Early Learning Centre
Policy Manual

Owner: ELC Director
Title: ELC Policies
Reference Number: SCO-POL-011

Approved: December 2025
Next Review: February 2026
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BIBLICAL VALUES AND RELATIONSHIPS WITH CHILDREN

At Bayside Christian College, we seek to honour God in lifestyle as well as belief, our lifestyle demonstrating our beliefs.

Accordingly, as a Christian learning community, we hold the following Biblical values, and seek to promote these values among our families and students by the teaching and lifestyle of the Board and Staff.

Therefore, it is the expectation of the College that the Board and staff;

- Give first priority in life to the one true God revealed in the Bible as three persons: Father, Son and Holy Spirit
- Be part of a faith community and attend regularly
- Not use language that is blasphemous or unwholesome
- Be just and fair in all dealings with other people. Not discriminate in relationships against others because of race, beliefs, gender, disability or values
- Be willing to support families and to provide for family needs and to set apart time for God and relaxation
- Honour parents and those set-in authority over us
- Respect the sanctity of life in all situations, love others as oneself and avoid actions, words or attitudes that will deliberately hurt others.
- Be quick to forgive where offences have occurred
- Respect the sanctity of marriage
- Respect the property and good name of others.
- Speak truthfully
- Abstain from greed, lust, pornography, gluttony, drunkenness and banned substances
- Handle disputes or grievances in a God honouring and Biblical manner
- Not adhere to teaching or promote occultic beliefs, values or practices

Communication of policies

Bayside ELC will communicate these policies to all staff, the community and appropriate members of the wider community including:

- Any person who is offered employment with the College;
- Upon request
- To employees and contractors of the College to whom it relates or may relate;
- To students, prospective students and parents and carers of students of Bayside ELC .

ACCEPTANCE AND REFUSAL AUTHORISATIONS

Policy Statement

This policy outlines procedures to be followed when:

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

Purpose

Bayside ELC is committed to:

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

Application

This policy applies to the staff, parents/carers, children, volunteers and students involved with Bayside ELC.

Definitions

Word/s	Definition
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 them to be on the premises e.g. a person under the influence of drugs or alcohol (National Law: Section 171(3))

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that parents/carers are provided access to all service policies	R	X	X		

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Ensuring that all staff and parents/carers follow the policies and procedures of the service	R	X	X	X	
Ensuring the authorisations are kept up-to-date	R	X		X	
Ensuring that all parents/carers have completed the authorised nominee section of their child's enrolment form, and that the form is signed and dated before the child commences at the service Regulation 161	R	X	X		
Ensuring that permission forms for excursions are provided to the parent/carer or authorised nominee prior to the excursion	R	R	X		
Ensuring ECT/educators/staff allow a child to participate in an excursion or regular outings only with the written authorisation of a parent/carer or authorised nominee including details required under Regulation 102(4)(5), 161	R	R	X		
Ensuring that where children require medication to be administered by ECT/educators/staff, this is authorised in writing, signed and dated by a parent/carer or authorised nominee, and included with the child's medication record Regulations 92(3)(b)	R	X	X		
Ensuring ECT/educators/staff do not administer medication without the authorisation of a parent/carer or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency	R	X	X		
Ensuring that all parents/carers have completed the authorised nominee section of their child's enrolment form, for authorisation for seeking medical treatment and transportation of the child by an ambulance service Regulation 160 (1) (b)	R	X	X	X	
Ensuring that all parents/carers have completed the authorised nominee section of their child's enrolment form, for authorisation for the transportation of the child or arranging transportation of the child Regulation 120D, 160 (3) (vi)	R	X	X	X	
Ensuring that an attendance record is maintained to account for all children attending the service	R	X	X		
Keeping a written record of all visitors to the service, including time of arrival and departure	R	X			
Ensuring the approved provider is informed when a written authorisation does not meet the requirements outlined in service policies		X	X		

Ensuring children depart from the service only with a person who is the parent/carer or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency Regulation 99, 160, National Law: Section 167	R	R	X		
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	X		
Ensuring processes are in place for circumstances where authorisations are refused/not applicable. For example 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 as 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	X			
Ensuring that there are procedures in place if an inappropriate person attempts to collect a child from the service National Law: Section 167	R	R			
Enacting procedures for dealing with a written authorisation that does not meet the requirements outlined in service policies	R	X	X		
Completing and signing the authorised nominee section of their child's enrolment form before their child commences at the service				X	
Signing and dating permission forms for excursions				X	
Signing the attendance record as their child arrives at and departs from the service				X	
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				X	

Procedures for refusing a written authorisation

On receipt of a written authorisation from a parent/carer that does not meet the requirements outlined in the related service policy and Regulation 161, the approved provider will:

- immediately explain to the parent/carer that their written authorisation contravenes service policy, and that it cannot be accepted

- ensure that the parent/carer is provided with a copy of the relevant service policy and that they understand the reasons for the refusal of the authorisation

- request that an appropriate alternative written authorisation is provided by the parent/carer that complies with the requirements of the relevant service policy

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- ensure that procedures outlined in the relevant service policy are followed where a parent/carer cannot be immediately contacted to provide an alternative written authorisation

- follow up with the parent/carer, where required, to ensure that an appropriate written authorisation is obtained.

Background

Under the National Law and Regulations, early childhood services are required to obtain written authorisation from parents/carers, and/or authorised nominees 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 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/carers understand exactly what they need to do.

This policy outlines procedures to be followed when refusing a written authorisation from a parent/carer 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/carers and families, the approved provider may adopt a policy position accepting authorisations for persons over the age of 16 to collect a child from the service. This decision will then be outlined in the service's Delivery and Collection of Children Policy. In the event that the service receives written authorisation for a person under the age specified in its Delivery and Collection of Children Policy, to collect a child from the service, the procedures outlined within this policy for refusing this written authorisation would be enacted.

Relevant Policies

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Emergency and Evacuations
- Enrolment and Orientation
- Excursions and Service Events
- Governance and Management of the Service
- Accident, Injury, Trauma and Illness
- Nutrition, Oral Health and Active Play

Related Sources

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

Relevant Legislation

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)

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- 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

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation

changes with operations of Bayside ELC.

ACCIDENT, INJURY, TRAUMA AND ILLNESS

Policy Statement

This policy will clearly define the:

● procedures to be followed if a child has an accident, is injured or has a medical emergency.

● responsibilities of staff, parents/carers.

Purpose

Bayside ELC is committed to:

● as far as reasonably practicable, providing a safe and healthy environment for all children, staff, and any other persons participating in the program.

● responding to the needs of the child if the child is injured, becomes ill, or is traumatised whilst attending the centre.

● ensuring safe and appropriate administration of medication in accordance with legislative requirements.

Application

This policy applies to the staff, parents/carers, children, volunteers and students involved with Bayside ELC.

Definitions

Word/s	Definition
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 is published on the ACECQA website: acecqa.gov.
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').
Infection	The invasion and multiplication of micro-organisms in bodily tissue.

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Word/s	Definition
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
Injury	Any physical damage to the body caused by violence or an incident.
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website 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 (ASCIA) action plan for anaphylaxis.
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
Minor incident	An incident that results in an injury that is small and does not require medical attention
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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring the Accident, Injury, Trauma and Illness Policy and procedures are in place (Regulations 168) and available to all stakeholders (Regulations 171)	R	X			

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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	X			
Ensuring that the premises are kept clean and in good repair	R	R	X		x
Maintaining effective 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	R	R	X		
Regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified	R	R	X		
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	R	R	X		x
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	X	X		
Ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA) and WorkSafe Victoria incident report forms	R	X			
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	R	X	X		
Ensuring that there is a minimum of one educator with a current (within the previous 3 years) approved first aid qualification on the premises at all times	R	X			
Ensuring that there are an appropriate number of up-to date, fully equipped first aid kits that are accessible at all times	R	X	X		
Ensuring that children's enrolment forms contain 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	X		X	
Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any				X	

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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/carers attending the service				X	
Ensuring that the service is provided with a current medical management plan, if applicable (Regulation 162(d))				X	
Notifying the service when their child will be absent from their regular program				X	
Notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.				X	
Responding immediately to any incident, injury or medical emergency	R	R	R		
Ensuring that a parent/carer 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	X	X		
Ensuring that a parent/carer is notified immediately when a child does not consent to be examined/assessed in the event of an incident, injury, trauma or illness, or where there is any question or concern regarding the nature of the injury, illness or trauma, as an accurate assessment cannot be made	X	X	X		
Notifying other person/s as authorised on the child's enrolment form when the parents/carers are not contactable	R	X	X		
Considering the emotional wellbeing of all children and educators during and following an accident, injury, trauma or illness events	X	X	X		
Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency	R	X	X		
Ensuing notifications of serious incidents are made to the regulatory authority (DE) through the NQA IT System as soon as is practicable but not later than 24 hours after the occurrence	R	X			

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Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record as soon as is practicable but not later than 24 hours after the occurrence	R	X			
Signing the Accident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident				X	
Reviewing and evaluating procedures after an incident or illness as part of the quality improvement process and taking appropriate action to remove the cause if required. For example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's Hygiene Policy	R	X	X		
Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183)	R	X			
Ensuring that Accident, Injury, Trauma and Illness Records are maintained and stored securely until the child is 25 years old (Regulations 87, 183)	R	X			
Communicating with families about children's health requirements in culturally sensitive ways and implementing individual children's medical management plans, where relevant	R	X	X		
Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention				X	
Requesting the parents/carers make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/carers if an ambulance has been called	R	X	X		
Collecting their child as soon as possible when notified of an accident, injury or medical emergency involving their child				X	
Arranging payment of all costs incurred when an ambulance service required for their child at the service				X	
Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation NOTE: Bayside ELC policy is that children are to be kept at home for at least 24 hours from the onset of symptoms				X	

Procedures

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Bayside ELC is to ensure that the following contact numbers are displayed in close proximity of each telephone:

000	Regulatory Authority	Approved provide (First Aid Facility)
Asthma Australia: 1800 278 462	Victorian Poisons Information Centre: 13 11 26	Local council

When there is a medical emergency, Bayside ELC staff will:

- call an ambulance, where necessary

- administer first aid, and provide care and comfort to the child prior to the parents/carers or ambulance arriving

- implement the child's current medical management plan, where appropriate

- notify parents/carers as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/carers make arrangements for the child to be collected from the service and/or inform the parents/carers that an ambulance has been called

- notify other person/s as authorised on the child's enrolment form, if the parents/carers are not contactable

- ensure ongoing supervision of all children in attendance at the service

- accompany the child in the ambulance when the parents/carers 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

- ensure that the Accident, Injury, Trauma and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence

- complete the required Department notifications

When a child develops symptoms of illness while at Bayside ELC, all staff will:

- observe the symptoms of children's illnesses and injuries and systematically record and share this information with families (and emergency services where required)

- ensure that the nominated supervisor, or person in day-to-day care of the service, contacts the parents/carers 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/carer arrives or another responsible person takes charge

- call an ambulance (for a 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/carer or authorised emergency contact person as soon as is practicable

- ensure that, where medication, medical or dental treatment is obtained, the parents/carers are notified as soon as is practicable 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 Accident, 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 Accident, 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)

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- 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/carer to verify that they have been informed of the occurrence

All information will be included in the Accident, 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.

Background

The Education and Care Services National Regulations 2011 require centres to have procedures for dealing with illness and emergency care.

It is recommended that these contact numbers are displayed at each telephone:

- Ambulance contact card
- Asthma Victoria 03 9326 7055 or toll free 1800 645 130 advice@asthma.org.au
- Police
- Victorian Poisons Information Centre 13 11 26
- Local Fire Brigade.

Relevant Policies

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Delivery & Collection of Children
- Diabetes
- Emergency and Evacuation
- Epilepsy and Seizures
- Excursions and Service Events
- Hygiene
- Occupational Health and Safety
- Privacy and Confidentiality
- Road Safety and Safe Transport

Related Sources

- ACECQA sample forms and templates: www.acecqa.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
- WorkSafe Victoria: Guide to Incident Notification: www.worksafe.vic.gov.au
- WorkSafe Victoria: Online notification forms: www.worksafe.vic.gov.au

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- Education and Care Services National Law Act 2010: Section 174(2)
- Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

ADMINISTRATION OF MEDICATION POLICY

Policy Statement

Bayside ELC is committed to:

- As far as practicable, providing a safe and healthy environment for all children, staff, and any other persons participating in the program.
- Responding to the needs of the child if the child is injured, becomes ill, or is traumatised whilst attending the centre.
- Ensuring safe and appropriate administration of medication in accordance with legislative requirements.

Purpose

This policy will clearly define:

- Procedures to be followed if a child requires medication.
- Storage of medication.
- Responsibilities of staff, parents/carers.

Application

This policy applies to the staff, parents/carers, children, volunteers and students involved with Bayside ELC.

Definitions

Word/s	Definition
Approved first aid qualification	The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website
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/over-the-counter medication	Refers to medicine that 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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students

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Ensuring that parents/carers are provided with access to this policy	R	X	X		
Communicating with parents/carers about the procedures outlined in this policy and the parent/carer responsibilities when requesting medication be administered to their child, and making the medication record available for parents/carers to record information during operational hours	R	X	X		
Ensuring that at least one educator on duty has a current approved first aid qualification, anaphylaxis management training and asthma management training (*Regulation 136*)	R	X			
Ensuring that all staff are familiar with the procedures for the administration of medication	R	X	X		
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	X	X		
Ensuring that medication is only administered to a child being educated and cared for by Bayside ELC when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency (*Regulations 93, 94*)	R	X	X		
Ensuring that a medication record 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	X	X		
Ensuring that all details in the medication record have been completed by parents/carers/authorised persons in accordance with *Regulation 92(3)* prior to administering medication	R	X	X		
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	X	X		
Ensuring that the medication is administered in accordance with *Regulation 95, and 96* if relevant	R	R	R		
Informing Bayside ELC staff 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				X	

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Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided				X	
Ensuring that no medication or Over-The-Counter products are left in their child's bag or locker				X	
Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)	R	X	X		X
Obtaining verbal authorisation for the administration of medication from the child's parents/carers/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	X	X		
Ensuring that parents/carers 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	X	X		
Ensuring that the parent/carer 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	X	X		X
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	X	X		X
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				X	
Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions	X	X	X		
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)	X	X			

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Informing parents/carers 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/carers are informed if an incident of this nature occurs	R	X	X		X
Informing parents/carers 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	X	X	X		
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		X	X	X	X
Informing parents/carers that paracetamol is not supplied by Bayside ELC and that the administration of paracetamol will be in line with the administration of all other medication	X	X	X		
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		X	X	X	X

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/carer 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/carer and emergency services must be contacted as soon as possible after first aid has commenced (Regulation 94). In these instances, notifications of serious incidents must be made to the regulatory authority as soon as is practicable but not later than 24 hours after the occurrence (National Law: Section 174(2), Regulation 175, 176).

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

Administration of medication

1. Wash and dry hands thoroughly before administering any medication. Gloves to be worn 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:

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- 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.

5. When administering the medication, ensure that:

- the identity of the child is confirmed and matched to the specific medication

- the medication is to be administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner

- the correct dosage is given, with one staff member checking the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person administering the medication and monitoring the effect of the medication (Regulation 95(c))

- both staff members complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required.

- inform the parent/carer that medication has been administered and ensure that the parent/carer completes the required details in the medication record.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/carers 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

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o   notify the parents as soon as is practicable.

Administration of Paracetamol

There may be times when a child develops a fever and/or becomes unwell while at the service. In these cases, the service should contact the parent/carer and request they collect their child as soon as possible, as per the Accident, Injury, Trauma and Illness policy.

However, there may be circumstances where a child is otherwise well, however requires paracetamol on a short-term basis to support pain management, e.g. as part of recovery from an injury or medical treatment.

In this case, paracetamol should be authorised, supplied and administered as per other medication, including completion of the Medication Record Form.

Note: As per the Administration of Medication Policy, 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 (for that particular episode/circumstance).

Disposal of medication

Parents/carers will be required to collect any unused or unclaimed medication from College at the end of each term or provide written consent for the College to dispose of the medication to a local pharmacy participating in the Return Unwanted Medicines Scheme (www.returnmed.com.au).

Relevant Policies

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

Related Sources

- HS Children's Services Guide and Practice Notes www.dhs.vic.gov.au
- DHS, Metropolitan Fire Brigade, and the Country Fire Authority (1998), Emergency Procedures, Guidelines for Kindergartens and Childcare Centres available from MFB Community Safety Department or CFA Community Safety Directorate
- NHMRC(2005),Staying Healthy in Child Care, 5th edition or telephone 1300 064 672 to request a free copy.
- 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/

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- 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

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Therapeutic Goods Act 1989 (Cth)
- Privacy Act 1988 (Cth)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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ANAPHYLAXIS AND ALLERGIC REACTIONS POLICY

Policy Statement

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

- providing, as far as reasonably practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the preschool program and experiences.
- raising awareness about allergies and anaphylaxis amongst the community and children in attendance.
- actively involving the parents/carers of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults has appropriate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of Bayside ELC
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen® or Anapen.
- to raise the awareness of the community about anaphylaxis and its management through education and policy implementation.

