banking details, working with children checks, VIT registration etc.
APP 11 – Security of personal information	IPP 4 - Data security	Principle 4 Data Security and Data Retention	<p>Council takes active measures to ensure the security of personal, sensitive and health information it holds, and takes reasonable steps to protect the stored information from misuse, interference and loss, as well as unauthorised access, modification or disclosure (refer to Privacy and Confidentiality policy). Council will also take reasonable steps to destroy personal and health information and ensure it is de-identified if it no longer needs the information for any purpose as described in Regulations 177, 183, 184. In disposing of personal, sensitive and/or health information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.</p> <p>Council will ensure that, in relation to personal, sensitive and health information:</p> <ul style="list-style-type: none"> • access will be limited to authorised staff, the approved provider or other individuals who require this information in order to fulfil their responsibilities and duties • information will not be left in areas that allow unauthorised access to that information and all materials will be physically stored in a secure cabinet or area • electronic records containing personal or health information will be stored safely and secured with a password for access. There is security in transmission of the information via email, telephone, mobile phone/text messages, as detailed below: • emails will only be sent to a person authorised to receive the information • telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information • transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians.

Australian Privacy Principles	Information Privacy Principles	Health Privacy Principles	Principles in Action
<p>APP 12 – Access to personal information</p> <p>APP 13 – Correction of personal information</p>	<p>IPP 6 - Access and correction</p>	<p>Principle 6 Access and Correction</p>	<p>Individuals or families have the right to seek access to their own personal information and to make corrections to it if necessary. Upon request Council will give an individual or families access to their personal or health information it holds that are a part of service operations in a timely manner. Council must be satisfied through identification verification, that a request for personal or health information is granted.</p> <p>Process for considering access requests</p> <p>A person may seek access, to view or update their personal or health information:</p> <ul style="list-style-type: none"> • if it relates to their child, by contacting the nominated supervisor • for all other requests, by contacting the approved provider <p>Personal information may be accessed in the following way:</p> <ul style="list-style-type: none"> • view and inspect the information • take notes • obtain a copy (scanned or photographed) <p>Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The approved provider will endeavour to respond to this request within 45 days of receiving the request.</p> <p>The approved provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.</p> <p>In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.</p> <p>The privacy legislation also provides an individual about whom information is held by the service, the right to request the correction of information that is held. Council will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the service’s satisfaction that the information held is incorrect, the service will endeavour to correct the information.</p> <p>There are some exceptions set out in the Privacy and Data Protection Act 2014, where access may be denied in part or in total. Examples of some exemptions are where:</p> <ul style="list-style-type: none"> • the request is frivolous or vexatious • providing access would have an unreasonable impact on the privacy of other individuals • providing access would pose a serious threat to the life or health of any person • the service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.
<p>N/A</p>	<p>N/A</p>	<p>Principle 10 Transfer or closure of the practice of a health service provider</p>	<p>N/A</p>
<p>N/A</p>	<p>N/A</p>	<p>Principle 11 Making information available to another health service provider</p>	<p>N/A</p>



ATTACHMENT 3

Privacy Statement

We believe your privacy is important.

Hume City Council has developed a Privacy and Confidentiality Policy that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is available on request. To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the Health Records Act 2001. The Child Information and Family Violence Information Sharing Scheme allows Early Childhood Services to freely request and share relevant information with Information Sharing Entities to support a child or group of children’s wellbeing and safety when the threshold test has been met.

Purpose for which information is collected

The reasons for which we generally collect personal information are provided below.

<p>Children and parent/guardian</p> <p>Primary purpose for which information will be used:</p> <ul style="list-style-type: none"> To enable us to provide for the education and care of the child attending the service To manage and administer the service as required
<p>The Approved Provider if an individual or members of the Committee of Management/Board if the Approved Provider is an Organisation</p> <p>Primary purpose for which information will be used:</p> <ul style="list-style-type: none"> For the management of the service To comply with relevant legislation requirements
<p>Job applicants, employees, contractors, volunteers and students</p> <p>Primary purpose for which information will be used:</p> <ul style="list-style-type: none"> To assess and (if necessary) to engage employees, contractors, volunteers or students To administer the individual’s employment, contracts or placement of students and volunteers

Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.

Disclosure of personal information, including health information

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- organisations providing services related to employee entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover and law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information
- information sharing entities to support a child and a group of children’s wellbeing and safety.

Laws that require us to collect specific information

The Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011, Associations Incorporation Reform Act 2012 (Vic) and employment-related laws and agreements require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child’s enrolment at the service
- a person’s employment with the service
- the ability to function as an incorporated association.

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- a child’s enrolment at the service
- a person’s employment with the service
- the ability to function as an incorporated association.

Access to information

Individuals about whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our Privacy and Confidentiality Policy, which is available on request.

For information on the Privacy and Confidentiality Policy, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor.



ATTACHMENT 4

Sharing Information under the CISS and FVISS

Applying the threshold test

Before sharing information with other Information Sharing Entities (ISE's), the threshold test requirements must be met.

The requirements for sharing are different depending on the purpose of the sharing, if sharing for both purposes (Child Wellbeing or Safety and/or Family Violence), you must meet the requirements of each of the schemes.

Although child wellbeing and safety takes precedence over an individual's privacy, privacy must still be protected through careful and selective information sharing.

THRESHOLD REQUIREMENTS FOR THE CHILD INFORMATION SHARING SCHEME (CISS)

1	The information sharing entity is requesting or disclosing confidential information about any person for the purpose of promoting the wellbeing of a child or group of children; and
2	<p>The disclosing information sharing entity reasonably believes that sharing the confidential information may assist the receiving information sharing entity to carry out one or more of the following activities:</p> <ul style="list-style-type: none"> • 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 relating to a child or group of children; • manage any risk to a child or group of children; and
3	<p>The information being disclosed or requested is not known to be 'excluded information' under Part 6A of the Child Wellbeing and Safety Act (and is not restricted from sharing by another law), information that could:</p> <ul style="list-style-type: none"> • endanger a person's life or result in physical injury • prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person • be legally privileged • reveal a confidential policy source • contravene a court order • be contrary to the public interest • information sharing would contravene another law.