Application

This policy applies when a child diagnosed as being at risk of anaphylaxis is enrolled at Bayside ELC. It applies to children enrolled at the centre, their parents/carers and staff. It also applies to other relevant members of the community, such as volunteers and visiting specialists.

Definitions

Word/s	Definition
Adrenaline	A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body; however, the body is not able to produce enough Adrenaline to treat anaphylaxis.
Adrenaline Auto-Injector (AAI)	Adrenaline auto-injectors (e.g.: EpiPen®, Anapen) contain a single, fixed dose of Adrenaline, designed for use by anyone, including people who are not medically trained.
Allergens	Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.
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.

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Word/s	Definition
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 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 must be specific for the brand they have been prescribed (i.e. Anapen® or EpiPen®)
Anaphylaxis	The most severe form of allergic reaction and potentially life threatening. It is a generalised reaction often involving more than one body system: skin, respiratory, gastro-intestinal and cardiovascular. The common triggers are food, insect venom, medication, latex and exercise. Anaphylaxis requires prompt administration of Adrenaline.
Anaphylaxis management training	Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector trainer. Approved training is listed on the ACECQA website
ASCIA	Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.
ASCIA Action Plan	An industry response plan for people with allergies. ASCIA Action Plans are available in various colours depending on the health condition. The ASCIA Action Plan for Anaphylaxis is red and describes the student's allergies, symptoms, and the emergency response to administer the student's Adrenaline Autoinjector (EpiPen®) should the student display symptoms of an anaphylactic reaction. ASCIA Action Plans must be completed by a medical or nurse practitioner.
General Use EpiPens®	AAIs that have not been prescribed for a specific person.
Individual Anaphylaxis Management Plan	A form required for each student at risk of Anaphylaxis that documents the student's allergies and risk minimisation strategies. Individual Anaphylaxis Management Plans include the ASCIA Action Plan.
Training Auto-Injector	AAI training devices containing no Adrenaline and no needle to allow staff to practice using the device.

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Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that an anaphylaxis policy, which meets legislative requirements (Regulation 90) and includes a Risk Minimisation Plan and communication plan, is developed and displayed at the service, and reviewed annually	R	X			
Providing approved anaphylaxis management training to staff as required under the National Regulations	R	X			
Ensuring that at least one educator with current (within the previous 3 years) approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation (*Regulations 136, 137*)	R	X			
Ensuring that all educators approved first aid qualifications, anaphylaxis management training 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	R	X			
Providing opportunities for educators to undertake food allergen management training	X	X			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be	X	X	X		X

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	Col1	Col2	Col3	Col4	Col5
practised at least once a year. Separate emergency response plans must be developed for any off-site activities.					
Ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis	R	X	X		
Ensuring all staff, parents/carers, 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	X			
Ensuring that staff undertake ASCIA anaphylaxis refresher e-training practice administration of treatment for anaphylaxis using an adrenaline injector trainer twice a year, and that participation is documented on the staff record	R	X			
Ensuring the details of approved anaphylaxis management training are included on the staff record, including details of training in the use of an adrenaline injectors (*Regulations 145,146, 147*)	R	X	X		
Ensuring that parents/carers 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	X		X	
Ensuring that parents/carers or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (*Regulation 102*)	R	X	X	X	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff	X	X	X		
In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If there is no general use injector available, staff will follow the ASCIA First Aid Plan including calling an ambulance	X	X	X		
Following appropriate reporting procedures set out in the Accident, 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	X	X		X
Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (*Regulation 173(2)(f)*)	R	X			

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Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed	R	X			
Ensuring that before the child begins orientation and attending the service, the parents have provided a medical management plan, a risk minimisation and communication plan has been developed, and authorisation for any medication and medical treatment has been obtained	R	X		X	
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 are included in the child's individual anaphylaxis health care plan	R	X	X		
Ensuring medical management, risk management plan and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/carers and with a registered medical practitioner and is reviewed annually	R	X	X		
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 that information is up to date and correct, and any new procedures for the special activity are included	X	X	X		X
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	X	X		
Ensuring an individualised anaphylaxis care plan (medical management plan) is developed in consultation with the parents/carers for each child	X	X	X		
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	X	X	X		
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	X	X		X

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Description					
Ensuring parents/carers 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	X	X	X	X	X
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	X	X	X		
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		X	X		X
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations and ensuring all staff are aware of the procedure	R	X	X		x
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	X	X		X
Ensuring adequate provision and maintenance of adrenaline injector kits	R	X	X	X	X
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	R	X	X		X
Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis	R	X			
Ensuring that medication is administered in accordance with Regulations 95 and 96	R	X	X		X
Ensuring that emergency services and parents/carers 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/carer or authorised nominee (Regulation 94)	R	X	X		X
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	X	X		X

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Ensuring that written notice is given to a parent/carer as soon as is practicable if medication is administered to a child in the case of an emergency (Regulation 93 (2))	R	X	X		X
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	R	X	X		X
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	R	X	X		X
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	R	X	X		X
Immediately communicating any concerns with parents/carers regarding the management of children diagnosed as at risk of anaphylaxis attending the service	R	X	X		X
Responding to complaints and notifying Department of Education and Training, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk	R	X			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) First Aid Plan for Anaphylaxis poster in key locations at the service	X	X			
Displaying Ambulance Victoria's AV How to Call Card near all service telephones	X	X			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans	R	X			
Organising allergy awareness information sessions for parents/carers of children enrolled at the service, where appropriate	X	X			
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.	X	X	X		X
Providing information to the service community about resources and support for managing allergies and anaphylaxis	X	X			
Providing support (including counselling) for ECT/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	X	X	X		X

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General Use Adrenaline Injector

The College has general use injectors. General use injectors are not to be used as a substitute for a child's prescribed device, however can be used additional to a child's prescribed device in the event of an emergency, e.g. where the prescribed device has misfired, or if an additional dose is required before the ambulance arrives.

The general device injector can also be used if a child has not yet been diagnosed with anaphylaxis, or prescribed use of an adrenaline injector for anaphylaxis, and has their first severe reaction at the centre.

Regulation 94 of the Education and Care Services National Regulations, provides an 'Exception to authorisation requirement' in the case of an anaphylaxis emergency, enabling the use of a general use injector should it be required.

Administration of a general use injector must be undertaken in accordance with its instructions; and the ASCIA First Aid Plan for Anaphylaxis (orange), which is for the administration of general use injectors

Notes:

- General use injectors must be a model appropriate for children e.g. EpiPen Jr.
- General use injectors should be stored in a cool, dark place at room temperature between 15-25 degrees Celsius, and in a location out of reach of children – but easily accessible to adults
- Administration is also in accordance with the Administration of First Aid Policy

Children at risk of anaphylaxis from accidental exposure to food allergens

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
- Where Bayside ELC is preparing food for the child, ensure that it has been prepared according to the parents/carers instructions.
- Some parents/carers will choose to provide all food for their child.
- All food for the child at risk of anaphylaxis should be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/carers for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child. In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/carers should provide a safe treat box for this child.
- Ensure appropriate supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the Early Learning Centre:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the centre, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. The use of foods in such activities should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the food purchases and menu planning.

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- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.

- Where food is brought from home to the centre all parents/carers will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Background

The Children's Services and Education Legislation (Anaphylaxis Management) Amendment Act 2008 came into effect on 14 July 2008, whereby all schools across Victoria must by law have an anaphylaxis management policy if they have a student enrolled who has been diagnosed at risk of anaphylaxis. This policy is based on Ministerial Order 706 - Anaphylaxis Management in Victorian Schools, which came into effect on 22 April 2014, and outlines the requirements of a school Anaphylaxis Management Policy.

Bayside ELC recognises that anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Bayside ELC acknowledges that the key to prevention of anaphylaxis at school and on Bayside ELC related activities is:

- Knowledge of those students who have been diagnosed at risk.

- Awareness of triggers (allergens).

- Risk management procedures to reduce or prevent exposure to these allergens.

Relevant Policies

- Administration of First Aid

- Administration of Medication

- Asthma

- Chid Safe Environment and Wellbeing

- Dealing with Medical Conditions

- Diabetes

- Enrolment and Orientation

- Excursions and Service Events

- Food Safety

- Hygiene

- Incident, Injury, Trauma and Illness

- Inclusion and Equity

- Nutrition, Oral Health and Active Play

- Occupational Health and Safety

- Privacy and Confidentiality

- Supervision of Children

Related Sources

- All about Allergens for Children's education and care (CEC) training: https://foodallergytraining.org.au/course/index.php?categoryid=5

- The Allergy Aware website: https://www.allergyaware.org.au/

- 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.

- The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: https://etraining.allergy.org.au/

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- Department of Education and Training (DET) 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 Kids Health Info fact sheets are also available from the website.

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act
- Education and Care Services National Regulations
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2017
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Ministerial Order 706 - Anaphylaxis Management in Victorian schools

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

ASTHMA POLICY

Policy Statement

Bayside ELC is committed to:

- raising awareness about asthma among the staff, parents/carers of children attending Bayside ELC, and any other person(s) dealing with children at the centre
- providing a safe and healthy environment for all children enrolled at the centre
- providing an environment in which all children with asthma can participate in order to realise their full potential
- providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Purpose

The aim of this policy is:

- For all children with asthma enrolled at Bayside ELC to receive appropriate attention as required.
- To respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at the centre.

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Application

This policy applies when a child diagnosed as being at risk of asthma is enrolled at Bayside ELC. It applies to children enrolled at the centre, their parents/carers and staff. It also applies to other relevant members of the community, such as volunteers and visiting specialists.

Definitions

Word/s	Definition
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 Action 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. Asthma Action Plan templates can be downloaded from The Asthma Australia website: www.asthma.org.au.
	An Asthma Action Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au
Asthma emergency	The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.
Asthma first aid kit	Kits should contain: a reliever medication, 2 small volume spacer devices, 2 compatible children's face masks (for children under the age of four), record form, asthma first aid instruction card.
	The Asthma 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
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.

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Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Providing all staff with access to the service's Asthma Policy, and ensuring that they are aware of asthma management strategies upon employment at the service	R	X			
Providing parents/carers with access of the service's Asthma Policy and Medical Conditions Policy upon enrolment of their child (Regulation 90, 91)	R	X			
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) to staff as required under the National Regulations 136	R	X			
Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training is on duty at all times	R	X			
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	X			
Maintaining current approved Emergency Asthma Management (EAM) qualifications		R	R		X

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Ensuring the details of approved Emergency Asthma Management (EAM) training are included on the staff record	R	X			
Organising asthma management information sessions for parents/carers of children enrolled at the service, where appropriate	R	X			
Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	R	X	X		x
Identifying children with asthma during the enrolment process and informing staff	R	X			
Ensuring families provide a copy of their child's Asthma Care/Action Plan, following enrolment and prior to the child commencing at the service (Regulation 90). The Asthma Care/Action Plan should be reviewed and updated at least annually	R	X			
Providing a copy of their child's Asthma Care/Action Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care/Action Plan should be reviewed and updated at least annually				X	
Developing a Risk Minimisation Plan for every child with asthma, in consultation with parents/carers	R	X	X	X	
Ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the service				X	
Ensuring that all children with asthma have an Asthma Care/Action Plan and Risk Minimisation Plan filed with their enrolment record	R	X		X	
Notifying staff, in writing, of any changes to the information on the Asthma Care/Action Plan, enrolment form or medication record				X	
Providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name				X	
Consulting with the parents/carers of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma	R	X		X	
Communicating any concerns to parents/carers if a child's asthma is limiting their ability to participate fully in all activities	X	X	X		

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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/Action Plan for each child	X	X	X		
Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care/Action Plans and the asthma first aid kit	R	X	X		
Ensuring that medication is administered in accordance with the child's Asthma Care/Action 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	X	X		
Ensuring parents/carers 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	X		R	
Implementing an asthma first aid procedure consistent with current national recommendations	R	R	R		
Ensuring that all staff are aware of the asthma first aid procedure	R	X			
Ensuring adequate provision and maintenance of asthma first aid kits	R	X			
Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks that are from the services first aid kits are replaced after every use	R	X	X		
Facilitating communication between management, educators, staff and parents/carers regarding the service's Asthma Policy and strategies	R	X			
Identifying and minimising asthma triggers for children attending the service as outlined in the child's Asthma Care/Action Plan, where possible	R	X	X		
Ensuring that children with asthma are not discriminated against in any way	X	X	X		x
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	X	X	X		X
Ensuring that children with asthma can participate in all activities safely and to their full potential	X	X	X		X

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Immediately communicating any concerns with parents/carers regarding the management of children with asthma at the service	R	X	X		
Displaying Asthma Australia's Asthma First Aid poster in key locations at the service	R	X			
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/carer or authorised nominee, medical practitioner or emergency services the parent/carer 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		X
Ensuring an asthma first aid kit is taken on all excursions and other offsite activities	R	R	X		

Plan of action for a child with diagnosed asthma

The staff, together with the parents/carers of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the 4 Step Asthma First Aid Plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record.

This plan should include action to be taken where the parents/carers have provided asthma medication, and in situations where this medication may not be available.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

Children with a known asthma condition:

Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the asthma action plan. If the child's asthma action plan is NOT available, staff should immediately commence the standard asthma emergency protocol detailed below:

Step 1: Sit the child upright and remain calm to reassure them

Step 2: Without delay shake a blue reliever puffer (inhaler) and give four separate puffs through a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff

Step 3: Wait four minutes. If there is no improvement repeat Step 2

Step 4: If still no improvement after a further four minutes - call an ambulance immediately (dial 000) and state clearly that the child is "having an asthma attack.

Continuously repeat Steps 2 and 3 whilst waiting for the ambulance.

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NOTE: In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child. Only staff who have completed a course in EAM may access the blue reliever puffer for first aid purposes from the First Aid Kit.

Children who staff are not aware have pre existing asthma

In this situation, staff will:

Step 1: Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty

Step 2: Administer four separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff

Step 3: Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

Cleaning of devices

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps:

Step 1: Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts

Step 2: Wash devices thoroughly in hot water and kitchen detergent

Step 3: Do not rinse

Step 4: Allow devices to 'air dry'. Do not rub dry

Step 5: When dry, wipe with a 70% alcohol swab (for example, medi-swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices

Step 6: When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing. If any device is contaminated by blood, dispose of it safely and replace the device.

Background

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct management will assist in minimising the impact of asthma.

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

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Relevant Policies

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

Related Sources

- Asthma Australia: www.asthma.org.au
- 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.

Relevant Legislation

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 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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FIRST AID FOR ASTHMA
AGES 12+

National Asthma Council AUSTRALIA

USE BLUE/GREY PUFFER (E.G. ASMOL, VENTOLIN, ZEMPREON)
Use person's own reliever inhaler, if possible. If not, use blue/grey puffer from first aid kit or borrow one.

1 **Sit the person comfortably upright.**
Stay calm and reassure them.

2 **Give 4 puffs of blue/grey puffer**
How to do this:
Add 1 puff into spacer – person takes 4 breaths in and out of spacer.
Repeat until 4 puffs have been given.
See instructions below: **How to use a blue/grey puffer with spacer**

3 **Wait 4 minutes.** Stay with person – watch carefully and reassure them. Call 000 for an ambulance **at any time** if you need to. Say that someone is having an asthma attack.

4 **After 4 minutes.**

Worse or no better?
If getting worse or severe breathing problem, **call 000** for ambulance **NOW**.
Keep giving 4 puffs every 4 minutes until ambulance arrives.
(Give 4 separate puffs, 4 breaths with each puff.)

Still hard to breathe?
If the person still cannot breathe normally, **give 4 more puffs.**
If still cannot breathe normally within a few minutes, **call 000.**
Keep giving 4 puffs every 4 minutes until ambulance arrives.
(Give 4 separate puffs, 4 breaths with each puff.)

Breathing normally?
If the person feels better and is breathing normally, get them to a doctor for a check-up.

HOW TO USE A BLUE/GREY PUFFER WITH SPACER

- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Put mouthpiece of spacer between person's teeth and seal lips around it.
- Press once firmly on puffer to release one puff into spacer.
- Get them to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time, until 4 puffs taken.
- Replace cap on puffer.

Ages 12+

! No spacer?
Use a plastic drink bottle or rolled-up paper
Go to nationalasthma.org.au or scan code

! No blue/grey asthma puffer is available and the person's own asthma reliever inhaler is not blue/grey?
Go to nationalasthma.org.au or scan code

Signs that someone is having an asthma attack (any of these): Sudden shortness of breath, can't talk normally, cough, chest tightness or wheezing.

Not sure it's asthma? If a person stays conscious and their main problem seems to be breathing, use blue/grey reliever puffer and call ambulance on 000. This medicine is unlikely to harm them even if they do not have asthma.

Severe allergic reactions/anaphylaxis If someone is allergic to foods, insect stings or medicines **AND** they have sudden breathing problems (e.g. cough, wheeze, hoarse voice):
Give adrenaline **first**. Use their own autoinjector (e.g. EpiPen, Anapen) if available. Do this even if there are no other signs of an allergic reaction – see below.
Then give asthma reliever puffer by following the 4 steps shown here.
CALL AMBULANCE (000)

If someone is unconscious, start life support. Scan code for ANZCOR Basic Life Support Flowchart

If you need an interpreter, call 131 450

Allergic Reactions
SIGNS OF ALLERGIC REACTION: Can include swelling of lips/face/eyes, tingling mouth, hives/welts, (abdominal pain/vomiting if insect allergy)
WATCH FOR ANY OF THESE SIGNS OF ANAPHYLAXIS (severe reaction): Difficult/noisy breathing, swelling of tongue, swelling or tightness in throat, wheeze, persistent cough, difficulty talking, hoarse voice, persistent dizziness or collapse, pale and floppy (young children)
ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms.