REQUIREMENTS FOR THE FAMILY VIOLENCE INFORMATION SHARING SCHEME (FVISS)

<p>1</p>	<p>The purpose of sharing is to assess family violence risk OR protect victim survivors from family violence risk.</p> <p>There are two purposes for which information can be shared between ISEs:</p> <ul style="list-style-type: none"> • Family violence assessment purpose: the purpose of establishing or assessing the risk of a person committing family violence or being the subject of family violence. This would include: <ul style="list-style-type: none"> • establishing family violence risk • assessing the risk to the victim survivor • correctly identifying the perpetrator. • Family violence protection purpose: once family violence risk is established, to manage the risk to the victim survivor. This includes information sharing to support ongoing risk assessment.
<p>2</p>	<p>The applicable consent requirements are met.</p> <p>Is the consent required when a child is at risk of family violence?</p> <ul style="list-style-type: none"> • Consent is not required from any person to share information relevant to assessing or managing family violence risk to a child. However, you should seek the views of the child and non-violent family members where it is safe, reasonable and appropriate to do so. • Where a child is 18 years of age or older, they are an adult and so you may need their consent to share their information, or the information of third parties, unless you can legally share under existing privacy laws or when there is a child at risk. <p>In situations where an adolescent is using family violence against an adult family member, you may need the consent of the adult victim survivor to share their information.</p>
<p>3</p>	<p>The information is not excluded information.</p> <p>Excluded information is information that could:</p> <ul style="list-style-type: none"> • endanger a person’s life or result in physical injury • prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person be legally privileged • reveal a confidential police source • contravene a court order • be contrary to the public interest • information sharing would contravene another law.

Making a Request to another Information Sharing Entity

Before disclosing information under the Child Information Sharing and Family Violence Information Sharing Scheme, it is important that information sharing entities take reasonable care to verify the identity of the professional or service and ensure that they are an information sharing entity.

- The ISE list is a searchable database that can be used to identify organisation and services prescribed under the CISS and FIVSS
- Before making a request, check to see if the organisation is a prescribed entity via the Access the ISE list: <https://iselist.www.vic.gov.au/ise/list/>
- Refer to Information Sharing Entity List Uses Guide on how to navigate the database.
- ISE's should respond to requests for information in a timely manner, including when they are declining to provide information in response to the request.
- If an ISE is declining a request from another ISE, they are required to provide written reasons for doing so.

Making a request or receiving a request under the Child Information Sharing Scheme

An ISE may request information when it meets the first and third parts of the threshold. That is, the information being requested is:

- to promote the wellbeing or safety of a child or group of children
- not excluded information under the Child Information Sharing Scheme to their knowledge.

ISE should use professional judgement to decide which organisation or service to request information from, taking into account the following:

- the activity the requesting information sharing entity is seeking to undertake and the type of information that may assist them
- the roles and responsibilities of other information sharing entities and the information they are likely to hold
- the currency and relevance of the information other information sharing entities are likely to hold.

The ISE requesting the information should provide sufficient detail to enable the responding ISE to make a decision about whether all three parts of the threshold have been met, in order to assist them to:

- identify relevant information to respond to the request
- form an opinion about whether the information may be disclosed under the CISS (whether the disclosure meets the threshold).

When making a request, an ISE may disclose any confidential information that may assist the responding ISE to:

- identify the information they hold that is relevant to the request
- form an opinion on whether the information may be disclosed under the scheme.

If the legal requirements (or threshold) of the scheme are met, an ISE:

- may make requests for information to another ISE
- must disclose relevant information to another ISE, if requested
- may disclose information voluntarily (proactively) to other ISE's

ISE's will use their expertise and exercise their professional judgement to identify:

- the range of needs and risks that impact on a child's life to inform a decision as to whether the threshold is met
- what and how much information to share
- who to share with to support improved service delivery and promote the wellbeing or safety of the child or children.

Making a request or receiving a request under the Family Violence Information Sharing Scheme

Under Part 5A of the Family Violence Protection Act 2008 (FVPA), ISEs may request or share information with other ISEs about a person that is relevant to assessing or managing a family violence risk. The information may relate to a victim survivor (adult or child), alleged perpetrator/perpetrator or third party.

Only information that is relevant to assessing or managing a risk of family violence can be shared under the Scheme. In determining what information is relevant, practitioners should use their professional judgement and refer to the Family Violence Policy.

Where an ISE receives a request, it must share that information, either verbally or in writing, provided that the information meets the requirements (the threshold) of the Scheme. The onus is on the ISE sharing information to ensure that they are disclosing information about a person in accordance with the law. There is no restriction on an ISE making a request.

If there is no existing relationship with the ISE the information is being requested from, verification may need to take place (e.g. by sending an email with the entity's official account).

There are two purposes for which ISEs can share information with each other under the FVPA, Part 5A:

1. For family violence assessment purposes

Only prescribed risk assessment entities (RSE) (see Definitions) are entitled to make requests and receive information for a family violence assessment purpose, which focuses on identifying who the 'actual' perpetrator and victim survivor are and establishing the level of risk the perpetrator poses to the victim survivor.

OR

2. For family violence protection purposes

Any prescribed ISE is permitted to request and receive information for a family violence protection purpose. The focus at this stage is about managing the risk of the perpetrator committing family violence or the victim survivor being subjected to family violence. This could include information sharing as part of ongoing risk assessment.

Once it has been established which purpose the information is to be exchanged, ensure that:

- sufficient information is provided to the ISE to help them identify what information they hold that might be relevant and whether they should disclose that information.
- the purpose of the information is clearly identified and why it is believed the information is relevant
- precedence is given to a victim survivor's right to be safe from family violence when discussing relevant information.
- record keeping is completed, including the name of the service that was contacted, the name of the ISE and the information that was disclosed.

- any risk assessment or safety plan are documented, as a result of the information sharing.
- information is used only for a purpose permitted by law.
- if information request is refused, record this refusal in writing and keep this refusal on file.

Sharing information for risk assessment

Once a reasonable belief has been established that family violence risk is present and the identity of the perpetrator or victim survivor/s are clear (e.g. the victim survivor has identified the perpetrator), this would enable any ISE to make referrals for specialist services or professionals to complete a comprehensive family violence risk assessment. Some of these specialist services are prescribed as Risk Assessment Entities (RAEs) (refer to Table 1).

ISEs can share relevant information proactively or on request with RAEs for risk assessment purposes. That is, in order to:

- confirm whether family violence is occurring
- enable RAEs to assess the level of risk the perpetrator poses to the victim survivor
- correctly identify the perpetrator who is using family violence.

Family violence risk assessment is an ongoing process and is required at different points in time from different service perspectives. Education and care services will have a role in working collaboratively with other services to contribute to ongoing risk assessment and management of family violence.