When to call 000 for an ambulance
- Person is drowsy
- Person looks blue around lips
- Person with breathing problem has allergies to foods, insect stings, or medicines
- Breathing problem is severe
- Person is not getting better
- You are not sure what to do

Bayside Christian College

FIRST AID FOR ASTHMA
CHILDREN UNDER 12

National Asthma Council AUSTRALIA

USE BLUE/GREY PUFFER (E.G. ASMOL, VENTOLIN, ZEMPREON)
Use child's own reliever puffer, if possible. If not, use blue/grey puffer from first aid kit or borrow one.

1 Sit the child comfortably upright.
Stay calm and reassure them.

2 Give 4 puffs of blue/grey puffer
How to do this:
Add 1 puff into spacer – child takes 4 breaths in and out of spacer.
Repeat until 4 puffs have been given.
See instructions below: **How to use a blue/grey puffer with spacer**

3 Wait 4 minutes. Stay with child – watch carefully and reassure them. Call 000 for an ambulance **at any time** if you need to. Say that a child is having an asthma attack.

4 After 4 minutes.

Worse or no better?
If getting worse or severe breathing problem, **call 000** for ambulance NOW.
Keep giving 4 puffs every 4 minutes until ambulance arrives.
(Give 4 separate puffs, 4 breaths with each puff.)

Still hard to breathe?
If the child still cannot breathe normally, **give 4 more puffs.**
If still cannot breathe normally within a few minutes, **call 000.**
Keep giving 4 puffs every 4 minutes until ambulance arrives.
(Give 4 separate puffs, 4 breaths with each puff.)

Breathing normally?
If the child feels better and is breathing normally, get them to a doctor for a check-up.

Signs of an asthma attack in a child (any of these): Sudden shortness of breath, cough, chest tightness or wheezing.
Not sure it's asthma?
If child stays conscious and main problem seems to be breathing use **blue/grey puffer**. It is unlikely to harm them, even if not asthma.
CALL AMBULANCE (000)

Severe allergic reactions/ anaphylaxis
If child is allergic to foods, insect stings or medicines **AND** has sudden breathing problems (e.g. cough, wheeze, hoarse voice): Give adrenaline injection first. Use their own autoinjector (e.g. EpiPen, Anapen) if available. Do this even if no other signs of allergic reaction. **Then** give blue/grey puffer by following the 4 steps shown here.
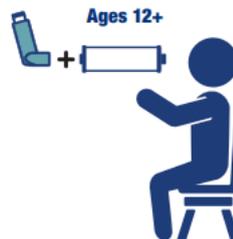**CALL AMBULANCE (000)**

If someone is unconscious, start life support. Scan code for ANZCOR Basic Life Support Flowchart

If you need an interpreter, call 131 450

HOW TO USE A BLUE/GREY PUFFER WITH SPACER

WITHOUT MASK (older children)
- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Put mouthpiece of spacer between child's teeth and seal lips around it.
- Press once firmly on puffer to release 1 puff into spacer.
- Get child to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time till 4 puffs taken.
- Replace cap on puffer.
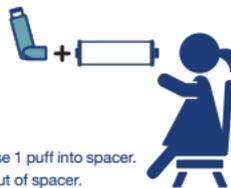
WITH MASK (younger children)
- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Attach mask to spacer.
- Hold mask firmly over child's nose and mouth.
- Press once firmly on puffer to release 1 puff into spacer.
- Get child to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time, till 4 puffs taken.
- Replace cap on puffer.
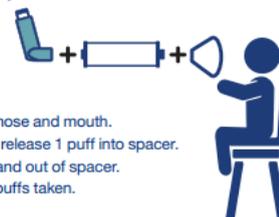
! No spacer?
Use a plastic drink bottle or rolled-up paper
Go to nationalasthma.org.au or scan code

! No blue/grey asthma puffer is available and the person's own asthma reliever inhaler is not blue/grey?
Go to nationalasthma.org.au or scan code

Allergic Reactions
SIGNS OF ALLERGIC REACTION: Can include swelling of lips/face/eyes, tingling mouth, hives/welts, (abdominal pain/ vomiting if insect allergy)
WATCH FOR ANY OF THESE SIGNS OF ANAPHYLAXIS (severe reaction): Difficult/noisy breathing, swelling of tongue, swelling or tightness in throat, wheeze, persistent cough, difficulty talking, hoarse voice, persistent dizziness or collapse, pale and floppy (young children)
ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms.

When to call 000 for an ambulance
- Child is drowsy
- Child looks blue around lips
- Child with breathing problem has allergies to foods, insect stings, or medicines
- Breathing problem is severe
- Child is not getting better
- You are not sure what to do

Bayside Christian College

BEHAVIOUR MANAGEMENT

Policy Statement

This policy will provide guidelines to:

- support the successful participation of children who may exhibit behaviours of concern;

- ensure a respectful, consultative and collaborative approach when Bayside ELC is working with parents/carers of children exhibiting behaviours of concern;

- ensure the safety and wellbeing of all children and adults; and

- ensure Behaviour Management occurs in accordance with legislative and regulatory requirements.

Purpose

Bayside Christian College is committed to:

- Helping children develop a relationship with God

- Providing children with a safe and secure environment and the opportunity for positive and respectful interactions with adults and children.

- Recognising that children's behaviour reflects their level of development and is influenced by a range of factors, including family and culture.

- Providing a learning environment that supports the growth and development of each child's self-concept, self-esteem and spirituality.

- Providing a physical and learning environment that aims to prevent behavioural difficulties.

- Helping children learn the consequences of their behaviour and thus develop an understanding of how their actions affect others.

- Working in partnership with parents/carers and other professionals in issues relating to the guidance of a child's behaviour.

- Helping children to learn to interact effectively, and in doing so to learn to balance their own rights, needs, and feelings with those of others.

- Engaging only in practices which are respectful of, and provide security for, children and in no way degrade, endanger, exploit, intimidate, or harm them psychologically.

- Complying with regulatory and legislative requirements.

Application

This policy applies to all adults, including parents/carers, extended family, visitors and other association members, and students on placement of Bayside ELC.

Definitions

Word/s	Definition
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.
Behaviours of concern	Behaviours of concern are escalated behaviours that can impact the wellbeing or physical safety of the child or people around them (including other children and staff). This behaviour can disrupt day-to-day life and activities. The

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Word/s	Definition
	behaviour may involve emotional outbursts, shouting or screaming, violent reactions, running away or loss of control
Culturally and linguistically diverse (CALD)	Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds
Disability	In relation to a person, refers to • a sensory, physical or neurological impairment or acquired brain injury, or any combination thereof, that: i. is, or is likely to be, permanent, and ii. causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication, and iii. requires significant ongoing or long-term episodic support • is not related to ageing, or • an intellectual disability, or • a developmental delay (Disability Act 2006 (Vic)).
Diversity	Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.
Equity	(In the context of human rights) is the behaviour of acting in a fair and just manner towards others.
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.

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement and should not be deleted. X indicates others responsible.					
Ensuring all direct service staff, students, volunteers and contractors understand and know	R	R	X		

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how to implement the Behaviour Management Policy					
Ensuring the Behaviour Management Policy is understood by parents/carers and can be provided in an alternative/accessible format as required	R	R	X		
Promoting and reinforcing positive behaviour as part of everyday practice. This includes but is not limited to: • Establishing routines, rules and limits in consultation with children so they know what is expected of them • Providing appropriate space, environments and a variety of activities • Intentional grouping of children based on their rhythms, interests and routines • Offering a flexible, indoor/outdoor program • Using visuals • Modelling • Using praise – lots of it		X	X		X
Supporting children to understand what behaviours are not appropriate, why they are not appropriate, and developing their use of alternative approaches as part of everyday practice. This includes developing children's: • problem solving skills • understanding of feelings/emotions • understanding of their impact on others • understanding of logical consequences to actions Employing effective communication strategies, including: • Listening empathetically • Remaining calm, warm and responsive • Using positive language, gestures, facial expressions and tone of voice • Using specific language, appropriate to the child's stage of development, to ensure they understand • Offering choices • Using visuals • Redirecting children to a different activity or environment • Guiding children to remove themselves from situations where they are experiencing frustration, anger or fear		X	X	X	X
Understanding that behaviours of concern are symptomatic of an underlying need, issue or cause and using practice approaches that are strengths-based, trauma-informed, and aligned with related policies.		X	X		
Working collaboratively with parents/carers to implement the Behaviour Management Procedure	X	X	X		X

Strategies and actions

Strategies and actions staff may implement to address behaviours of concern include, but are not limited to:

- Optimised environment – space, lighting, temperature, noise considerations (where practicable)
- Flexible program – multiple activity options; indoor/outdoor
- Intentional grouping for activities
- Minimising known triggers

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- Positive reinforcement – acknowledge and praise
- Redirection / Diversion
- Calm down space and resources – quiet zone; calming blanket/toys; music/video
- Reduced hours – e.g. due to busy arrival/departure times or fatigue creating a trigger
- Early collection when overly escalated or if a significant incident has occurred
- Formal assessment – paediatrician; psychologist; NDIS
- Use of an Additional Educator (School Readiness Funding)
- Kindergarten Inclusion Support Funding Application – Additional Assistant
- Inclusion Support Program Funding (Early Learning & Care

When dealing with ongoing unacceptable behaviour

Qualified staff will:

Step 1:

Collaborate with parents/carers by inviting them to help solve the problem through discussing:

- the ongoing unacceptable behaviour displayed by the child
- the parents/carers and the Early Learning Centre's overall aspirations for the child.
- the types of solutions (strategies) possible in the circumstances.
- what has worked or failed in the past, whether at home or in the centre.
- the child's personal characteristics, such as his/her interests, temperament, age or size.
- resources/changes required for the individual child's and group program to be implemented (for example, changes to routines, transitions)
- other resources available such as Preschool Field Officers, referral for specialist assessment, additional adult support. (Written consent from parents/carers must be given before any intervention/assessment is obtained.)

Step 2:

The qualified staff member will develop a Behaviour Management plan which is:

- based on the observations of the child, this may include broader observations of the culture of the room and the interactions of the whole group, including other staff working with the child. Items to consider may include:
    - Who is included in the child's play
    - Who is excluded from the child's play
    - How does the child enter play
    - What resources are used in the child's play
    - How the staff in the room interact with the child.
- Acceptable to the parents/carers and any other professionals involved in the care and education of the child.
- Clear and easily followed by all staff, parents/carers and/or volunteers working with the child.

Step 3:

A date is set to review, reflect, evaluate and re-plan. This initially should be within a two-week time frame.

The ELC Director will become involved when:

- The staff member is concerned that the child's behaviour may put themselves, other children, staff, or others at risk.

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- The consultation with the parents/carers and other professionals and the development of a behaviour management plan has not resolved the problem.
- A complaint is received concerning a child's behaviour, for example, the safety of other children is threatened.
- Additional resources are required.

Staff practices

- Teach children about saying sorry, asking for & giving forgiveness and prayer
- Understand the needs of individual children and those in the group and acknowledge that most children's behaviour is influenced by their developmental stage, the environment, the time of day, actions (modelling) of staff and other children, family experiences and the family cultural background.
- Recognise that some causes of inappropriate behaviour include, anger, frustration, boredom, desire for attention, imitation, tiredness, excitement, jealousy, social clumsiness, high activity levels and too much choice or lack of choice.
- Support children to learn to think for themselves and to be considerate. Help them to think about the effects of their behaviour on other children and look for solutions together. This could involve speaking with the child about the effect of their behaviour on others and then ask the child "What do you think we could do to make sure it doesn't happen again?"
- Teach children to recognise when their behaviour is successful. For example, instead of saying "Good boy for packing up the toys" we can say "Thank you, I appreciate that you packed up the toys".
- Foster a positive self-esteem through acknowledging children
- Giving children information about the things they have achieved that you appreciate and respect and impress you rather than an evaluation or a judgement of them as a person or their work.
- Assist and encourage children to recognise, talk about and manage their feelings; encourage children to think about how others might feel (empathy).
- Anticipate potentially unacceptable behaviours and eliminate situations and physical arrangements that may encourage inappropriate behaviour.
- Encourage children to resolve potential conflicts for themselves but step in with strategies and suggestions when needed.
- Acknowledge a child's good intentions, (even if they were carried out inappropriately).
- Acknowledge that it is the behaviour that is inappropriate and not the child.
- Acknowledge and accept the child's feelings of anger, frustration or jealousy, even if the reaction seems out of proportion to the cause. Distinguish feelings from the response the child has to those feelings. Encourage the child to talk about their feelings.
- Use language that does not label the child but labels the behaviour.
- Role model considerate and respectful behaviour in all interactions with peers, children and other adults.
- Provide supported opportunities in class for children to practise social skills (such as entering play) and resolution skills for when conflicts arise
- Allow appropriate choices in decision-making and be prepared to accept the child's decision.
- Give attention to all children involved in a situation. Comfort a child who may be hurt or upset and talk to the aggressor. Empower the child who has been hurt/upset to express to the other child how they feel.
- Always respond to a situation in a calm manner.

Process for resolution where the ELC Director becomes involved

Step 1: Consultation and investigation phase

The ELC Director is responsible for:

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- If a complaint has been received, in addition to the procedures outlined below, following the procedures outlined in the Complaints Policy to ensure compliance with centre policy and regulatory and legislative requirements.

- Asking staff for their professional evaluation of the situation and what they believe needs to be done in relation to strategies to be implemented and resources needed.

- Meeting with the parents/carers of the child displaying the behaviour.

- Meeting with any support agencies involved with the child, if appropriate.

- Assessment of staff skills around guidance.

- Identifying additional training needs for staff around guidance.

Step 2: Resolution phase

The ELC Director, following consultation and investigation, will seek to put in place a behaviour management plan that has been developed by all parties and is mutually acceptable to all parties and implemented by the staff.

This Behaviour Management plan could include:

- Behavioural assessment of the child and utilising behaviour intervention programs or specialists (if not already undertaken).

- Incorporation of the identified strategies into the qualified staff member's program at the Early Learning Centre.

- Consultation with other staff responsible for the care and education of the child regarding the implementation of the Behaviour Management plan.

- Maintaining ongoing consultation with parents/carers. This may be a joint responsibility of the qualified staff member and the ELC Director

- Reducing the amount of time the child attends the centre or requesting the parent/carer to remain with the child.

- Additional staff for the room (depending on the availability of funds).

- Reporting process to the ELC Director

- Maintaining confidentiality in relation to information gained about the child and their family.

- Clear timeframes for review and evaluation.

Background

The Education and Care Services National Law 2011 Part 6 (166-1) says Bayside ELC must ensure that no child being educated and cared for by the service is subjected to:

a) any form of corporal punishment; or

b) any discipline which is unreasonable in the circumstances.

Part 6 (166-2) The nominated supervisor of an education and care service must ensure that no child being educated and cared for by the service is subjected to:

a) any form of corporal punishment; or

b) any discipline which is unreasonable in the circumstances.

A staff member, or a volunteer at, an education and care service must not subject any child being cared for or educated by the service to:

a) any form of corporal punishment; or

b) any discipline which is unreasonable in the circumstances.

The National Quality Framework (NQF) recognises all children's capacity and right to succeed and Early Childhood Education and Care Services must implement responsive, equitable, individualised opportunities and additional support whenever barriers are identified.

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Under the Child Safe Standards, services are expected to provide environments and activities that encourage the participation of all children. 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. Developing professional knowledge and skills and using family-centred practice (s) to work in partnership with children, families, communities, and other services and agencies, assists services to identify, include and support children with additional needs and their families.

Further to the above, the NQF and the Child Safe Standards require that Early Childhood Education and Care Services provide environments that ensure the physical and psychological safety of all children who attend.

The Victorian Occupational Health and Safety (OHS) Act (2004) requires the protection of the health, safety and wellbeing of employees and other people (e.g. visitors, volunteers, contractors) in the workplace

Relevant Policies

- Child Safe Environment and Wellbeing
- Code of Conduct
- Complaints
- Curriculum Development
- Enrolment and Orientation
- Excursions and Service Events
- Inclusion and Equity
- Interactions with Children
- Occupational Health and Safety
- Privacy and Confidentiality
- Staffing

Related Sources

- Be You: www.beyou.edu.au
- Commission for Children and Young People, Child Safe Standards: www.ccyp.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: https://www.earlychildhoodaustralia.org.au/ourwork/inclusion-resources/
- Guide to the National Quality Framework: www.acecqa.gov.au
- Guide to the National Quality Standard: www.acecqa.gov.au
- Moores Law Firm
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability – Volume 7, Inclusive education, employment and housing
- Schools Vic: https://www.schools.vic.gov.au/
- The Kindergarten Funding Guide (DET): www.education.vic.gov.au
- Victorian Early Years Learning and Development Framework Principal Practice Guide: Equity and Diversity: www.education.vic.gov.au

Relevant Legislation

Relevant legislation and standards include but are not limited to:

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- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Charter for Children in Out-of-home Care (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Safe Standards (Vic)
- Disability Act 2006 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009 (Cth)
- National Quality Standards Quality Areas 1-7
- Occupational Health and Safety Act 2004

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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CHILD SAFE ENVIRONMENT AND WELLBEING

Policy Statement

This policy provides a clear set of guidelines to ensure:

- all children attending Bayside ELC feel safe and are provided with a safe physical and online environment

- all reasonable steps are taken by the Approved Provider, educators and staff to promote a culture of health, safety and wellbeing and to meet their legal obligations to prevent harm and hazard towards children

- timely and effective intervention for children and young people who may be at risk of abuse or neglect.

Purpose

Bayside ELC is a child safe organisation that is committed to providing environments where children are safe and feel safe, where their participation is valued, their views respected, and their voices heard about decisions that affect their lives. The child-safe policies, strategies and practices are inclusive of the needs of all children. Bayside ELC, as part of Bayside Christian College;

- has zero tolerance for Child Abuse and takes proactive steps to identify and manage any risks of harm to children in the Bayside ELC environments;

- requires all members of staff, volunteers and those contracted to work with children to agree to abide by the College's Child Safety Code of Conduct and Bayside ELC policies that specifies the standards of conduct required when working with children;

- has a legal and moral obligation to contact authorities when there is reasonable belief to have a concern about a child's safety;

- has robust human resources and recruitment practices to reduce the risk of Child Abuse by new and existing staff and volunteers;

- has designated Child Safety Champions.

Bayside ELC is committed to:

- preventing Child Abuse and identifying risks early, and removing and reducing these risks;

- regularly training and educating all members staff and volunteers on Child Abuse risks;

- promoting a safe environment, cultural safety, participation and empowerment for all children, including Aboriginal and Torres Strait Islander children, children with a disability, and students with racial, ethnic, linguistic and gender diverse backgrounds.

Child safety is a shared responsibility. Every person who works at or with the Bayside ELC has an important role in promoting child safety and wellbeing and promptly raising any issues or concerns about a child's safety.

Application

This policy applies to all staff, volunteers, contractors and any other members of the College community who conduct work for, or are connected to, Bayside ELC in a paid or unpaid capacity.

This policy applies to all Environments which involve, result in or relate to contact with children.

Definitions

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Word/s	Definition
Child / Children / Young Person	an individual who is under the age of 18 years of age or who is enrolled as a student at Bayside Christian College/Bayside ELC
Child Safety	includes matters related to protecting all children from child abuse, managing the risk of child abuse, providing support to a child at risk of child abuse, and responding to suspicions, incidents, disclosures or allegations of child abuse
Child Abuse	any action or inaction towards a child that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or incidents that occur over time. Forms of child abuse can involve: Physical abuse / Sexual abuse / Grooming / Emotional abuse / Neglect / Family violence / Online/cyber abuse
Child-connected work	work authorised by the Bayside ELC and performed in the Bayside ELC Environment while children are present or reasonably expected to be present.
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 (all Child FIRST services have transitioned or are currently transitioning to The Orange Door)
Child Information Sharing Scheme (CISS)	Enables Information Sharing Entities (ISE) 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 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.
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.
Environment	means any of the following physical, online or virtual places, used during or outside Bayside ELC hours: ● A campus of the College ● Other locations owned or provided by the College for a student's use, including locations used for College camps, sporting events, excursions, competitions and other events

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Word/s	Definition
	• Online College environments including approved social media groups set up for College communication, email, the learning management system, and intranet systems
Family Violence Information Sharing Scheme (FVISS)	Enables the sharing of relevant information between authorised organisations to assess or manage risk of family violence.
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.
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)
Staff	an individual working in the College Environment who is: • directly engaged or employed by the College and Bayside ELC • a contracted service provider engaged by the College and Bayside ELC to perform child-related work • a minister of religion, a religious leader or an employee or officer of a religious body associated with the College • College Board
Concerns and Complaints	A concern refers to any potential issue that could impact negatively on the safety and wellbeing of children. A complaint is an expression of dissatisfaction to the College related to one or more of the following: • services or dealings with individuals • allegations of abuse or misconduct by a staff member, a volunteer or another individual associated with the College • disclosures of abuse or harm made by a child or young person • the conduct of a child or young person at the College • the inadequate handling of a prior concern • general concerns about the safety of a group of children or activity.
Harm	Damage to the health, safety and wellbeing of a Child, including as a result of Child Abuse by adults or the conduct of other children. Harm can arise from a single act or event and can also be cumulative, that is, arising as a result of a series of acts or events over a period of time.
Student	a person who is enrolled at or attends the College

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Word/s	Definition
Volunteer	a person who performs work without remuneration or reward for the College and Bayside ELC in the College Environment

Responsibilities

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring the learning environment provided considers appropriate child groupings, sufficient space, and includes carefully chosen and well-maintained resources and equipment (Regulations 103)	R	R	X		X
Creating a culturally safe environment for Aboriginal and Torres Strait Islander children	R	R	R		R
Ensuring public commitment to the cultural safety of Aboriginal and Torres Strait Islander children is available and displayed for public access	R	X			
Supporting and encouraging a child's ability to express their culture and enjoy their cultural rights	R	X	X		X
Understanding children's diverse circumstances, and providing support and responding to those who are vulnerable	R	X	X		
Implement risk assessments of the service environment and equipment to ensure risks to safety, health and wellbeing are minimised (National Law: Sections 167)	R	R	X		X
Implementing risk management plans, considering risks posed by service setting, activities, and the physical environment	R	R	X		
Complying with the legislated educator-to-child ratios at all times (National Law: Sections 169, Regulations 123)	R	R	X		
Ensuring children are actively supervised at all times (Regulations 122)	R	R	X		X

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
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)	R	X	X		X
Providing leadership for an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved	R	X			
Ensuring there is a child safe champion/s who can lead discussions, answer questions and support child safety and wellbeing	R	X			
Advising staff of current child protection legislation, and their legal and duty of care obligations (Regulation 84)	R	X			
Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards.	R	X	X	X	X
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy	R	X	X		
Contributing to an organisational culture of child safety	R	X	X	X	X
Ensuring continuous improvement in the implementation of the Child Safe Standards, promoting an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved	R	R	X	X	X
Conducting recruitment and induction processes for staff in line with this policy	R				
Screening contractors, volunteers and students in line with their roles and this policy	R				

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
Ensuring that contractors, volunteers, students, parents/carers and other visitors to the service are not left with sole supervision of individual children or groups of children	R	R	X		
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	X		
Validating Working with Children (WWC) Clearance or Victorian Institute of Teaching Registration before staff, contractors, volunteers and students commence working with children Visitors working with Children (e.g. external professional) require a WWC Check. Visitors not working with children (e.g. parents or family members attending a service event) do not require a WWC Check. Visitors must be under the direct supervision of service staff at all times. Visitors are also not to provide toileting/bathroom/changing assistance to any child other than their own (if relevant).	R	X			
Ensuring that the Early Learning Centre environment are free from the use of tobacco, illicit drugs, alcohol, the use of vaping substances and any vaping devices.	R	X	X	X	X
Identifying the potential for child abuse at the Early Learning Centre, and developing and implementing effective prevention strategies	R	R	R		
Following processes for responding to and reporting suspected child abuse	R	R	R	X	X
Ensuring appropriate annual training on child safety, including recognising the signs and symptoms of child abuse, knowing how to respond,	R	R	R		R

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
and understanding responsibilities and processes for reporting					
Ensuring systems are in place that cover all aspects of child protection training each year. This includes refresher training and additional professional development where needed. Different roles in the service require specific training: 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	R	X	X	X	X
Fulfilling legal obligations, including mandatory reporting and duty of care obligations	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	X	X	X	X	X
Communicating to staff about their obligations under the Information Sharing Schemes, and ensure they have read and understood the Privacy and Confidentiality Policy	R	R	X		
Promoting awareness and compliance with the Child Safe Standards when disclosing information to promote the wellbeing and safety of a child or group of children	R	X	X		

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
Ensuring information sharing procedures abide by the CISS Ministerial Guidelines and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it	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) in the best interests of children and their families	X	X	X		
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.	X	X	X		
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		
Notifying DET, regulatory authority and Principal within 24 hours of a serious incident occurring at the service	R	X			
Notifying DET, regulatory authority and the Principal within 24 hours of becoming aware of a notifiable complaint or allegation regarding the safety, health and/or welfare of a child at the service	R				
Notifying the nominated head of organisation to the Commission for Children and Young People and maintaining the currency of the information	R				

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
Notifying the Commission for Children and Young People within 3 business days of becoming aware of a reportable allegation, under the Reportable Conduct Scheme	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	X	X		
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		R	R	X	X
Maintaining confidentiality at all times	R	R	R	X	R
Providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy	R				
Protecting the rights of children and families, and encouraging their participation in decision-making	R	X	X	X	X
Abide by the Code of Conduct Policy	R	X	X	X	X

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
Ensuring an explicit statement of [Service Name]'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 or group of children over the right to privacy when sharing information under the CISS and the FVISS	R	R	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	X	X	X		
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	X	X	X		
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	X	X	X		
Educating and empowering children to talk about events and situations that make them feel uncomfortable	X	X	X	X	X
Ensuring that children have access to information, support and handling complaints through processes that are culturally safe, accessible and easy to understand	X	X			

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
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	R	X	X		X
Reviewing this policy in consultation with stakeholders	R	X	X	X	X

Child Safety Meetings

The College Leadership Team, which includes the ELC Director, forms the Child Safety and Wellbeing Team. This group meets regularly to identify and respond to any ongoing matters related to child safety and wellbeing.

Student empowerment and participation

The College encourages and actively supports students who present ideas and improvements to the planning and delivery of services of the College.

Bayside ELC ensures that the prevention approach it adopts for its children will be focused on initiatives that build their awareness and encourage them to disclose behaviours that make them feel unsafe. As delegated by the College Board, the Principal and Leadership Team are responsible for developing strategies and initiatives to deliver age-appropriate education including, but not limited to:

● Standards of behaviour for students

● Healthy and respectful relationships (including sexual)

● Resilience

● Child Abuse awareness and prevention

Families and community engagement

Bayside ELC families and community have an important role in monitoring and promoting children's safety and wellbeing and helping children to raise any concerns.

To support family engagement, Bayside ELC is committed to providing families and the community with accessible information about its child safe policies and practices and involving them in the approach to child safety and wellbeing.

Bayside ELC provides opportunities for families to have input into the development and review of the child safety policies and practices and encourages them to raise any concerns and ideas for improvement.

Communication avenues include, but are not limited to:

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- communicating and providing documentation through the parent portal, College website, newsletters, and other specific child safe communications via email,
- meetings of the College Board, subcommittees of the College Board, student leadership, Association meetings, and parent meetings.
- direct contact with College Staff.
- PROTECT Child Safety posters displayed at various locations across the College.

Establishing a culturally safe Environment

Bayside ELC is committed to creating an environment where Aboriginal and Torres Strait Islander children, families and community members feel welcomed and included. Strategies to embed cultural safety include:

- an Acknowledgement of Country at College functions and events;
- consulting with families and members of the Aboriginal and Torres Strait Islander community to identify opportunities to promote their culture and practices;
- providing opportunities for children to share their cultural identity and express their culture;
- supporting students who wish to explore their culture, including consulting with their family and relevant Aboriginal and Torres Strait Islander organisations;
- providing training for staff on the strength of Aboriginal and Torres Strait Islander culture and its importance to the wellbeing and safety of their children;
- celebrating NAIDOC Week and acknowledging significant events including National Sorry Day and National Reconciliation Week;
- seeking feedback from Aboriginal and Torres Strait Islander students, families and communities on their experience at Bayside ELC, particularly how safe they feel expressing their identity including their culture.

Valuing Diversity

Bayside ELC celebrates the diversity of students, families and community and promotes respectful Environments that are free from discrimination. To achieve this, Bayside ELC:

- provides training for all staff on understanding diversity and how to support inclusion and cultural safety,
- welcomes and supports participation of all students, including students with disability, children from culturally and linguistically diverse backgrounds, those who are unable to live at home, LGBTIQ+ children and Aboriginal and Torres Strait Islander children and their families,
- offers children and families through Bayside ELC enrolment forms the opportunity to provide information about themselves,
- has zero-tolerance of racism and other forms of discrimination and takes action when discrimination or exclusion is identified,
- delivers services that reflect the diversity of our students, their interests and cultures,
- acknowledges important dates that celebrate and promote diversity,
- commits to ensuring facilities and activities, including online activities, promote the inclusion of children of varying abilities as reasonably practicable.

Suitable staff and volunteers

Bayside ELC applies robust child safe recruitment, induction, training, and supervision practices to ensure that all staff, contractors, and volunteers are suitable to work with children through the College's HR practices.

The College's recruitment practices enable Bayside ELC to be satisfied that people who work for Bayside ELC perform appropriately in relation to child safety. These recruitment processes ensure:

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- new and existing staff, volunteers and contractors understand the importance of child safety and are aware of the College's and Bayside ELC's policies and procedures,

- selection criteria and advertisements clearly demonstrate the College's commitment to child safety and an awareness of social and legislative responsibilities,

- the College understands that when recruiting staff and volunteers, there are ethical as well as legislative obligations,

- compliance with College policies for recruitment and selection of staff for obtaining, verifying and recording information about a person whom it proposes to engage, including processes for screening and background checks such as Working with Children Check, police record checks and Victorian Institute of Teaching (VIT) registration,

- the induction of new staff, volunteers and contractors into the College's policies, codes, practices and procedures governing child safety and student-related work.

Child safety knowledge, skills and awareness

Ongoing training and education are essential to ensuring that staff understand their roles and responsibilities and develop their capacity to effectively address child safety and wellbeing matters.

In addition to the child safety and wellbeing induction, staff participate in regular training and professional learning to equip them with the skills and knowledge necessary to maintain a child safe Environment.

Staff child safety and wellbeing training is delivered at least annually and includes guidance on:

- the child safety and wellbeing policies, procedures, codes, and practices

- completing the 'Protecting Children – Mandatory Reporting and Other Legal Obligations' online module annually

- completing other professional development related to child safety and wellbeing

- recognising indicators of child harm including harm caused by other children and students

- responding effectively to issues of child safety and wellbeing and supporting colleagues who disclose harm

- how to build culturally safe Environments for children and students

- information sharing and recordkeeping obligations

- how to identify and mitigate child safety and wellbeing risks in the college Environment.

Other professional learning and training on child safety and wellbeing, for example, training for our volunteers, will be tailored to specific roles and responsibilities and any identified or emerging needs or issues.

Privacy and information sharing

Bayside ELC collects, uses, and discloses information about children and their families in accordance with Victorian privacy laws, and other relevant laws. For information on how College and Bayside ELC collects, uses and discloses information refer to the College's Privacy Policy**.**

Managing risks to child safety and wellbeing

Bayside ELC child safety and wellbeing risks are managed through the College's Child Safety Program. Risk assessments are prepared for out of routine or extra-curricular activities, such as excursions and incursions.

The Child Safety Program documents the College's and Bayside ELC's strategies to support the Ministerial Order 1359 and encompasses the child safety risk register. This document is reviewed regularly by the College's Leadership Team throughout the year to ensure strategies are current, risks identified are included in the risk register and risk controls are up to date and are working towards being As Low As Reasonably Practicable (ALARP).

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Processes for Responding to and Reporting Suspected Child Abuse

Bayside ELC takes all allegations seriously and has clear and comprehensive practices in place for reporting and responding to suspected and reported Child Abuse. All staff and volunteers are trained to deal appropriately with allegations.

Bayside ELC will continually work to improve practices and workplace systems to ensure all students, families, Staff, volunteers and contractors know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

If you believe a student is at immediate risk of abuse phone 000.

Bayside ELC practices are based on the following:

- Compliance with mandatory reporting laws and obligations imposed by the criminal law to report a belief that Child Abuse may have occurred including reporting to the Victoria police and relevant authorities.

- Ensuring any situation is handled appropriately, and that any parties involved in an allegation of Child Abuse are provided with support and treated fairly and consistently.

- Clarity as to who should be notified of any Concerns or Complaints, and what processes should be followed during and after an investigation.

- Ensuring continuous review and improvement of processes and that they are easily accessible for all persons within community including an easy-to-understand process for students.

Bayside ELC will support and assist children who disclose Child Abuse, or are otherwise linked to suspected Child Abuse, by:

- ensuring they have access to College support personnel, such as Child Safety Champions,

- ensuring their situation is treated confidentially and with sensitivity,

- providing such other support or assistance as may be reasonable including due consideration for and necessary adjustments in the curriculum and co-curriculum programmes.

Background

A key requirement of the Education and Care Service National Law Act 210 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 necessary child protection training required by the Department of Education and Training (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).

The Victorian Reportable Conduct Scheme 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.

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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 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 , that a child is in need of protection may report their concerns to the Child Protection .