Figure 1: Overview of activities when sharing information for risk assessment

Victoria State Government, 2021. Information Sharing and Family Violence Reforms Contextualised Guidance. Melbourne, p38.

ISEs can only share information with other ISEs that are not RAEs. Request information from RAEs once family violence risk is established and the identity of the perpetrator and victim survivors are known. This is to prevent sharing that might escalate risk to a child or family member.

Sharing for risk assessment (protection):

Once family violence is established, ISEs can share proactively with other ISEs and request information, including from RAEs, if they reasonably believe sharing is necessary to:

- remove, reduce or prevent family violence risk
- understand how risk is changing over time
- inform ongoing risk assessment.

This opens a two-way flow of information that enables ISEs to form a complete picture of risk and collaborate to support children and families experiencing family violence.

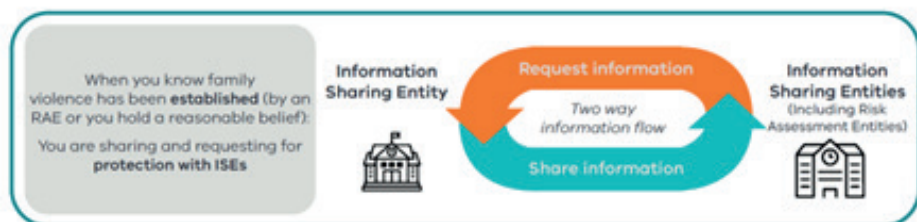


Figure 2: Overview of activities when sharing information for risk management (protection)

Victoria State Government, 2021. Information Sharing and Family Violence Reforms Contextualised Guidance. Melbourne, p38.

When making a request, ensure you are speaking with someone suitably trained to use Part 5A of the Family Violence Protection Act 2008 (FVPA).

Information Sharing Entities that are also Risk Assessment Entities	
<ul style="list-style-type: none"> • State-funded specialist family violence services (including refuges, Men’s Behaviour Change Programs, family violence counselling and therapeutic programs) • Risk Assessment and Management Panel (RAMP) members (including those services that would not otherwise be prescribed but only when participating in a RAMP) 	<ul style="list-style-type: none"> • State-funded sexual assault services Child Protection • Child FIRST services (excluding broader family services) • Victims Support Agency (including Victim Assistance Programs and Victims of Crime Helpline) • Victoria Police • The Orange Door services.

Information Sharing Entities	
<ul style="list-style-type: none"> • Magistrates’ Court of Victoria officials • Children’s Court of Victoria officials • Corrections Victoria and Corrections-funded services • Adult Parole Board • Youth Justice (including the Secretariat to the Youth Parole Board) and Youth Justice funded services • Multi-Agency Panels to Prevent Youth Offending • Justice Health and funded services • State-funded sexually abusive behaviour treatment services • State-funded perpetrator intervention trials 	<ul style="list-style-type: none"> • Registered community-based child and family services • Maternal and Child Health • Registered out of home care services • DHHS Housing • State-funded homelessness accommodation or homelessness support services providing access point, outreach or accommodation services • Designated mental health services • State-funded alcohol and other drug services • Tenancy Advice and Advocacy Program • State-funded financial counselling services • Commission for Children and Young People • Disability Services Commissioner.

Record Keeping

ISEs have specific record keeping obligations under the FVISS and the CISS. ISEs can choose how they will meet their record keeping obligations, which might include written or online case notes, specific record keeping forms or IT solutions, and are in line with the Privacy and Data Protection Act 2014 (Vic) and, where applicable, the Australia Privacy Principles obligations.

When an ISE receives a request to share information they must record:

- the ISE that requested the information
- the date of the request
- the information that was requested
- if refusing a request, the request and the reason why it was refused.

When an ISE shares information (either proactively or on request) they should:

- know and record what scheme they are sharing under (FVISS, CISS or both)
- know and record whom information is being shared about
- record how the threshold for sharing was met.
- relevant risk assessments or safety plans that have been prepared for a person at risk of family violence.

Documentation is also required if sharing about:

- adult victim survivors of family violence or third parties under FVISS (where a child is at risk)
- a child's parent under CISS
- child victim survivors of family violence
- any child in order to promote their wellbeing or safety.
- whether their views were sought about sharing their information
- if their views were not sought, record the reason why
- if they were informed that their information was shared
- whether information was shared with consent and whether the consent was written, verbal or implied
- if the information was shared without consent, record the reason why
- if the information was shared without consent, record if the person was informed that their information was shared without consent

Examples of record keeping forms can be found at:

www.vic.gov.au/guides-templates-tools-for-information-sharing

Handling information sharing and risk assessment complaints under the CISS and FVISS

Types of complaints

ISEs may receive complaints from:

1. Individuals in relation to privacy breaches, for example the ISE has:
 - misidentified an adult victim survivor as a perpetrator and shared information about them without consent
 - shared information that is not relevant to the purpose for which it was shared.
2. Individuals in relation to any other conduct under the Schemes, for example the ISE has:
 - not sought the views of a child and/or relevant family member and the complainant believes it was reasonable, safe and appropriate to do so
 - in the view of the complainant, failed to foster positive relationships between a child and significant people in the child's life, in the way they applied the Schemes.
3. Other ISEs in relation to how the ISE is sharing information under the Schemes. For example, an ISE may make a complaint about:
 - another ISE refusing to share relevant information that should be shared
 - the timeliness of responses.

Complaints Record Keeping

The following information must be recorded if a complaint is received under the Schemes:

- date the complaint was made and received
- nature of the complaint
- action taken to resolve the complaint
- action taken to lessen or prevent the issue from recurring
- time taken to resolve the complaint
- if the complaint was not resolved, further action that was taken

Note: accepted standard practice is that a response should be provided within 30 days of receiving the complaint. All complaints must be handling according to the Privacy and Data Protection Act 2014 (Vic) and, where applicable, the Australia Privacy Principles

Staff Grievances and Dispute Resolution

Quality Area 7

Purpose

The purpose of this document is to provide an avenue through which staff, students and volunteers, and their managers can resolve work related grievances as they arise.

Policy Statement

Values

Hume City Council is committed to:

- providing an environment of mutual respect and open communication
- establishing mechanisms to promote fast and efficient resolution of workplace issues
- complying with all legislative and statutory requirements
- dealing with workplace grievances with fairness and equity
- treating information in relation to workplace grievances with sensitivity
- maintaining privacy and confidentiality at all times

Scope

This policy applies to the Approved Provider or Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, early childhood teachers, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hume City Council.

Background and Legislation

Background

Staff grievances refer to complaints or concerns raised by employees regarding their work environment, conditions, treatment or other employment related matters. Grievances can arise from a variety of issues, including but not limited to conflicts with colleagues or supervisors, unfair treatment, discrimination, harassment, policy violations, workload concerns or disputes over compensation and benefits.

When employees feel aggrieved, they may choose to voice their concerns formally through the organisation's grievance process. The purpose of a staff grievance process is to provide a structured mechanism for employees to express their dissatisfaction, seek resolution, and address any perceived injustices or violations of their rights.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Age Discrimination Act 2004
- Australian Human Rights Commission Act 1986
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Disability Discrimination Act (1992)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 181, 183
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009
- Gender Equality Act 2020
- National Quality Standards
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Racial and Religious Tolerance Act 2001 (Vic)
- Racial Discrimination Act 1975
- Reportable Conduct Scheme
- Relevant awards/agreements in Victorian Early Childhood Education and Care:
 - Victorian Early Childhood Teachers and Educators Agreement 2020 (VECTEA) or its mirror agreements
 - Professional Community Standard 2021 (PCS)
 - Early Educator Employees Agreement 2020 (EEEA)
 - **Hume City Council's Enterprise Bargaining Agreement (EBA) No. 8 (2021-2025)**
- Sex Discrimination Act 1984 (Cwlth)

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

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

Definitions

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

Complainant: Person who brings the grievance to the attention of Hume City Council Early Years Services under this policy.

Good Faith: Includes acting truthfully and confidentially throughout the resolution process, not attempting to submit an anonymous grievance, and not making frivolous or vexatious grievances.

Staff Grievance: A formal complaint raised by an employee against a fellow employee, manager or the employer. Employees usually file grievances for workplace harassment, workplace bullying, discrimination, nepotism, concerns regarding team management or regarding terms of the employment (i.e., workplace entitlements).

Grievance Procedure: Industrial instruments (awards/agreements) may contain a specific clause which provides for a procedure in managing a Staff Grievance. Refer to clause 10 (grievance procedure) of the Victorian Early Childhood Teachers and Educators Agreement 2020 (VECTEA).

Dispute: A state of disagreement over an issue or group of issues between an employer and its employees.

Dispute resolution procedure: The method used to resolve complaints, disputes, or matters of concern through an agreed resolution process. Industrial instruments (awards/agreements) contain specific procedures dealing with disputes that arise in relation to a grievance investigation, or a matter arising under its terms. Refer to clause 13 (dispute resolution) of the Victorian Early Childhood Teachers and Educators Agreement 2020 (VECTEA).

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

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

Reportable allegation: Any allegation that an employee, volunteer or student has committed child abuse (refer to Child Safe Environment and Wellbeing Policy).

Reportable Conduct Scheme: Aims to improve oversight of how organisations respond to allegations of child abuse and child-related misconduct by their workers and volunteers. There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child

Respondent: Person or entity whose behaviours, actions or decisions are the subject of the grievance.

Staff: Permanent, temporary or casual employees of Hume City Council Early Years Services.

Workplace Investigator: An external individual who is responsible for conducting impartial and objective investigations into workplace incidents, complaints or alleged misconduct. They are typically appointed by an employer/approved provider or assigned by a designated authority within the organisation to gather relevant information, interview witnesses, review evidence, and make findings and recommendations based on their investigation.

Workplace Investigation: The purpose of a workplace investigation is to thoroughly examine the allegations, determine the truth, and make informed decisions regarding appropriate actions, including disciplinary measures or corrective actions. The investigation process involves gathering evidence, interviewing relevant individuals, reviewing documents or records, and assessing the credibility of the information provided. The investigator remains impartial and objective throughout the process, ensuring a fair and unbiased examination of the situation.

Responsibilities

‘R’ indicates legislative requirement

	Approved Provider and Persons with Management or Control	Nominated Supervisor and persons in day-to-day charge	Early Childhood teacher, educators and other staff	Contractors, Volunteers and Students
Conducting oneself in a professional manner and observe appropriate workplace behaviours in line with the Code of Conduct Policy	✓	✓	✓	✓
Providing advice, assistance and support to all parties to a grievance in line with this policy and procedure	✓	✓		
Being aware of their obligations and responsibilities in relation to handling grievances	✓	✓	✓	✓
Identifying, preventing and addressing potential problems before they become formal grievances and developing a staff grievances and dispute resolution procedure	✓	✓		
Ensuring that staff grievances are fully documented, and consider employee wishes in determining the appropriate steps and actions	✓	✓		
Ensuring all decisions relating to staff practices are made with consideration given the ramifications for the individual and Hume Early Years Services	✓	✓		
Ensuring any grievance is handled in the most appropriate manner at the earliest opportunity in accordance with this Policy and the requirements in the Hume City Council Enterprise Bargaining Agreement (EBA) No. 8 (2021-2025).	✓	✓		
Informing DE in writing within 24 hours of any grievances alleging that a serious incident (refer to Definitions) has occurred at the service or that the Education and Care Services National Law has been breached (National Law: Section 174, Regulation 176(2)(b))	R	R		
Notifying the Commission for Children and Young People (CCYP) within 3 business days of becoming aware of a reportable allegation (refer to Definitions), under the Reportable Conduct Scheme (refer to Definitions)(refer to Child Safe Environment and Wellbeing Policy)	R	✓		
Following processes for responding to and reporting suspected child abuse (refer to Child Safe Environment and Wellbeing Policy)	R	R		
Working co-operatively with the approved provider, DE, CCYP or workplace investigator in any investigations related to staff grievances		✓	✓	✓
Ensuring all employees and volunteers are treated fairly and without fear of intimidation	✓	✓		
Attempting to resolve any issues through their immediate supervisor and through internal processes at the earliest opportunity			✓	✓
Raising a grievance and engage in the resolution process under this policy in good faith (refer to Definitions)			✓	✓
Respecting the rights of the complainant, the respondent and any other persons involved, and must not victimise any person for raising a grievance or for their involvement in the resolution of a grievance	✓	✓		
Participating genuinely if an investigation is undertaken and provide truthful answers when required			✓	✓
Maintaining a dialogue with all parties to the grievance to ensure constructive, respectful, and proactive resolution of any grievances that arise	✓	✓		
Acting fairly & ensuring conclusions reached are based on a fair and due process that relate to relevant evidence involving all parties to the grievance	✓	✓		
Engaging independent internal or external investigators as required and maintaining confidentiality throughout the process	✓	✓	✓	✓
Analysing complaints, concerns, and safety incidents to identify causes and systemic failures to inform continuous improvement	✓	✓		

Sources and Related Policies

Sources

[Fair Work Commission](#) for employment conditions

Related Policies

- ✓ Child Safe Environment and Wellbeing
- ✓ Code of Conduct
- ✓ Mental Health and Wellbeing
- ✓ Privacy and Confidentiality
- ✓ Compliments and Complaints
- ✓ Inclusion and Equity
- ✓ Occupational Violence and Aggression
- ✓ Staffing

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

Attachment 1: Staff Grievance Dispute Resolution Guidelines

Authorisation

This policy was adopted by Hume City Council Early Years Services on **31 August 2023**.