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

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

• *Failure to protect*: The offence applies to people within organisations who hold positions of authority within an education and care service, such as the approved provider, person with management or control, the nominated supervisor or the person in day to day charge and who know of the substantial risk that another adult associated with the organisation may commit a sex offence and they have the power or responsibility to remove or reduce the risk but negligently fail to do so.

• *Grooming offence*: The offence targets predatory conduct by an adult with the intent of committing child sexual abuse. Conduct may include communication, including online communication, with a child under the age of 16 or their parents.

Related policies and procedures

- Acceptance and Refusal of Authorisations
- Complaints and Grievance
- Delivery and Collection of Children
- Child and Family Violence Information Sharing Schemes Policy (College-wide)
- Child Safety Code of Conduct (College-wide)
- Child Safety Program (College-wide)
- eSafety for Children
- Information Communication Technologies
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Mental Health and Wellbeing
- Occupational Health and Safety
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Staffing
- Supervision of Children
- Mandatory Reporting Policy
- Responding to Suspected and Reported Child Abuse Procedure

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- Recruitment Policy
- VIT Check procedure
- Working with Children Check Procedure
- Student Wellbeing and Engagement Policy
- Visitors Policy
- Volunteers Policy
- Records Management Policy
- Risk Management Framework

Related 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-forinformation-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
- Education and Care Services National Act and National Regulations
- Family Law Act
- Ministerial Guidelines for the Family Violence Information Sharing Scheme: www.vic.gov.au/familyviolence-information-sharing-scheme
- Quality Assessment and Regulation Division's online guidance: Early Childhood Guidance on the Child Safe Standards
- Victorian Institute of Teaching: www.vit.vic.edu.au
- Working with Children (WWC) Check: www.workingwithchildren.vic.gov.au

Related Legislation

- 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

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- Reportable Conduct Scheme administered by the Commission for Children and Young People (Vic)
- Worker Screening Act 2020
- Worker Screen Regulations 2021 (Vic)Crimes Act 1958 (Vic) (including Failure to Protect and Failure to Disclose offences)
- Wrongs Act 1958 (Vic) (including Part XIII – Organisational liability for child abuse)
- The Victorian Institute of Teaching - Teaching Profession Code of Conduct
- Victorian Government – Working With Children Check
- Working with Children Act 2005 (Vic)
- Disability Act 2006 (Vic)
- Privacy Act 1988

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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CODE OF CONDUCT

Policy Statement

This policy will provide guidelines to:

- establish a standard of behaviour for all staff at Bayside ELC that reflects the philosophy, beliefs, objectives and values of the service
- promote desirable and appropriate behaviour
- ensure that all staff interaction at the service with both children and adults is respectful, honest, courteous, sensitive, tactful and considerate**.**

Purpose

This policy is intended to be a guide, not an exhaustive list, of the standards and expectations required by all members of staff. The Policy should be read in conjunction with applicable legislative requirements and related Bayside ELC policies.

All staff will conduct themselves in an ethical and professional manner consistent with their role as Bayside ELC representatives. This extends to establishing and maintaining clear professional boundaries that serve to protect everyone from misunderstandings or a violation of professional relationships.

All members of staff are expected to uphold the standards of behaviour in this Code of Conduct and know that any breach of this Code of Conduct will be treated as a serious matter and will constitute grounds for Disciplinary Action, including counselling, a warning or demotion, or in serious cases may result in termination of employment.

Application

This policy applies to all staff, contractors, students, volunteers', and all adults involved in the programs delivered for Bayside ELC (collectively known as "Staff")

Definitions

Word/s	Definition
Abuse	(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
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 Abuse	An act or omission by an adult that endangers or impairs a child's physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment 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/carer, 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/carer, caregiver or

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Word/s	Definition
	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.
	Emotional and psychological abuse: Involves continuing behaviour by adults towards children, which erodes social competence or self-esteem over time4. It occurs when a person engages in inappropriate behaviours, such as rejecting, ignoring, threatening or verbally abusing a child, or allowing others to do so (Office of the Child Safety Commissioner (OCSC), Victoria).
	Racial, cultural and religious abuse: Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion (OCSC).
	Neglect: below.
	Exposure to domestic/family violence: When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships (adapted from the Australian Medical Association definition)
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.
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
Disclosure	(In the context of this policy) refers to a statement that a child or young person makes to another person that describes or reveals abuse.
Domestic/family violence	The repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with who they have or have had an intimate relationship, including carers.
Duty of care	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children with an adequate level of care and protection against foreseeable harm and injury.
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

The Approved Provider is responsible for:

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- ensuring there is a Responsible Person on the premises at all times the service is delivering education and care programs for children

- ensuring that the service has received a supervisor certificate from the Regulatory Authority

- nominating sufficient Certified Supervisors to meet legislative requirements for a Responsible Person at the service at all times, including during periods of leave or illness. Ensuring that a person nominated as a Responsible Person has appropriate skill level, experience, qualifications and approval to work with children, as required under the National Law and National Regulations

- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service[1] (National Law: Section 172)

- ensuring that the service does not operate without a Nominated Supervisor, and that this person has given written consent to be in the role

- ensuring that the name of the Nominated Supervisor is displayed prominently at the service

- ensuring that information about the Nominated Supervisor, including name, address, date of birth, evidence of qualifications and approved training, and a Working with Children Check is kept on the staff record (Regulation 146)

- notifying the Regulatory Authority in writing if there is a change of person in the role of Nominated Supervisor (Section 56, Regulation 35)

- ensuring that, in the absence from the service premises of a Nominated Supervisor a Certified Supervisor is placed in day-to-day charge of the service

- ensuring that the Nominated Supervisor and Certified Supervisors have a sound understanding of the role of Responsible Person

- ensuring details of supervisor certificates are recorded on the staff record

- notifying the Regulatory Authority in writing if there any changes to: − the name of the Approved

    Provider − the appointment or removal of a person with management or control of the service

    operated by the Approved Provider − the status of the Approved Provider as fit and proper

- notifying the Regulatory Authority if a Nominated Supervisor or Certified Supervisor has their Working with Children Check card or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law.

The Nominated Supervisor is responsible for:

- providing written consent to accept the role of Nominated Supervisor

- ensuring that, in their absence from the service premises, a Certified is placed in day-to-day charge of the service

- ensuring they have a sound understanding of the role of Responsible Person

- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service

- developing rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children

- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings.

The Certified Supervisors are responsible for:

- providing written consent to accept the role of Certified Supervisor

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[1] The guidelines to the National Regulations state that, given the Responsible Person in charge may change throughout the day (for example, at a changeover of shifts), this requirement might be met on a whiteboard or interchangeable name plate at the entrance of the service premises.

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- checking that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- informing the Approved Provider and/or Nominated Supervisor in the event of absence from the service due to leave or illness so they can be replaced by another Responsible Person
- ensuring they have a sound understanding of the role of Responsible Person
- understanding that a Certified Supervisor placed in day-to-day charge of an approved service does not have the same responsibilities under the National Law as the Nominated Supervisor
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check card or teacher registration, or if they are subject to disciplinary proceedings.

Educators are responsible for:

- meeting the qualifications, experience and management requirements if they wish to be nominated as a Certified Supervisor ensuring they have a sound understanding of the role of Responsible Person
- providing written consent if accepting the nomination to be a Certified Supervisor.

Parents /carers are responsible for:

- being aware of the Responsible Person at the service on a daily basis.
- abiding by the law
- complying with all policies of the service

Expectations of Professional and Personal Behaviour (Personal Conduct)

All staff are required to undertake their duties in a professional and responsible manner and to act in the best interests of the School. All staff are expected to:

- strive to provide the highest standard of service, performing duties diligently, fairly, responsibly and to the best of their ability. All staff are expected to present themselves and behave in a manner appropriate to the situation;
- conduct all contact during the course of work, fairly and in a professional manner. Staff should act with respect, propriety, integrity, courtesy, and sensitivity and be able to demonstrate this in all interactions;
- comply promptly with all Lawful and Reasonable Directions. If there are personal grounds for a complaint arising out of such directions, whether ethical or otherwise, this should be discussed with the relevant Manager and an attempt made to resolve the matter. If the matter is not resolved in the initial attempts, a complaint may be lodged to have the matter resolved.

Examples of Unacceptable Behaviours

Unacceptable behaviours include, but are not limited to, the following:

- Breach of confidentiality, whereby confidential information about students, parents, the College, staff, or information not publicly available, is shared with staff or third parties.
- Sexual harassment or other forms of unlawful harassment and/or discrimination, or other unlawful, or unwelcome conduct;
- Behaviour in or outside of the workplace that may be interpreted as offensive, intimidating, threatening, or violent towards staff or a member of the School community;
- Accessing, storing, processing, or transmitting any information deemed to be of a threatening, obscene, pornographic, or harassing nature;
- Noncompliance with College directives or other disrespectful conduct;

- Refusal to comply with a Manager's legitimate, work-related request;

- Falsification of time-keeping records or other College records;

- Fighting, using obscene, abusive language or gestures, or threatening violence;

- Any activity that poses a threat to the health and safety of fellow staff or students, parents, or other parties;

- Any activity that leads to a conflict of interest with the College;

- Unauthorised use of College supplies, materials, telephones or equipment, particularly for personal purposes, including once approved excessive or unnecessary use;

- Engaging in inappropriate entertainment. This includes adult entertainment, or any other form of entertainment that could harm the College name and also includes the use of College property/devices/technology to access this inappropriate entertainment;

- Negligence or improper conduct leading to damage of College or College owned property;

- Boisterous or disruptive activity in the workplace;

- Fraud, theft, or inappropriate removal or possession of College or other staff property;

- Unauthorised possession of lethal weapons on College premises or while on College business, regardless of the staff member's legal right to possession of such a weapon;

- Unauthorised absenteeism, including unauthorised absence from work during work time;

- Poor timekeeping (e.g. persistent late arrival at work or leaving early without approval or notification);

- Inappropriate use of College email and other electronic communication devices;

- Unauthorised transmission or passing of internal information, documents, or e-mails to external parties;

- Assisting any other persons in the conduct of dishonest activities, whether or not for personal gain;

- Failure to follow defined College policies and procedures;

- Acting in a negligent or careless manner while carrying out duties, or consistent inefficiency or incompetence in performing duties;

- Preventing or interfering with another person carrying out their work functions;

- Reporting to work in such a condition as to be unable to perform the required duties in a safe and proper manner.

Where an act is carried out by an individual or group, which is not specifically covered by the descriptions of unacceptable behaviour above but is of a similar nature, the College reserves the right to apply disciplinary procedures.

Staff who engage in any unacceptable behaviours will be subject to disciplinary action up to and including termination of employment.

Behaviour that constitutes Serious Misconduct may result in the following disciplinary actions, depending on the degree and circumstances of the breach:

- Suspension of duties (on pay) whilst the investigation is conducted

- Issuing of a final warning

- Dismissal without notice, without prior warnings being issued.

In addition, where the breach indicates illegal activity, the College may refer the matter to the police with a view to criminal proceedings, as well as instigating civil restitution proceedings to recover costs/losses.

Dishonesty (Including Theft & Fraud)

The College expects all staff to act in a manner that does not constitute actions defined as Fraud. Dishonest and improper activity also includes:

- Deliberate falsification, concealment, destruction or use of falsified documentation;

- Misappropriation of College funds or property;

- Misappropriation of funds or property of Stakeholders;

- Breach of copyright;

- Leaking of confidential College information to competitors, Stakeholders, contractors, media, or other unauthorised persons;

- Exchanging College property or services, in return for personal financial benefit;

- Using College equipment and/or materials for personal use without written approval from the Head of School, Principal or Business Manager;

- Actively participating in theft, or passively supporting theft or dishonest activity including failure to report such theft or activity to the Head of School, Principal, Business Manager or HR Manager.

These examples are not intended to represent an exhaustive list of prohibited actions.

Behaviour & Responsibilities at School Events

Staff attending an event held by the College (in a work or non-work-related capacity) are to ensure that their behaviour is in line with this Code of Conduct at all times.

Bullying, Harassment & Discrimination

The College is committed to fostering a workplace that is safe and free from any form of Bullying, Harassment, and unlawful Discrimination. Bullying, Harassment and Discrimination within the workplace is not acceptable.

Please refer to the College's Anti-Bullying, Violence & Harassment Policy for further information.

School Resources

Staff are required to use College facilities and other physical or financial resources for their proper purpose, and maintain them properly, avoiding waste and extravagance. College resources should not be used for personal use and/or gain, without the written approval of the Principal or Business Manager.

Confidential Information & Privacy

Staff are required to uphold the duty of confidentiality relating to information obtained during the course of their time at the College. Information must be stored securely, and not disclosed to any person except in the course of official duties.

Any documentation or information developed by staff whilst employed by the College and in the course of the employment remains the intellectual property of the College. All staff are reminded not to delete College information and electronic files during, or at the end of employment with the School given this information remains College property.

The College is committed to protecting the privacy of individuals' personal information and is bound by the Privacy Act 1988 and the National Privacy Principles.

Conflicts of Interest

Conflicts of interest arise when staff find themselves in situations where they are in a position to influence the performance of duties (e.g. financial decisions, recruitment, promotion, contractor management etc.) according to their own interests and personal circumstances. In many instances, only the relevant individuals will be aware of the existence of, or potential for, an actual or perceived conflict of interest. It is therefore the responsibility of all staff to identify any conflicts of interest and to take action to avoid situations in which a conflict of interest could arise, or could be perceived to arise as soon as the conflict of interest is identified.

If a staff member feels that their personal activities may result in a conflict of interest with their work, they should initially consult with the relevant Head of School, Principal, Business Manager or the HR Manager.

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Examples of circumstances which could result in a conflict of interest occurring (by no means an exhaustive list):

- Financial interests
- Personal and family relationships between staff
- Personal and family relationships between staff and students and parents
- Acceptance of gifts or benefits from students, parents, members of the community, suppliers, contractors, tradesmen etc.

Gifts

The College expects high standards of integrity and impartiality from its staff and stakeholders. No one should accept gifts that influence or may influence, any decision unfairly. Staff are to perform their duties without favouritism, bias or for personal gain. Staff must act fairly and objectively and maintain public trust by being honest, open and transparent.

Staff will interact with several Stakeholders within the College community. The need for confidentiality and probity is vital so that compromising situations are avoided.

It is unacceptable to accept any gift (Token or Non-Token Gift) when it can be perceived that the person offering the gift may derive a benefit if the gift is accepted. Such examples of these benefits may include favourable treatment to students or the allocation of more work to particular suppliers or the promotion to a new role etc.

Whenever, a member of staff receives a Non-Token gift they are expected to advise their Head of School (Teaching staff) / Manager (Support staff) / ELC Director (ELC staff), for no other reason than to protect themselves from any accusations of inappropriate conduct as mentioned above. Staff should notify their Manager as soon as possible.

If at any point a member of staff is feeling unsure or uncomfortable with regards to accepting any type of gift (Token or Non-Token), please consult your Head of School, Principal, Business Manager or the HR Manager.

Drugs & Alcohol

All staff have an obligation under the Occupational Health and Safety Act 2004 (Vic) to present themselves for work in a fit state and to perform their work in a safe and professional manner.

The use of drugs and alcohol can negatively affect and impair a staff member's ability to perform their work both safely and effectively. Staff must not be adversely affected by drugs, alcohol or other substances during the course of their work.

Staff whose work performance or behaviour is impaired by drugs or alcohol will be considered to pose an unacceptable risk to health and safety of themselves and others. After consultation with the staff member, any staff that are deemed to be impaired will not be permitted to remain at work.

Staff who intend to drive after consuming alcohol must abide by the Victoria Blood Alcohol Concentration (BAC) of less than 0.05 or zero BAC if on a probationary license, driving any heavy vehicles or staff who have a zero BAC conditional license.

Any staff member found to be over the BAC limit of 0.05 by a member of Victorian Police whilst operating a College vehicle must report the event to the Principal, Head of School, Business Manager or HR Manager immediately.

Any staff member who identifies as having an alcohol and/or other drugs problem can contact the College's Employee Assistance Program (EAP) for free and confidential support. Initiation commences with the HR Manager.

The College is a smoke free environment and therefore smoking is not permitted within any part of the College premises at any time.

Occupational Health and Safety (OH&S)

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The College is required to comply with OH&S laws and regulations. Occupational health and safety rules, responsibilities and practices must be complied with at all times.

It is the policy of the College that all activities be undertaken with all reasonably practicable measures to avoid risk to health, safety and welfare of staff and any other person who may be affected.

Staff are responsible for ensuring that their work, as far as reasonably practicable, is carried out without risk to themselves or others.

Staff must comply with the College's health and safety directions, policies and procedures at all times, including any specific directives in particular work areas.

Any breach of health and safety directions and procedures is a serious matter and may result in disciplinary action, including dismissal.

Staff Purchases

Staff purchases must be conducted in accordance with the College's Delegations of Authority guidelines.

Media Handling

Staff are not to speak to the media regarding any College issues without proper authorisation. All media inquiries are to be directed to the Principal.

Working Ethically

No matter what position staff hold with the College, staff make decisions and take actions every day while performing their work and when dealing with other staff and members of the public.