Review Date: **31 March 2026**.

ATTACHMENT 1

Staff Grievance Dispute Resolution Guidelines

Hume City Council Early Years Services aims to maintain a harmonious work environment. This guideline aims to assist staff and management to resolve staff grievances effectively and to the satisfaction of all concerned.

Hume City Council Early Years Services is committed to addressing staff grievances in a prompt and effective manner. The rights of employees will be respected in the grievance process.

Both the employer and employee will abide by their obligations under the Hume City Council Enterprise Bargaining Agreement (EBA) No. 8 (2021-2025).

These guidelines should be read in conjunction with the grievance procedure in the Hume City Council Enterprise Bargaining Agreement (EBA) No. 8 (2021-2025). Refer to clause 10 (Grievance Procedure) in the Victorian Early Childhood Teachers and Educators Agreement 2020 (VECTEA).

To avoid any perceived conflict of interest, if the approved provider (including nominated supervisors/directors/management teams or committee members)(if applicable) are personally involved in issues as a complainant, or in allegations of discrimination, they will stand aside from participation in Complaint subcommittees or procedures related to the investigation or management of complaints. The service or organisation will ensure that all complaints/grievances, regardless of whether they are of a major or minor nature, will be treated seriously and an investigation carried out fairly, efficiently, and expeditiously.

The following guidelines are to ensure that grievances are resolved by discussion between the parties. The employer recognises that, from time-to-time, individual employees may have grievances that need to be resolved in the interest of good relationships.

- Listen to the complainant. Obtain a chronology of events (who, what, when, where, why, how).
- Offer the complainant assistance (such as counselling through the Employee Assistance Program (EAP)) or a way to get home safely if they are visibly upset.
- Confidentiality is to be respected at all times. Information about a grievance will not be disclosed or discussed outside of the grievance procedures, except as required by law.
- A staff member who has commenced a grievance process may withdraw and stop the process at any time without penalty.
- No staff member will suffer any personal or professional disadvantage because they decide to pursue a grievance in accordance with this policy and procedures.

- Employees may elect to have a support person of their choice present as a witness at any meetings or interviews. This may be a union representative consistent with the Enterprise Bargaining Agreement (EBA) No. 8 (2021-2025).
- Until the grievance is resolved, work shall continue as normal unless there is a clear threat to any employee's health or safety.

Direct Resolution

Staff members who wish to raise a grievance should, in the first instance (feels comfortable and safe to do so), attempt to resolve the issue directly with the person(s) involved. The aggrieved person is encouraged to make the person or persons aware that their actions are unwelcome / offensive / intimidating.

Leadership (Nominated Supervisor/Assistant Team Leader/Team Leader/Regional Coordinator/Coordinator

If matters are not resolved, or the staff member is unwilling to raise it with the person(s) involved or with leadership, the staff member should raise the grievance with the next level of management. Staff will move through each level only if they consider that their grievance has not been resolved.

People and Culture

The People and Culture team have the responsibility to:

- provide advice, assistance, and support to all parties to a grievance in line with this policy and procedure
- afford confidentiality for all parties involved in the grievance
- facilitate satisfactory resolution of the matter between parties
- manage the grievance investigation process and ensure it is conducted in a procedurally fair and transparent manner and without undue delay
- appoint an external and/or independent investigator to conduct the investigation as required
- engage mediators as required
- review the findings and resolutions for compliance with this policy and/or any actions that relate to the Disciplinary Policy
- maintain a dialogue with all parties to the grievance to ensure constructive, respectful, and proactive resolution of any grievances that arise

Approved Provider

The Approved Provider has a responsibility to:

- be aware of their obligations and responsibilities in relation to handling grievances
- appoint an external and/or independent investigator to conduct the investigation as required
- facilitate satisfactory resolution of the matter between parties and/or engage mediators as required
- review the findings and resolutions for compliance with this policy and/or any actions that relate to the Disciplinary Policy
- maintain a dialogue with all parties to the grievance to ensure constructive, respectful, and proactive resolution of any grievances that arise

Investigating a Grievance

If it is not possible to resolve a grievance through discussions with relevant parties expeditiously, conduct a formal investigation into the grievance.

Procedural fairness and transparency are critical in a workplace investigation (refer to Definitions). Maintaining procedural fairness means that you can:

- protect the interests of the participants in the investigation
- enhance the credibility of the investigation process
- rely on the investigation (and your findings) when making employment decisions
- defend your employment decisions in a court of tribunal

The following list includes recommendations to ensure that a workplace investigation is procedurally fair. The investigator should ensure that:

- the respondent is aware of all the allegations made against them in sufficient details
- the respondent is allowed a reasonable opportunity, including adequate time, to respond to each of the allegations
- the investigation is carried out in a reasonable time frame
- all participants are given the opportunity to have a support person in the interviews pertaining to the investigation
- all participants are required to maintain confidentiality
- the investigator has no personal interest or bias in the matter being investigated
- all participants are given the opportunity to respond to any contradictory evidence
- the investigator makes reasonable and diligent enquiries to ensure that there is sufficient evidence before making findings on the balance of probabilities

Dispute Resolution

Should a grievance not be resolved in a manner which is satisfactory to the Complainant or Respondent, then either party may enact the dispute resolution provisions in the Enterprise Bargaining Agreement (EBA) No. 8 (2021-2025). An employee who is a party to the dispute may appoint a representative for these purposes. Refer to Clause 13 (Dispute Resolution) in the Victorian Early Childhood Teachers and Educators Agreement 2020 (VECTEA).