Regardless of the type of decision or action, staff should ask themselves if they could answer "YES" to all of the following questions:

- Is the decision or action lawful?
- Will the decision be made honestly, fairly, and impartially?
- Are all appropriate policies being complied with?
- Has only pertinent information been taken into account?
- Has the effect of the decision or action on others been given careful consideration?

If the answer is "NO" to any of the above questions, staff need to discuss and resolve the issues with their Manager, Principal, Business Manager or the HR Manager.

Relevant Policies

- Anti-Bullying, Violence and Harassment Policy
- Child Safe Organisation Policy
- Occupational Health and Safety Policy
- Privacy and Confidentiality Policy
- Conflict of Interest Policy
- Whistleblower Policy
- Complaints and Grievance

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Occupational Health and Safety Act 2004 (Vic), as amended June 2016
- Early Childhood Australia, Code of Ethics: www.earlychildhoodaustralia.org.au
- The Universal Declaration of Human Rights: www.un.org/en/documents/udhr/

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- Victoria Legal Aid: www.legalaid.vic.gov.au
- Victorian Institute of Teaching – The Victorian Teaching Profession Code of Conduct: http://www.vit.vic.edu.au/SiteCollectionDocuments/PDF/Code-of-Conduct-June-2008.pdf
- United Nations, Convention on The Rights of the Child: http://www.unicef.org/crc/
- Charter of Human Rights and Responsibilities Act 2006 (Vic), as amended July 2014
- Child Safe Standards (Vic)
- Children, Youth and Families Act 2005 (Vic), as amended January 2017
- Disability Discrimination Act 1992 (Cth), as amended 2015
- Education and Care Services National Law Act 2010: Sections 166, 167, 174
- Education and Care Services National Regulations 2011: Regulations 155, 156, 157, 175
- Equal Opportunity Act 2010 (Vic), as amended 2015
- Fair Work Act 2009 (Cth)
- Fair Work Regulations 2009 (Cth), as amended 2014
- National Quality Standard
- Privacy Act 1988

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

CODE OF CONDUCT POLICY (PARENTS/CARERS, VOLUNTEERS AND VISITORS)

Policy Statement

Bayside ELC provides an open, welcoming and safe environment. We believe that all parents/carers, volunteers and visitors play a crucial and valuable role in the effective operation of the centre and in enriching the children's program.

This code of conduct for parents/carers, volunteers and visitors outlines the type of practice we require all adults working and volunteering at our centre to follow. It will assist in ensuring the safety and wellbeing of children, families and staff. It does not provide all the answers but is a broad outline of behavioural principles, expectations and ideals

Bayside ELC has a legal responsibility to provide a safe and happy environment for all children and staff.

Purpose

Bayside ELC is a place of learning for young children and therefore the rights of the child will be considered first and foremost.

Bayside ELC is committed to:

- the wellbeing of each child having fundamental importance.
- the provision, as far as practicable, of a safe and secure environment.
- providing an open and welcoming environment where everyone's contribution is valued and respected.

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- encouraging parents/carers, volunteers and community members to support and participate in our centre's program.

This policy will provide guidelines to promote desirable and appropriate behaviour to ensure that all interaction with children and adults is respectful, honest, courteous, sensitive, tactful and considerate.

Application

This code of conduct applies to all adults, including parents/carers, volunteers, extended family, visitors and other association members while involved in any activities related to the centre.

Definitions

Word/s	Definition
Children's Program	If participating in the program seek guidance and direction from staff. If unsure ask staff for further information. Behaviour Management of the children is the responsibility of staff, immediately refer any issues or concerns related to managing children's behaviour to staff.
Communication	Use courteous and acceptable verbal and nonverbal language. Refrain from the use of profane, insulting, harassing, aggressive or otherwise offensive language
Confidentiality	Comply with the Early Learning Centre's Privacy Policy. Respect the confidential nature of information gained, or behaviour observed, whilst participating in the program, in relation to other children and adults.
Ethical Conduct	Pray regularly. Always act in the best interests of children, their families and users of Bayside ELC
Respect	Value the rights, religious beliefs and practices of individuals. Refrain from actions and behaviour that constitute harassment or discrimination
Safety	Comply with all policies and procedures of Bayside Christian College and Bayside ELC. These are displayed at the Early Learning Centre. Be aware of emergency evacuation procedures.
Support	Work in a cooperative and positive manner.

General guidelines for interactions

The staff are responsible for:

- Respecting the individual needs, cultural practices and beliefs of families in all interactions, both verbal and non-verbal.
- Working with colleagues and parents/carers to provide an environment that encourages positive interactions and supports constructive feedback.
- Providing guidance to parents/carers and volunteers through positive role modelling and, when appropriate, clear and respectful directions
- Ensuring practices and procedures are in place to ensure that parents/carers on duty, or other adults participating in the program, are not placed in a situation where they are left alone with a child.

The parents/carers are responsible for:

- Abiding by the standards of conduct as set out in this policy

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- The withdrawal or suspension of a child's place in the program due to the parents/carers serious breach of the code of conduct. This action will only be taken if no other alternatives are deemed appropriate by the College.

Emergency situations

In an emergency situation, where it is believed that staff, children or parents/carers are at immediate risk (for example violence has been threatened or perpetrated) the staff members and the ELC Director involved need to be able to act quickly and decisively.

The Principal is delegated the authority to determine suitable actions, which may include, but may not be limited to:

- Applying immediately for a restraining order (via the legal system).
- Suspending the relevant person/s from attending Bayside ELC until the ELC Director has investigated and decided on an appropriate course of action. If required, notify the parents/carers that alternate arrangements will need to be organised for the delivery/collection of their child to ensure that the suspended person does not attend the centre.
- Suspension of a child's place in the program due to the suspended person still attending Bayside ELC after they have been advised not to.

Standards of Conduct

Behavioural practices to follow -

- In relation to children:
  - Pray regularly for children
  - Be a positive role model at all times.
  - Always speak in an encouraging and positive manner.
  - Listen actively to children and offer empathy, support and guidance where needed.
  - Regard all children equally and with respect and dignity.
  - Physical contact with children other than your own should be avoided unless directed by staff or if the safety of a child is compromised (this should be reported immediately to staff).
  - Inform children if physical contact is required for an activity and ask them if they are happy to proceed.
  - All interactions with children should be undertaken in full view of other adults.
  - Never do things of a personal nature for a child that they can do themselves, for example, assisting them in going to the toilet or changing their clothes.
- In relation to other adults (including staff)
  - Use respectful, encouraging and accepting language.
  - Respect the rights of others as individuals.
  - Give encouraging and constructive feedback rather than negative criticism.
  - Accept staff decisions and follow their directions at all times. Speak with the staff member if you have a problem complying with any directions.
  - Be aware of routines and guidelines for children's play within the centre, abide by them and seek advice when unsure.
  - Be aware of emergency evacuation procedures.
  - Discipline of children is the responsibility of staff and therefore any matters or concerns related to managing children's behaviour should be referred to staff immediately.
  - Avoid approaching staff to discuss a child during a session. Seek an alternative time when staff are free from contact duties with children.
  - Refrain from public criticism of children and adults at Bayside ELC.

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- Any issues or grievances should be raised as outlined in the Complaints Policy.
- Under NO circumstance should a child, parents/carers or member of staff be approached directly in a confrontational manner.
- Smoking is prohibited on Bayside Christian College property at all times.

- In general
  - Bayside ELC staff are responsible for the children that are enrolled and signed in, that is those children attending the children's program.
  - Parents/carers, and other persons attending with children not enrolled in the program, are responsible for supervision of their children at all times.
  - Adults are responsible for all children who accompany them, for example while on duty, drop off and pickup time, ensuring they do not inhibit or disrupt the program in any way
  - Parents/carers must clean up after their children and leave all areas as they were found staff may ask parents/carers to remove children not enrolled and signed into the program if they are disturbing the program.
  - Parents/carers will also be responsible for children's behaviour when attending other activities and the child is not signed into the program, for example working bees, family nights.

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.

All 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/carers, children and others attending the programs and activities. 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.

Relevant Policies

- Child Safe Environment and Wellbeing
- Code of Conduct - Staff
- Complaints
- Delivery and Collection of Children

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- Inclusion and Equity
- Information Communication Technology
- Interactions with Children
- Occupational Health and Safety
- Privacy and Confidentiality
- Relaxation and Sleep
- Staffing
- Tobacco, Alcohol and other Drugs

Related Sources

- Early Childhood Australia, Code of Ethics: www.earlychildhoodaustralia.org.au/our-publications/ecacode-ethics/
- 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.ccyp.vic.gov.au

Relevant Legislation

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

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy

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- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

COMMUNICATIONS

Policy Statement

This policy will provide guidelines for communication between parents/carers, volunteers and staff, both formal and informal.

Purpose

Bayside ELC is committed to:

- Promoting a friendly, comfortable and cooperative relationship between parents/carers and staff through daily contacts.
- Listening to parents/carers. Fostering a spirit of co-operation between the parents/carers of the children attending the Early Learning Centre
- Supporting an environment, that is sensitive to the cultural, language and social background of families.

Application

This policy will provide guidelines for communication between parents/carers, volunteers and staff, both formal and informal.

Procedures

The College is responsible for:

- Ensuring a notice board is provided in the main entrance of Bayside ELC.
- Providing a regular newsletter (together with the staff) to inform parents/carers of centre events, changes to policies, information on the children's program etc.
- Ensuring the Early Learning Centre handbook is reviewed annually and copies are available for new families.
- Providing access to interpreters, translated materials and other resources as needed to implement this policy.
- Ensuring parents/carers are informed of practicum students participating in the program via a notice on the parent notice board which details the nature of the visit and a photograph of the practicum student.

The staff are responsible for:

- Greeting families on arrival at Bayside ELC and welcoming the child into the program.
- Ensuring the current program is displayed in the main entrance and that parents/carers are informed of the location in their orientation to Bayside ELC
- Providing daily opportunities for direct contact with parents/carers, for example during parents/carers participation in the program, before or after program times, and by telephone or email
- Using a communication box, placed in the entrance, for parents to anonymously note areas of concern, provide suggestions etc.
- Providing access for parents/carers to the centre at any time their child is attending a program at Bayside ELC.
- Ensuring all communication with parents/carers is sensitive to the cultural and social backgrounds of each individual family, their lifestyles and their child-rearing practices.
- Providing access to interpreters, translated materials and other resources as needed to implement this policy.

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- Providing parents/carers with information about how the educational program at Bayside ELC is developed and the philosophy on which it is based.

- Consulting with parents/carers when developing the educational program.

- Offering a variety of opportunities for parents/carers to participate directly in the children's program, including spending time with the children, assisting with activities, excursions and special events and volunteering special skills to share with the children.

- Encouraging parents/carers to contribute their suggestions regarding any aspect of the program through discussions with the staff.

- Providing the parents/carers with opportunities for communication about their child, either informally before or after the program, or by appointment during the staff member's non-contact time with the children and encouraging parents/carers to take up these opportunities.

- Developing strategies which contribute to a partnership approach with parents to create a two- way process of knowledge and information sharing.

- Providing opportunities for parents/carers to discuss the individual records the qualified staff member has recorded of their child.

- Providing information regarding the educational program through bulletin boards and regular newsletters, which will show an understanding of, and consideration for, the relevant languages and cultural diversity of the families using Bayside ELC.

- Staff will keep families up to date on the program, children's learning, matters of interest and up coming events through information posted on bulletin boards and sent home through notices and email

The parents/carers are responsible for:

- Informing a staff member of the child's arrival at the centre.

- Participating in the program, this may include spending time at Bayside ELC, assisting with activities, excursions and special events.

- Offering suggestions to the staff on items of interest to the child.

- Communicating with staff about special events in the child's life at home, for example the arrival of a new baby, grandparents visiting from overseas, \moving house.

- Collecting information from the family's pigeon hole or pocket on a regular basis and reading the information provided.

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COMPLAINTS

Policy Statement

This policy is to ensure the following:

- Guidelines for handling complaints
- Define a clear course of action available to relevant parties to pursue an issue of grievance or dispute within Bayside ELC.
- Establish guidelines governing appropriate courses of action available to College staff to assist resolution of grievance issues.
- Define the rights and responsibilities of all parties within the grievance resolution process.

Purpose

Bayside Christian College is committed to:

- Providing an environment of mutual trust and open communication where the expression of opinions is encouraged.
- Considering situations from all perspectives and responding in a manner which promotes an environment conducive to collaborative problem solving.
- The resolution, where possible, of complaints to the mutual satisfaction of those involved.
- Fairness and equity in dealing with disputes, complaints and complainants.
- Compliance with all legislative and statutory requirements.
- Keeping confidential, where practicable, the information provided by any person involved with a complaint.

Application

This policy applies to all staff, including parents/carers, volunteers, extended family, visitors and other association members while involved in any activities related to the centre.

Definitions

Word/s	Definition
Complaint	For the purpose of this policy, a complaint is defined as an issue of a minor nature such as an expression of dissatisfaction related to service, communication, or property. Examples of complaints include a community member being dissatisfied with a teaching practice or a discipline consequence
Grievance	For the purpose of this policy, a grievance is related to an issue that may be an unresolved complaint, or an issue of a more serious nature such as a suggestion that the College has breached its own policies.

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Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	X	X	X	X
Acknowledge compliments and thank complementor for their interest and feedback	X	X			
Save compliments and sharing with relevant parties	X	X			
Ensuring that compliments and complaints are monitored and used to continually improve the quality of the service	R	X			
Identifying, preventing and addressing potential concerns before they become formal complaint	R	X	X		X
Ensuring that the name and telephone number of the responsible person to whom complaints may be addressed are displayed prominently at the main entrance of the service (National Law: Section 172, Regulation173(2)b))	R	X			
Advising parents/carers and any other new members of Bayside ELC of the Complaints policy and procedures upon enrolment	R	X			
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	X			
Ensuring that children have access to age appropriate information, support and complaints	R	X	X		X

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
processes in ways that are culturally safe, accessible and easy to understand					
Ensuring that this policy is available for inspection at the service at all times (Regulation 171)	R	X			
Being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers	R	X			
Responding to all complaints in the most appropriate manner and at the earliest opportunity	R	X	X		x
Treating all complainants fairly and equitably	R	X	X		
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	X	X	X	
Communicating (preferably in writing) any concerns or compliments relating to the management or operation of the service as soon as is practicable		X	X	X	X
Providing a Complaints Register (s) and ensuring that staff record complaints along with outcomes	R	X			
Providing information as requested by the approved provider e.g. written reports relating to the complaint		X	X	X	X
Notifying the approved provider if the complaint is a notifiable complaint (s) or is unable to be resolved appropriately in a timely manner		X	X	X	X
Complying with the service's Privacy and Confidentiality Policy at all times (Regulations 181, 183)	R	X	X	X	X

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
Appointing an investigator to investigate and resolve complaints as required as determined through establish processes	X	X			
Referring notifiable complaints (s), or complaints that are unable to be resolved appropriately and in a timely manner to the investigator	X	X			
Co-operating with requests to meet with Investigator and/or provide relevant information when requested in relation to complaints	X	X	X	X	X
Informing DET in writing within 24 hours of any complaints alleging that a serious incident (s) 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	X			
Working co-operatively with in any investigations related to complaints about Bayside ELC, its programs or staff.	X	X	X	X	X
Receiving recommendations from the investigator and taking appropriate action	X	X			
Analysing complaints, concerns and safety incidents to identify causes and systemic failures to inform continuous improvement	X	X			
Maintaining professionalism and integrity at all times	X	X	X		X

Procedure for handling complaints and grievance

For procedures on handling complaints and grievance, refer to the College Complaints and Grievance Policy on the College website:
https://www.baysidecc.vic.edu.au/BCC/media/BCCDocs/Complaints-and-Grievance.pdf

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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 Bayside ELC. including parents/carers, volunteers, students and association members. In most cases, dealing with complaints will be the responsibility of the approved provider. All complaints, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (s).

Related policies and procedures

- College Anti-Bullying, Violence & Harassment Policy
- Child Safe Environment and Wellbeing
- Code of Conduct
- Enrolment & Orientation
- Fees
- Governance & Management of the Service
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Privacy and Confidentiality
- Staffing
- Supervision of Children

Related Sources

- ACECQA: www.acecqa.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-forPublic-Sector-Agencies.pdf?mtime=20191217165914

Related Legislation

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- 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)

Monitoring, evaluation and review

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This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

DEALING WITH INFECTIOUS DISEASES

Policy Statement

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

- 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 and pandemics.

Purpose

Bayside ELC 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 (AHPPC), 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.

Application

This policy applies to the Bayside Christian College, staff, parents/carers, children, volunteers and visitors involved with Bayside ELC.