The Importance of Impartiality

It is critical to ensure that the person responsible for carrying out an investigation is impartial. The investigator must not have a vested interest in the outcome of the matter. It is important to consider:

- whether the use of an external investigator is necessary to ensure impartiality
- whether any conflicts of interest need to be disclosed (e.g., if any individuals are friends outside the workplace)
- whether the investigator has handled any previous disciplinary matters

If there is the possibility that a person's employment will be terminated if the allegations are proven as part of an investigation, then you should seriously consider the use of an external investigator to ensure that your investigation and the process followed will stand up in any potential court proceedings.

Resolution and Documentation

When a grievance is resolved, the relevant parties will be notified accordingly. Where it is considered appropriate to document outcomes of a grievance procedure, it will be placed on the employee's personnel file and a copy given to the employee.

Definitions

This definitions document consists of all the commonly referred to terms used throughout this policy document, this reducing the amount of text within each individual policy. Terms that are specific to individual policies remain under the definition section of the template.

Term	Definition
Australian Children's Education & Care Quality Authority (ACECQA)	The national authority established to oversee the National Quality Framework and guide its implementation in a consistent way throughout Australia.
Additional Needs	<p>The term used for children who require or will benefit from specific considerations or adaptations and who:</p> <ul style="list-style-type: none"> • are Aboriginal or Torres Strait Islander • are recent arrivals in Australia • have culturally and linguistically diverse backgrounds • live in isolated geographic locations • are experiencing difficult family circumstances or stress • are at risk of abuse or neglect • are experiencing language and communication difficulties • have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder • have a medical or health condition • demonstrate challenging behaviours and behavioural or psychological disorders • have developmental delays • have learning difficulties • are gifted or have special talents • have other extra support needs. <p>It is important to note that:</p> <ul style="list-style-type: none"> • additional needs arise from different causes, and that causes require different responses • any child may have additional needs from time to time. <p>Adapted from the Guide to the National Quality Framework, 2020</p>
Adequate Supervision	<p>Supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.</p> <p>Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:</p> <ul style="list-style-type: none"> • number, age and abilities of children • number and positioning of educators • current activity of each child • areas in which the children are engaged in an activity (visibility and accessibility) • developmental profile of each child and of the group of children • experience, knowledge and skill of each educator • need for educators to move between areas (effective communication strategies).

Term	Definition
Approved first aid qualification	A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training are published on the ACECQA website: www.acecqa.gov.au
Approved provider	The approved provider is the legal entity that is approved to operate an education and care service and is legally responsible for managing the service and holds a provider approval (National Law). A provider approval authorises a person or organisation to apply for one or more service approvals and is valid in all jurisdictions.
Attendance record	Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the nominated supervisor or educator (National Regulation 158(1)).
Authorised officer	A person authorised to be an authorised officer under Part 9 (National Law). Authorised officers are appointed by the regulatory authority under the provisions of the National Law and carry out the functions of monitoring, assessing and rating licensed approved education and care services in their jurisdiction.
Authorised person	An authorised person means a person who belongs to one of the below groups: <ul style="list-style-type: none"> • A person who holds a current working with children check or working with children card; or • A parent or family member of a child who is being educated and cared for by the education and care service or the family day care educator; or • An authorised nominee of a parent or family member of a child who is being educated and cared for by the education and care service or the family day care educator; or • In the case of an emergency, medical personnel or emergency service personnel • A person who is permitted under the working with children law of a jurisdiction to remain at the education and care service premises without holding a working with children check or a working with children card (National Law).
Authorised Nominee	A person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child's enrolment form. The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service will need to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.
Children	Refers to each baby, toddler, three- to five-year-old and school age child and means children as individuals and as members of a group in the education and care setting, unless otherwise stated. It is inclusive of children from all social, cultural and linguistic backgrounds and of their learning styles, abilities, disabilities, gender, family circumstances and geographic locations (adapted from the Early Years Learning Framework, p. 45).
Communication Plan	A written plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.
Culture	The values and traditions of groups of people that are passed from one generation to another.
Culturally and Linguistically Diverse (CALD)	Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds
Curriculum	All interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development (Early Years Learning Framework; adapted from Te Whariki).
Department of Education	A government department in Victoria, responsible for: <ul style="list-style-type: none"> • granting approvals, including provider approval and service approvals • assessing and rating services against the National Quality Standard • working with ACECQA to promote continuous quality improvement and educating the sector and community about the National Quality Framework.

Term	Definition
Diversity	Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.
Duty of Care	A common law concept that refers to your responsibility to adequately protect children in your care from harm. It applies to all staff members within any Victorian early childhood service, and it is usually expressed as a duty to take reasonable steps to protect children from injury that is reasonably foreseeable.
Each Child	As defined in the Guide to the National Quality Framework, a phrase used in the National Quality Standard when an individualised approach is warranted, and educators are required to modify their response to meet the needs of an individual child. An example is 'each child's current knowledge, ideas, culture and interests provide the foundation for the program'.
Early Childhood Teacher (ECT)	A person with an approved early childhood teaching qualification as listed on the ACECQA website: www.acecqa.gov.au .
Education and Care Service	Any service providing or intended to provide education and care on a regular basis to children under 13 years of age (National Law). See Section 5 of the National Law for services that are excluded from this definition.
Educational Leader	The approved provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, coordinator or other individual to lead the development and implementation of education programs at the service (National Regulation 118). This person must have a thorough understanding of the Early Years Learning Framework (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.
Educational Program	<p>A program that (National Law: Section 168):</p> <ul style="list-style-type: none"> • is based on an approved learning framework; and • is delivered in a manner that accords with the approved learning framework; and • is based on the developmental needs, interests and experiences of each child; and • is designed to take into account the individual differences of each child
Educator	An individual who is qualified to provide education and care for children as part of an education and care service.
Enrolment Record	Contains information on each child, as required under legislation, including contact details; names of authorised nominees; names of persons authorised to consent to medical treatment or to authorise administration of medication; names of persons authorised to take the child outside the service; details of any court orders; personal and health information including specific healthcare needs, medical management plans and dietary restrictions etc.
Emergency	In relation to an education and care service, includes an incident, situation or event where there is an imminent or severe risk to the health, safety and wellbeing of a person at the education and care service premises e.g. flood, fire, a situation that requires the service to be shut down.
Excursion	An outing organised by an education and care service where the child or children leave the education and care service premises in the company of an educator.
Families	<p>The term families used within this Policy is defined as a group of people who are connected by love, support and commitment to each other, regardless of their biological or legal ties.</p> <p>The National Law defines families as:</p> <ul style="list-style-type: none"> • a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de-facto relationship) or by adoption or otherwise; or • a relative of the child according to Aboriginal or Torres Strait Islander tradition; or • a person with whom the child resides in a family-like relationship; or • a person who is recognised in the child's community as having a familial role in respect of the child

Term	Definition
Governance	Refers to the systems in place to support effective management and operation of the service, consistent with the service's statement of philosophy. Good governance requires effective management systems and clearly delineated roles and responsibilities to support the effective operation of a quality of service.
Guardian	In relation to a child, means the legal guardian of the child (National Law pg. 20). Legal guardians have custody of the children and the authority to make decisions concerning the child(ren)'s protection, education, care, etc. Legal guardianship is assigned by a court, such as the family court, according to state laws.
In Attendance at a Centre Based Service	<p>An early childhood teacher or suitably qualified person is in attendance at a centre-based service if the teacher or qualified person (National Regulations 118):</p> <p>(a) is physically present at the service; and</p> <p>(b) carries out education and care activities at the service including one or more of the following:</p> <ul style="list-style-type: none"> • working directly with children; • planning programs; • mentoring, coaching or supporting educators; • facilitating education and care research; • performing the role of educational leader of the service referred to
Incident, Injury, Trauma and Illness Record	<p>Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence.</p> <p>Details required include the:</p> <ul style="list-style-type: none"> • name and age of the child • circumstances leading to the incident, injury, trauma or illness (including any symptoms) • time and date • details of action taken by the service including any medication administered, first aid provided or medical personnel contacted • details of any witnesses • names of any person the service notified or attempted to notify, and the time and date of this • signature of the person making the entry, and time and date of this. <p>These details need to be kept for the period of time specified in National Regulation 183.</p>
Kindergarten Funding Guide	Provides detailed information from the Department of Education (DE) about the types of kindergarten funding available, eligibility criteria, how to apply for funding and how to comply with operational requirements once funding has been granted.
Learning	A natural process of exploration that children engage in from birth, as they expand their intellectual, physical, social, emotional and creative capacities. Early learning is closely linked to early development.
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). 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 (tga.gov.au).
Medical Attention	Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical Emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Term	Definition
Medical Management Plan	<p>A medical management plan must be in place for every child enrolled who has a diagnosed health care need, allergy or relevant medical condition, and kept with the child's enrolment record. It must be followed at all times.</p> <p>The child's medical practitioner must prepare the plan, and the parent must then provide it to the service.</p> <p>It should include:</p> <ul style="list-style-type: none"> • details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition • any current medication prescribed for the child • the response required from the service in relation to the emergence of symptoms • any medication required to be administered in an emergency • the response required if the child does not respond to initial treatment • when to call an ambulance for assistance.
Medication Record	<p>Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.</p>
National Law	<p>Unless otherwise specified, the Education and Care Services National Law Act 2010. This applied law system sets a national standard for children's education and care across Australia.</p>
National Quality Agenda IT System (NQAITS)	<p>A web-based information system to assist state and territory regulatory authorities and ACECQA to manage the approval, monitoring and quality assessment of children's education and care services. The system also enables services, providers and educators to submit application and notification forms online to regulatory authorities and ACECQA.</p>
National Quality Framework (NQF)	<p>This framework for the early childhood education and care sector helps providers to improve the quality of services in areas that impact on a child's development. The framework includes:</p> <ul style="list-style-type: none"> • a National Law – the Education and Care Services National Law Act 2010 National Regulations – the Education and Care Services National Regulations 2011 (please check online to ensure the most current version is being used) the National Quality Standard • an assessment and rating system • a Regulatory Authority in each state and territory with primary responsibility for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard • the Australian Children's Education and Care Quality Authority (ACECQA). The national body responsible for providing oversight of the system and ensuring consistency of approach.
National Quality Standard (NQS)	<p>The NQS sets a National benchmark for the quality of children's education and care services. The NQS is comprised of guiding principles, quality areas, standards, and elements. There are seven quality areas which capture aspects critical to the provision of quality education and care.</p>
National Regulations	<p>The Education and Care Services National Regulations 2011: the regulations or rules under which education and care services must operate. The regulations are the way in which the law is applied.</p>
Nominated Supervisor	<p>A person who has been nominated by the approved provider of the service under Part 3 of the Act can be the nominated supervisor. All services must have a nominated supervisor with responsibility for the service in accordance with the National Regulations. The approved provider must take reasonable steps to ensure the nominated supervisor is a fit and proper person with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the nominated supervisor for the service changes or is no longer employed at the service within 14 days.</p>
Notifiable Incident	<p>An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the Guide to Incident Notification on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au.</p>

Term	Definition
Notifiable Complaints	<p>A complaint alleging that a serious incident has occurred while the child is educated and cared for or complaints alleging that the Law has been contravened (National Law: Section 174(2)(b)). Any complaint of this nature must be reported by the approved provider to DET (refer to Definition) within 24 hours of the complaint being made.</p> <p>The approved provider to notify DET (refer to Definition) within the specified timeframes below (National Law: Section 174(2) (b), National Regulation 176(2) (b))</p> <ul style="list-style-type: none"> • serious incidents (refer to Definition) in writing within 24 hours of the incident or the time the person becomes aware of the incident • any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service - Within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information • any incident where the approved provider reasonably believes that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service - Within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information. • any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the service. <p>In addition, approved providers must take reasonable steps to ensure that these incidents and complaints are adequately addressed. Notifications should be made to the regulatory authority (DET) through the NQA IT System. If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.</p>
Parent	<p>In relation to a child, includes:</p> <ul style="list-style-type: none"> • a guardian of the child • a person who has parental responsibility for the child under a decision or order of a court (National Law).
Person in Day-to-Day Charge	<p>A person is in day-to-day charge of an education and care service if:</p> <ul style="list-style-type: none"> • the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the service; and • the person consents to the placement in writing (National Regulations 117A (b)). <p>There are minimum requirements for the person in day-to-day charge (National Regulations 117B).</p>
Person with Management or Control (PMC)	<p>The persons within or outside the approved provider who are responsible for managing the delivery of the provider's service(s) or who have significant influence over the activities of delivery of the service. A PMC has the same legal responsibility for the safety, health and wellbeing of children at their service as an approved provider.</p> <p>A PMC is a person in an executive or management role of an approved provider entity, including:</p> <ul style="list-style-type: none"> • an officer of a body corporate (within the meaning of the Corporations Act 2001 of the Commonwealth) • each member of the management committee of an association • each partner of a partnership • a person in a management position of the business, with the authority or responsibility for, or significant influence over, decisions affecting the delivery of children's education and care (such as a state/territory or area manager). <p>A nominated supervisor, person in day-to-day charge of a service, or a person who holds other operational management roles in a service (such as centre manager) would not meet the PMC definition. People holding these roles will only meet the PMC definition if they also participate in executive or financial decision-making or have authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service.</p>
Policy	<p>A formal statement of principles which provides a framework for decision-making and indicates the course of action to be taken in specific circumstances. Policies provide services with an approved way of operating in relation to particular matters and improve the management of risk. They reflect the values and beliefs of a service, current thinking, national standards and community expectations, and are relevant in terms of current laws and regulations.</p>
Procedures	<p>The steps required to implement and comply with a policy. Procedures specify how to achieve the necessary result by outlining who does what and when. Procedures are succinct, factual and to the point, and are generally expressed as a list.</p>