Definitions

Word/s	Definition
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.
Diarrhoea	Having 3 or more loose or liquid stools in one day, or more frequently than normal

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Word/s	Definition
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 , 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
Gastroenteritis (gastro)	A common an often highly infectious condition that affects the stomach and intestines. It can cause vomiting and diarrhoea
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 www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/schoolexclusion-table
Pandemic	is an epidemic 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

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring standard precaution practices are carried out every day to minimise and, where possible, eliminate the risk of transmission of infection	R	X	X		X
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	X	X	X	X
Ensuring that where there is an occurrence of an infectious disease at the service, a parent/carer or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))	R	X	X		
Ensuring that information from the DH about the minimum exclusion periods is available to all stakeholders	R	X	X		
Ensuring that a child is excluded from the service in accordance with the minimum exclusion periods when informed that the child is infected with an infectious disease or has been in contact with a person who is infected with an infectious disease as required under Regulation 111(1) of the Public Health and Wellbeing Regulations 2019 NOTE: Bayside ELC policy is that children are to be kept at home for at least 24 hours from the onset of symptoms	R	X	X	X	X
Contacting the Communicable Disease Section, DH if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period	R	X			
Ensuring obligations under No Jab No Play legislation (Public Health and Wellbeing Act 2008), including to request, assess and manage immunisation documentation are met, and to	R	X			

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assist parents/carers and families who may face difficulties in meeting the requirements					
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	X	X	X	
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	R	X	X		
Notifying DET within 24 hours of a serious incident via the NQAITS	R	X			
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	X	X		X
Establishing and complying with good hygiene and infection prevention and control procedures	R	X	X	X	X
Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management		X	X	X	X
Providing appropriate and current information and resources to all stakeholders regarding the identification and management of infectious diseases, blood-borne viruses and infestations	X	X	X		X
Keeping informed of current legislation, information, research and evidence-based practice	X	X	X	X	X
Complying with the Hygiene Policy of the service and the procedures for infection prevention and control relating to blood-borne viruses	R	X	X	X	X
Communicating changes to the exclusion table or immunisation laws to all stakeholders in a timely manner	R	X	X		X
Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event	R	X	X	X	X
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	R	X	X		

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exclusion requirements for the illness, and displaying this information in a prominent position					
Advising parents/carers on enrolment that children are to be kept at home for at least 24 hours from the onset of symptoms, or in line with the school exclusion table where the requirement is greater than 24 hours.	R	X	X		
Providing information to staff and families about child and adult immunisation recommendations	X	X			
Advising the parents/carers 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	X	X		
Ensuring that parents/carers 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/carers to assist in the identification and management of infectious diseases and infestations	X	X	X		
Ensuring families have completed a Consent form to conduct head lice inspections	R	X	X		
Conducting head lice inspections whenever an infestation is suspected, which involves visually checking children's hair and notifying the parents/carers of the child if an infestation of head lice is suspected		X	X		
Providing a head lice action form to the parents/carers of a child suspected of having head lice	R	X	X		
Providing a head lice notification letter to all parents/carers when an infestation of head lice has been detected at the service	R	x	X		
Maintaining confidentiality at all times	R	R	R	X	x
Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation NOTE: Bayside ELC policy is that				X	

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				R col	
children are to be kept at home for at least 24 hours from the onset of symptoms					
Informing service management as soon as practicable if their child has an infectious disease or infestation or has been in contact with a person who has an infectious disease (Regulation110 of the Public Health and Wellbeing Regulations 2019)				R	
Complying with the minimum exclusion periods 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	

Exclusion periods table

Bayside ELC complies with the minimum period of exclusion from primary schools and children's services for infectious diseases cases and contacts (Public Health and Wellbeing Regulations 2019, Schedule 7).

Background

Public Health and Wellbeing Act 2008 (amendment, No Jab, No Play, 2015). The Education and Care Services National Regulations 2011 (regulation 168(2)(b)) require centres to have procedures for dealing with illness and emergency care.

It is recommended to display these contact numbers at each telephone:

- Ambulance contact card
- DHS regional office
- Asthma Victoria 03 9326 7055 or toll free 1800 645 130 advice@asthma.org.au
- Police
- Victorian Poisons Information Centre 13 11 26
- Local Fire Brigade

Relevant Policies

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

Related Sources

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- 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-themanagement-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-managementguidelines

- 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 (2017), ACECQA: https://www.acecqa.gov.au/sites/default/files/2023-03/Guide-to-the-NQF-March-2023.pdf

- Health Direct – Gastroenteritis: https://www.healthdirect.gov.au/gastroenteritis

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

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

Relevant Legislation

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)

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- Public Health and Wellbeing Act 2008 (Vic)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

DEALING WITH MEDICAL CONDITIONS

Policy Statement

This policy provides guidelines for Bayside ELC 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/carers for the child
- risk-minimisation and communication plan are developed in conjunction with Bayside ELC and parents/carers.

Purpose

Bayside ELC 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 Bayside ELC are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to this 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.

Application

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/carers, children, and others attending the programs and activities of the Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
Hygiene	The principle of maintaining health and the practices put in place to achieve this.
Medical condition	In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.
Medical management plan	A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

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Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that parents/carers 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	X			
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	X	X	X	
Ensuring families provide a medical management plan signed by a registered medical practitioner, following enrolment and prior to the child commencing at the service (Regulation 90)	R	X		X	
Ensuring that a risk minimisation plan is developed in consultation with parents/carers 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 (Regulation 90 (iii))	R	X	X	X	X
Developing and implementing a communication plan and encouraging ongoing communication between parents/carers 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	X	X	X	
Ensuring a copy of the child's medical management plan is displayed for use by, and easily accessible to those caring for children (Regulations 90 (iii)(D)) (being sensitive to privacy requirements).	R	X			

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Providing a medical clearance certificate for a child returning from a significant illness or injury				X	
Developing and implementing a risk minimisation and communication plan, and medical management plan, for children who develop a specific health care need (e.g. medical condition or as a result of injury) after commencing kinder	R	X	X	X	
Informing the approved provider of any issues that impact on the implementation of this policy		X	X	X	X
Ensuring families and staff understand and acknowledge each other's responsibilities under these guidelines	X	X			
Ensuring 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	X	X	X		
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 (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	X			
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	R	X	X		
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		X	X		X
Administering medications as required, in accordance with the procedures outlined in the Administration of Medication Policy (Regulation 93)	R	R	X		
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	X	X	X		
Maintaining ongoing communication between staff and parents/carers in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.	R	X	X		

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Following appropriate reporting procedures set out in the Accident, 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	X	X		X
Ensuring that the Ambulance Victoria How to Call Card is displayed near all telephones	X	X			
Ensuring children do not swap or share food, drink, food utensils or food containers	X	X	X		X
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	X	X		X
Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	X	X			

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/carers
- When developing a communication plan for staff members and parents/carers.

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/carers 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/carer 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 permanent staff member. 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 enrolled, it is vital that prior arrangements are negotiated with the parent/carer, 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/carers and the service should liaise with either the child's medical practitioner or other appropriate service

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providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Relevant Policies

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

Related 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/aboutus/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-careservices
- 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/wpcontent/uploads/2019/08/How-To-Call-Card.pdf
- Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au

Relevant Legislation

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 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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DELIVERY AND COLLECTION OF CHILDREN

Policy Statement

This policy is to provide clear guidelines for parents/carers, authorised persons and staff in relation to their responsibilities for the delivery and collection of children at Bayside ELC by ensuring:

- children are given into the care of a parent/carer or authorised nominee named in the child's enrolment record, or a person authorised by the parent/carer or authorised nominee Note: Authorised Nominees for collecting children must be aged 16 years or older
- 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

Purpose

Bayside ELC is committed to

- the delivery of a program which ensures the safe delivery and collection of children
- fulfilling our duty of care to all children.
- encouraging families to deliver and collect their child/ren on time, for the programs in which they are involved.
- complying with all legislative requirements.

Application

This policy applies to all parents/carers, authorised persons, staff, volunteers and students working within the Early Learning Centre.

Definitions

Word/s	Definition
Authorised person	A person for whom the parents/carers have given written authority to collect the child. This person must be aged 15 years or more.
	Delivery of the child at Bayside ELC begins once the child and parents/carers, or authorised person, arrive on the premises and enters the time and signs the attendance book, or when the parents/carers or authorised person leaves the child at the centre.
Collection of the child	Collection of the child occurs once the parents/carers or authorised person has entered the time and signed the attendance book prior to their departure with the child from the premises, or when the parents/carers, or authorised person, leaves the premises with the child
Late collection	When a parent/carer or authorised person collects their child/ren from the program after the designated time for the program to end.
Attendance book	The book provided for the person who delivers and collects the child from, or a staff member, to sign and record the time of arrival and departure of each child being cared for, or educated by Bayside ELC

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Word/s	Definition
Program	The course/activity in which a child is enrolled, and which has specific hours of attendance
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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met	R	X	X	X	X
Ensuring parents/carers have completed the authorised nominee (s) section of their child's enrolment form, and that the form is signed and dated Regulation 160, 161	R	X		X	
Providing an attendance record (s) that meets the requirements of Regulation 158(1) and ensure the arrival and departure times are recorded by the parent/carer or authorised nominee on delivery and collection of their child from the service every day	R	X			
Ensuring the arrival and departure times are recorded in the attendance record is by the parent/carer, authorised nominee, nominated supervisor or an educator, detailing the child's time of arrival and departure from the service (Regulation 158(1))	R	X	X	X	X
Developing safety procedures for the mass arrival and departure of children from the service	R	X	X		
Ensuring educators and parents are aware that their child has arrived at/been collected from the			X	X	X

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service and to have procedures in place to ensure this process					
Ensuring a child does not leave the service except with a parent/carer or authorised nominee, or with the written authorisation of one of these or in the case of a medical or other emergency (Regulation 99) Note: Authorised Nominees to collect children must be aged 16 years or older	R	X	X		X
Refusing to allow a child to depart from the service with a person who is not the parent/carer or authorised nominee, or where there is no written authorisation of one of these.	R	X	X	X	X
Ensuring a child is not taken outside the service premises on an excursion or regular outing except with the written authorisation of a parent/carer or authorised nominee	R	X	X	X	X
Ensuring authorisation procedures are in place for excursions, regular outings and other service events, including the authorisation for transporting children (Regulation 102D)	R	R	X		
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	R	X			
Implementing the authorisation procedures in the event that a parent/carer 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	X			
Following the authorisation procedures and contacting the parents/carers or authorised nominees if an unauthorised person arrives to collect a child from the service	R	X			
Following the procedures to ensure the safe collection of children	R	X	X	X	X
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		X	X		X
Keeping a written record of all visitors to the service, including time of arrival and departure	R	X	X		
Ensuring procedures are in place for the care of a child who has not been collected from the service on time	R	X			
Following procedures for the late collection of children	R	X	X	X	X

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Collecting their child on time at the end of each session/day				X	
Alerting the service if they are likely to be late collecting their child				X	
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	R	X	X		X
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 Accident, injury, trauma and illness policy (Regulations 86 and 87)	R	X	X		X
Ensuring children are adequately supervised at all times	R	X	X		X
Supervising their own child before signing them into the program and after they have signed them out of the program				X	
Supervising other children in their care, including siblings, while attending or assisting at the service				X	
Ensuring the entry/exit doors and gates are kept closed during program hours	R	X	X	X	X
Notifying DET in writing within 24 hours, and the parents as soon as is practicable, in the event of a serious incident (s), including when a child has left the service unattended by an adult or with an unauthorised person (Regulations 12, 86, 176)	R	X			
Providing parents/carers with information regarding procedures for delivery and collection of children prior to their child's commencement at the service	R	X			
Displaying an up-to-date list of the telephone numbers of the Approved Provider, DET, Orange Door, DFFH Child Protection Service and the local police station	R	X			

Procedures for the dispersal of children at the end of session/day

- Parents/carers/authorised persons and siblings etc. are to remain in the waiting room or outside. Qualified staff member is to be seated with the children on the mat area. The assistant will be positioned at the adjoining door to ensure that children do not leave the building without the person responsible for collecting them. Children will remain seated until the qualified staff member or assistant calls their name.

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- Requesting parents/carers/authorised persons wishing to speak with the qualified staff member or assistant involved in the dispersal of children, that they will need to wait until all the children have departed.

- Ensuring the attendance book is available in the entrance for parents/carers or authorised person to sign out their child/ren on collection from and to record the time of departure.

- Checking the attendance book as soon as is practicable after all children have departed and, if required, completing entries as per the requirements of The Education and Care Services National Regulations 2011.
  - o Note: Once the attendance book has been signed and the time of collection noted, the children's supervision is the responsibility of the parents/carers or authorised person while they are still on the premises.

- Releasing a child to the parents/carers, or a person authorised to collect the child. This information is provided on the child's enrolment form.

Late collection of a child

In the situation where the parents/carers or authorised person is 10 minutes late in collecting their child/ren and has not notified that they will be late, the qualified staff member is responsible for:

- Contacting the parents/carers, and if they are not available contacting the other persons authorised to collect the child/ren on the child/ren's enrolment form, requesting that they collect the child/ren.

- If a staff member needs to leave, contacting the ELC Director to relieve the staff member or organise relief staff. Centres need to ensure that two staff members (one qualified and one unqualified) remain in attendance as per the requirements of The Education and Care Services National Regulations 2011.

- Continuing to attempt to contact the parents/carers and authorised persons.

- Notifying the regional Children's Services Adviser (CSA) at DHS after 30 minutes of the current situation and informing the CSA of the procedures being undertaken. If the CSA is not contactable, documenting the date, time, and reason for the call, and contacting the CSA as soon as is practicable

- Contacting the DHS Child Protection Crisis Line on 13 12 78 (this operates 24 hours, 7 days a week) if the parents/carers/authorised persons are still not contactable after 60 minutes.

- The staff will follow the advice given to them by the Child Protection Crisis Line.

The parents/carers/authorised persons/carers are responsible for:

- Ensuring the child/ren's enrolment form includes details of persons who have lawful authority to collect the child/ren (usually the parents/carers) and any other persons authorised to collect the child/ren.

- Completing the attendance book on arrival and departure as per the requirements of this policy.

- Ensuring staff are aware that the child has arrived/or been collected from

- Accompany child(ren) into the centre and sign the book

- On collection parents/carers must ensure their child is signed out and cannot leave the centre until this is done

- Ensure they only release their own children from the secure area

Before and after the program

- Supervising any child in their care if they are in attendance at prior to the commencement or conclusion of the program.

- Supervising any child in their care once they have been signed out of the attendance book.

- Supervising any child/ren who are not enrolled in the program operating at that time, for example siblings of the child enrolled in the program.

Late collection

- Contacting as soon as practicable if the person collecting the child will be late.

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Procedure to gain authorisation when a person not listed on the child's enrolment form as authorised to collect the child will be collecting the child

If a person who is not listed as an authorised person arrives to collect a child staff will contact parent/carer to gain authorisation.

Staff will request the parent/carer to email confirmation detailing the name, address and telephone number of the person who will be collecting the child.

The parent/carer is to include details of the person on the child's enrolment form when they are next at the Centre, or the parent/carer will need to sign the 'authorisation form' and this will be added to the child's records.

Staff will verify the identity of the person collecting the child by checking, for example, driver's license.

If a parent telephones to notify staff that a person who is not listed as an authorised person will be collecting a child, staff will verify the identity of the parent. For example, if the staff member is not familiar with the parent/carer who has telephoned they will request their telephone number and call them back. If this telephone number does not match with the child's enrolment form, a record of the number will be documented on the child's file.

Staff will request the parent/carer to send an email confirmation detailing the name, address and telephone number of the person who will be collecting the child.

The parent/carer is to include details of the person on the child's enrolment form when they are next at the Centre, or the parent/carer will need to sign the authorisation form below and this will be added to the child's records.

The parent/carer will need to inform the person collecting the child that they will need to carry some form of identification with them, for example, driver's license.

If an email is not received, the staff member will need to document the telephone conversation on the child's file and follow-up as per the policy procedure.

Unauthorised person arrives to collect child

Unauthorised person arrives to collect child (at Session departure time or during session/program time)

- The person needs to be advised to wait (until all children have departed if at end of session)
- If additional staff are available (e.g. ELC Director) they will be requested to assist the person
- Staff member informs other co-worker that they will need to make a phone call and attend to the situation.
- Staff member advises person of centre procedures and then attempts to contact parents/carer
- Unauthorised person told that they are unable to release child to them.

In the event that Parents/carers are not contactable

- Contact authorised person/s as listed on child's enrolment form
- Authorised person contactable/Authorised person not contactable
- Explain situation and request for child to be collected (at end of session/day)
- Continue to contact authorised person and parents/carers until end of session/day
- Continue to attempt to contact parents/carers. If not contactable record times of attempted contacts on child's file.
- Implement procedures for late collection of a child
- Follow up. Request parents/carers to update enrolment form if they wish to include additional authorised persons.

If parents/carers are contactable

- Verbal authority is received and staff member records this on child's file

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- Advise parents/carer to update enrolment form or to provide written authorisation next time their child attends

- Staff member to check unauthorised person's identification

Parents/carers or authorised person arrive to collect the child

Staff member believes that the parents/carers or authorised person may be ill, affected by alcohol or drugs, and does not appear to be able to safely care for the child.

- If practicable, the staff member informs the ELC Director or another staff member.

- If practicable, the staff member advises the person collecting the child of their concerns and suggests contacting another authorised person to collect the child.

- If the staff member or ELC Director believes that the situation places in a position where they fear for the safety of the child, their own safety and that of others, they should immediately contact the police.

- Record the details of the incident and place on file with the child's enrolment form.

- As soon as practicable, inform the ELC Director of the incident.

A young person who is authorised to collect the child, for example a sibling, arrives to collect the child and does not seem sufficiently mature to safely care for the child.