Term	Definition
Program	See Educational Program
Regular Outing	<p>In relation to an education and care service, means a walk, drive or trip to and from a destination:</p> <ul style="list-style-type: none"> • that the service visits regularly as part of its educational program; and • where the circumstances relevant to the risk assessment is the same on each outing.
Responsible Person	<p>The responsible person is an individual who is physically present and is responsible for the operation of a centre-based service for an agreed period of time. A responsible person must be present at all times that the approved service operates (National Law: Section 162 (c)) and can be:</p> <ul style="list-style-type: none"> • the approved provider or a person with management or control of the service; • a nominated supervisor of the service; or • a person placed in day-to-day charge
Regular Transportation	<p>In relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported.</p>
Reportable Incidences	<p>Under the Occupational Health and Safety Act 2004 (OHS Act), employers and self-employed persons must notify WorkSafe immediately after becoming aware an incident has occurred, including those resulting in:</p> <ul style="list-style-type: none"> • death • a person needing medical treatment within 48 hours of being exposed to a substance • a person needing immediate treatment as an in-patient at a hospital • a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving/ scalping) electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment). <p>Incidents must be reported if they expose a person in the immediate vicinity to an immediate risk to the person's health and safety involving:</p> <ul style="list-style-type: none"> • registered or licensed plant collapsing, overturning, falling or malfunctioning • collapse or failure of an excavation, or shoring supporting an excavation • collapse of a building structure (or partial collapse) • implosion, explosion, or fire • escape, spillage or leakage of any substance • plant or objects falling from high places.
Risk Assessment	A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations
Risk Minimisation	The practice of developing and implementing a range of strategies to reduce hazards, for example, for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.
Risk Minimisation Plan	A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the approved provider/nominated supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment

Term	Definition
Serious Incident	<p>You must notify the DET within 24 hours of becoming aware of a serious incident (Section 174(2)(a) and Regulation 176(2)(a).</p> <p>A serious incident (National Regulation 12) is defined as any of the following:</p> <ul style="list-style-type: none"> · the death of a child while being educated and cared for at the service or following an incident while being educated and cared for by the service · any incident involving serious injury or trauma to a child while the child is being educated and cared for, which: <ul style="list-style-type: none"> · a reasonable person would consider required urgent medical attention from a registered medical practitioner; or · the child attended or ought reasonably to have attended a hospital e.g. a broken limb* · any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis <p>NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.</p> <ul style="list-style-type: none"> · any emergency for which emergency services attended <p>NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.</p> <ul style="list-style-type: none"> · a child appears to be missing or cannot be accounted for at the service · a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations · a child was mistakenly locked in or out of the service premises or any part of the premises. <p>Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.</p> <p>If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.</p> <p>Notifications of serious incidents should be made to the regulatory authority (DET) (refer to Definition) through the NQA IT System. If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.</p>
Staff	<p>In relation to an education and care service, means any individual (other than a nominated supervisor or a volunteer) employed, appointed or engaged to work in or as part of an education and care service, whether as a family day care coordinator, educator or otherwise (National Law definition).</p>
Staff Record	<p>A record which the approved provider of a centre-based service must keep containing information about the nominated supervisor, staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.</p> <p>Staff records must be kept by the service and include details of the nominated supervisors, the educational leader, other staff members, volunteers and the responsible person. The record must include information about qualifications, training and details of the Working with Children Check (National Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au.</p>

Term	Definition
Transportation	<p>Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applies in scenarios where services are transporting children, or have arranged for the transportation of children, between an education and care service premises and another location, for example their home, school, or a place of excursion.</p> <p>Examples of transport not forming part of a service include:</p> <ul style="list-style-type: none"> • private transport provided by families and carers (i.e. carers not engaged by/registered with a service) • transport provided and/or arranged by an entity other than the approved provider, e.g. a school bus, and where the children are not under the care of the approved provider • transport where the approved provider is providing the transport service in a capacity other than as the approved provider, e.g. a government department that provides an education and care service, provides school education, and provides a school bus to school students, on which the children who attend the service also • travel for practical reasons (such as in a remote or rural location) • when a disability service picks up children and transports them to school or an activity.
Victorian Institute of Teaching (VIT)	<p>The statutory authority for the regulation and promotion of the teaching profession in Victoria, established as part of the Victorian Institute of Teaching Act 2001. All early childhood teachers are required to be registered with the Victorian Institute of Teaching.</p>
Vulnerability	<p>The condition or state of being susceptible to various risks and challenges that may negatively impact children, families, and the broader community. It involves factors that can hinder optimal development, well-being and equitable access to quality early childhood education and care. Vulnerability can manifest in different forms and may be influenced by various factors, including but not limited to, socioeconomic status, cultural background, family dynamics, geographic location, disability or additional needs, and family circumstances.</p>
Working Directly with Children	<p>Working directly with children is defined as being physically present with children and directly engaged in providing them with education and/or care.</p>
Working with Children Check (WWCC)	<p>The check is a legal requirement under the Worker Screening Act 2020 for those undertaking paid or voluntary child-related work in Victoria. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history.</p>
Working with Children Clearance (WWC)	<p>A WWC Clearance is granted to a person under Worker Screening legislation if:</p> <ul style="list-style-type: none"> • they have been assessed as suitable to work with children • there has been no information that, if the person worked with children, they would pose a risk to those children • they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

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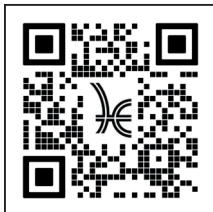
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