- If practicable, the staff member informs the ELC Director or another staff member

- If practicable, the staff member advises the young person collecting the child of their concerns and that they will be contacting another authorised person to collect the child.

- Follow-up with a discussion with the parents/carers on 's concerns with regard to the young person being authorised to collect the child. Advise the parents/carers that if the young person presents again to collect the child, centre procedure will be followed.

- Record details of the incident and place on file with the child's enrolment form.

- As soon as practicable, inform the ELC Director of the incident.

Late collection fee

Families must collect their child before the required pick-up time. The pick up time is defined as:

- the session end-time or pre-agreed end-time for children enrolled in sessional kindergarten i.e. 3pm (session end-time) or 2pm for children opting to do the 15 hours only funded kindergarten.

Operating hours for Bayside Christian College ELC and session times for children enrolled are published on the college website, displayed in the ELC foyer and provided in the family information pack during orientation.

A late collection fee is payable if a child is collected from Bayside Christian College ELC after pick-up time.

- First time being late - a verbal reminder will be provided by the teacher of the group.

- Second time of being late - a written reminder will be provided by the ELC director.

- Third or more times of being late - a collection fee (invoice) will be made payable.

- If a child is collected within 15 minutes after the scheduled pick-up time, a flat fee of $15 applies.

- If a child is collected more than 15 minutes after the scheduled pick-up time, the fee is $1 per minute from the scheduled pick-up time until the actual collection time.

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 have not yet been signed into

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the service or has been signed out of the service and is legally under the care and supervision of the parent/carer.

The child may only leave the service in the care of a parent/carer, 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 and for excursions.

Relevant Policies

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

Related Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Department of Education and Training (DET) Licensed Children's Services, phone 1300 307 415 or email licensed.childrens.services@edumail.vic.gov.au

Relevant Legislation

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

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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DETERMINING RESPONSIBLE PERSON

Policy Statement

The purpose of this policy is to provide guidelines to assist in determining the Responsible Person at Bayside ELC.

Purpose

Bayside ELC is committed to:

- meeting its duty of care 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 to be on the service premises at all times

Application

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers and parents/carers of Bayside ELC.

Definitions

Word/s	Definition
Approved Provider	An individual or organisation that has completed an application and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control of that organisation must complete a separate application form. (Note: Under the Education and Care Services National Law Act 2010, Section 5, Definitions: "person with management or control, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service".)
Approved service	An education and care service for which a service approval exists. A request for service approval must be made in writing to the Regulatory Authority and include prescribed information including details of the Nominated Supervisor and their written consent to be nominated as such.
Certified Supervisor	An educator who has been nominated by the Approved Provider or the Nominated Supervisor of a service (in accordance with the National Regulations), and consents in writing to being placed in day-to-day charge of the education and care service. A Certified Supervisor can be any person engaged to be responsible for the day-to-day management of the service, or with supervisory and leadership responsibilities at the service. Any person placed in day-to-day charge of the service must be assessed as a fit-and-proper person (in accordance with Sections 12,13 and 14 of the National Law) and have suitable skills, qualifications and experience as determined by the service. Individual supervisor certificates are also still valid. A Certified Supervisor placed in day-to-day charge of a service does not have the same responsibilities under the National Law as the Nominated Supervisor

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Word/s	Definition
Duty of care	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.
Fit and proper	In determining whether an applicant is fit and proper, the Regulatory Authority must consider the applicant's history of involvement in education and care services, their compliance with current and prior law, criminal history record check and any bankruptcy or insolvency issues. The Regulatory Authority may reassess fitness and propriety at any time. Applicants are required to complete the Declaration of Fitness and Propriety form on the ACECQA website and have this approved by the Regulatory Authority. This form must be completed by an individual provider applicant or in the case of an entity provider applicant, each person with management or control of a service. The form is available at: http://acecqa.gov.au/application-forms/provider-approvals/ (Note: Under the Education and Care Services National Law Act 2010, Section 5, Definitions: "person with management or control, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service".).
Responsible person	The Approved Provider (if that person is an individual, and in any other case the person with management or control of the service operated by the Approved Provider) or a Nominated Supervisor or Certified Supervisor who has been placed in day-to-day charge of the service in accordance with the National Regulations.
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.

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	X			
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				
Ensuring that a person nominated as a nominated supervisor or a person in day-to-day charge: is at least 18 years of age has adequate knowledge and understanding of the provision of education and care to children has the ability to effectively supervise and manage an education and care service has not been subject to any decision under the National Law, or any other children's services or education law, to refuse, refuse to renew, suspend, 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	X			
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	X			
Ensuring that an early childhood teacher/educator gives written consent to being a person in day-to-day charge (Regulation 117A (b))	R	X	X		
Ensuring that the name of the nominated supervisor is displayed prominently at the service (National Law: Section 172) (Regulation 173)	R	X	X		

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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 is kept on the staff record (Regulation 146)	R	X				
Notifying the Regulatory Authority if: 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	X				
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	X				
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	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	X				
Ensuring that the nominated supervisors and person in day-today charge have successfully completed child protection training (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					

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Supporting the approved provider to develop rosters in accordance with the availability of responsible persons, hours of operations and the attendance patterns of children		X			

Relevant Policies

- Administration of First Aid
- Child Safe Environment and Wellbeing
- Emergency and Evacuation
- Excursions and Service Events
- Nutrition, Oral Health and Active Play
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety
- Supervision of Children

Related 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

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act
- Education and Care Services National Regulations
- National Quality Standard
- Working with Children Act 2005 (Vic)
- Working with Children Regulations 2006 (Vic)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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DIABETES

Policy Statement

To ensure that enrolled children living with 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.

Purpose

Bayside ELC 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 parents/carers 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 diagnosed with diabetes

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
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 /

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Word/s	Definition
	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 does • 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).
Insulin	Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy and is essential for life
Blood glucose meter	A compact device used to check a small blood drop sample to determine the blood glucose level
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.
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.
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

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Word/s	Definition
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 parents/carers) 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.

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that a Diabetes Policy is developed, implemented and complied all staff, parents/carers, students and volunteers Regulation 90	R	X	X	X	X
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 (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	X			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, parents/carers, students and volunteers at the service are provided with a copy of the Diabetes Policy, including the section on management strategies, and the Dealing with Medical Conditions Policy (Regulation 91)	R	X	X	X	x

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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	X	X		X
Ensuring that the programs delivered at the service are inclusive of children living with diabetes, and can participate in all activities safely and to their full potential	R	X	X		X
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 parents/carers. This plan details the strategies to be implemented for the child's diabetes management at the service	R	X	X		X
Following and implementing the diabetes management strategies detailed on the child's diabetes action and management plan while at the service		X	X		X
Administering medications as required, in accordance with the procedures outlined in the Administration of Medication Policy (Regulation 93) Note: Only staff who have received insulin injection skills training from the child's diabetes treating team are to administer insulin injections, where it is part of the child's medical management plan	R	R	X		
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	X	X	X	X	X
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	X	X	X	X	X
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	X	X	X	X
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	X		X	
Ensuring that the nominated supervisor, early childhood teacher, educators, staff, students, volunteers and others at the service follow the	R	X	X		X

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child's diabetes action and management plan in the event of an incident at the service relating to their diabetes					
Ensuring that a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's parents/carers, in accordance with Regulation 90(iii)	R	X		X	
Providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team				X	
Working with the approved provider to develop a risk minimisation plan for their child				X	
Ensuring that a communication plan is developed for staff and parents/carers at enrolment in accordance with Regulation 90(iv), and encouraging ongoing communication between parents/carers and staff regarding the management of the child's medical condition	R	X	X	X	X
Working with the approved provider to develop a communication plan				X	
Communicating daily with parents/carers regarding the management of their child's diabetes		X	X	X	X
Ensuring that parents/carers provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.	R	X		X	
Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children living with type 1 diabetes		X	X		X
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	X	X		X
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	X	X		X

Diabetes management strategies

Strategy	Action
Monitoring of blood glucose (BG) levels	Checking of blood glucose (BG) levels is performed using a blood glucose meter and a finger pricking device. The child's diabetes management plan should state

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	the times that BG levels should be checked, the method of relaying information to parents/carers about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/carers and the service at the end of each session.
	Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for testing include before meals, before bed and regularly overnight.
	Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected.
	Children are likely to need assistance with performing BG checks.
	Parents/carers should be asked to teach service staff about BG testing.
	Parents/carers are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.
Managing hypoglycaemia (hypos)	Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan.
	Parents/carers 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	Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes management plan.
	As a guide, insulin for service-aged children is commonly administered: • twice a day before breakfast and dinner at home • by a small insulin pump worn by the child.
Managing ketones	Children on an insulin pump will require ketone testing when their BG level is >15.0 mmol/L.
	Staff must notify parents if the ketone level is >0.6 mmol/L (refer to the child's diabetes management plan)
Off-site excursions and activities	With good planning, children should be able to participate fully in all service activities, including attending excursions.
	The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/carers, as required
Infection Control	Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	Most meal requirements will fit into regular service routines.
	Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot **have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).**

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Physical activity	Exercise should be preceded by a serve of carbohydrates.
	Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated.
	Refer to the child's diabetes management plan for specific requirements in relation to physical activity.
Participation in special events	Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/carers.
	Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/carers.
Communicating with parents	Services should communicate directly and regularly with parents/carers to ensure that their child's individual diabetes 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.

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 2011 and the Education and Care Services National Regulations 2011. This policy must define practices in relation to:

- the management of medical conditions
- procedures requiring parents/carers to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with a child's parents/carers
- development of a communication plan for staff members and parents/carers

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parent/carers of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of all relevant ELC policies.

Services must ensure that each child with diabetes has a current diabetes 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 management plan provides staff members with all required information about that child's diabetes care needs.

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

- Follow the services policies and procedures for medical emergencies involving children with type 1 diabetes
- Parents/carers should notify the service immediately about any changes to the child's individual diabetes management plan
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/carers with a diabetes management plan to supply to the service
- Contact Diabetes Australia - Victoria for further information.

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

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attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

Relevant Policies

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

Related Sources

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: http://www.rch.org.au/diabetesmanual/
- Diabetes Victoria, multiple resources available to download here: www.diabetesvic.org.au/resources
- 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.
- Diabetes Victoria, Professional development program for schools and early childhood settings: https://www.diabetesvic.org.au/how-we-help-detail?tags=LeftMegaNav%2FSchools&content_id=a1R9000000HsgqyEAB&bdc=1
- Diabetes in Schools - Resources and Information: https://www.diabetesinschools.com.au/resources-andinformation/

Relevant Legislation

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 and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009 (Vic)

Monitoring, evaluation and review

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This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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EMERGENCY AND EVACUATION

Policy Statement

This policy sets the framework for the development of specific emergency management procedures, practices and guidelines.

Purpose

Bayside Christian College is committed to

- As far as practicable, providing a safe and healthy environment for all children, staff, and any other persons participating in the program.
- Responding to the needs of the child if the child is injured, becomes ill, or is traumatised whilst attending the Early Learning Centre.
- Having appropriate procedures in place to effectively manage emergency incidents at the Early learning Centre..

Application

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/carers, children, and others attending the programs and activities of the College Early Learning Centre, including during offsite excursions and activities.

Definitions

Word/s	Definition
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.
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'

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Word/s	Definition
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 / educating the community through fire prevention programs that improve community safety and build resilience
Hazard	A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these
Incident 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
Multi-storey building	A building with more than 2 storeys. A storey of a building includes the ground level and a level of a split level.
Planned closure	services identified as being at high fire risk and on the DoE'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 management	A structured approach to managing uncertainty related to a threat; a sequence of activities including the identification, assessment and prioritisation of risks followed by co-ordinated and economical application of resources to minimise, monitor and control the probability and/or impact of those risks.
WorkSafe Victoria	The manager of Victoria's workplace safety system. WorkSafe Victoria: strives to prevent workplace injuries, illness and fatalities / provides benefits to injured workers and helps them to return to work / enforces Victoria's occupational health and safety laws / provides reasonably priced workplace injury insurance for employers / provides an emergency response service 24 hours per day

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring the Emergency and Evacuation Policy and procedures are in place	R	X			
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	R	X			
Completing an Emergency Management Plan and having it available in the Centre	R	X	X		
Ensuring the service's emergency management contact details are up to date on NQA ITS online portal	R	X			
Identifying if the service is on the BARR	R	X			
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	X	X		
Conducting a risk assessment of emergency evacuation routes and assembly points	R	X	X		
Ensuring any necessary updates to the emergency and evacuation policies and procedures are implemented as soon as practicable after reviewing the risk assessment	R	X	X		
For multi-story sites, ensuring the Risk Assessment considers the following when setting out instructions for what must be done in the event of an emergency : ● all possible evacuation routes from each storey on which the premises is located	R	X	X		

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- the evacuation routes that are proposed to be used in an evacuation - how all children will be safely evacuated from the premises, including non-ambulatory children - the stages in which an evacuation will be carried out - the identity of the person in charge of an evacuation - the roles and responsibilities of staff members during an evacuation, and - the arrangements made with the other occupants of the multi-storey building in relation to the evacuation (National Regulations 97 (2) (c))					
Developing instructions for what must be done in the event of an emergency (Regulation 97(1)(a))	R	X	X		
Appointing an Incident Management Team (IMT) to oversee safety at the service in the event of an emergency	R				
Developing an emergency and evacuation floor plan (Regulation 97(1)(b))	R	X			
Ensuring that a copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit at the service premises, and near each exit that forms part of the evacuation route out of the service (Regulation 97(4))	R	X	X		
Ensuring that the emergency and evacuation drills are rehearsed and documented at least once every 3 months by everyone attending the service. If the service has more than one emergency and evacuation procedure (evacuation and lockdown) all procedures must be rehearsed over the course of the year. (Regulation 97(3)(a))	R	X	X		
Ensuring that all staff, students, volunteers and visitors are aware of emergency evacuation points	R	X	X		
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	X	X		
Developing procedures that consider collecting children's medication and managing children's medical conditions	R	X	X		
Providing feedback regarding the effectiveness of emergency and evacuation procedures to inform policy, procedures and manuals etc.	X	X	X	X	X

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Testing alarms and communication systems regularly, such as on a monthly basis	R	X			
Ensuring that those working at, or attending the service, have access to a phone for immediate communication with parents/carers and emergency services (Regulation 98), and that phone numbers of emergency services are displayed	R	X			
Identifying potential onsite hazards and taking action to manage and minimise risks	R	X	X		X
Ensuring all infrastructure and service equipment are regularly checked for condition and maintenance, including emergency exit lighting	R	X			
Ensuring the location of first aid kits, fire extinguishers and other emergency equipment are clearly signposted	R	X			
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	X			
Providing a fully-equipped portable first aid kit	R	X			
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	X	X		X
Keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to use	X	X	X		X
Attending regular training to ensure that they are able to deal with emergency situations e.g., first aid (Regulation 136), emergency management and OHS training	R	R	X		X
Regularly reviewing, evaluating and updating emergency management plans, manuals and procedures (at least annually or following an emergency incident)	R	X	X		X
Developing procedures to debrief staff following emergency incidents	X	X			
Providing support to children before, during and after emergencies		X	X		X
Conducting checks of documentation and practices to ensure all requirements of this policy are being complied with	R	X	X		X

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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 at the service			X		X
Notifying Regulatory Authority in writing within 24 hours of a serious incident	R	X			
Completing the Accident, Injury, Trauma and Illness Record where required	R	X	X		X
Notifying Regulatory Authority 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	X			
Reporting notifiable incidents in the workplace to WorkSafe Victoria	R	X			
Where possible, engaging with Fire Rescue Victoria and/or Country Fire Authority regarding fire safety awareness and training for the service, including demonstrations of fire equipment, basic fire safety, smoke alarm, fire blankets and escape plans	X	X	X		
Identifying staff and children requiring additional assistance in the event of an emergency	X	X	X		X
Ensuring that emergency contact details are provided on each child's enrolment form and that these are kept up to date	R	R	X	X	
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	X		
Ensuring all staff, parents/carers, children, volunteers and students on placement understand the procedures to follow in the event of an emergency	R	R	X	X	X
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	X			
Ensuring all staff, parents/carers, children, volunteers, students on placement and others attending the service are accounted for in the event of an evacuation	R	X			

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Developing procedures to deal with loss of critical functions, such as power/water shut off.	R	X			
Ensuring that children are adequately supervised at all times and protected from hazards and harm	R	R	R		
Raising children's awareness about potential emergency situations and appropriate responses.		X	X		X

General Guidelines

The College and Bayside ELC staff will collaborate in the development of procedures for dealing with emergency situations. Procedures will identify:

- The types of emergencies that may occur
- Who determines that it is an emergency situation and how do they communicate this to other staff/adults and children.
- Allocation of responsibilities to deal with these events.
- Who needs to be contacted, for example, fire, police, local council, parents/carers.
- Developing an emergency evacuation pack, containing, for example, family contact details, basic first aid kit, torch with working batteries, keys for gates etc., spare mobile phone with charged battery .
- How often emergency procedures will be practised

Background

Fire is a very real threat to the safety of all people attending the children's centre, however there are also many other emergency situations which may occur at any time including:

- Flood
- Severe storm
- Bomb threat
- Intruder
- Toxic leak
- Loss of water or power.

It is vital that strategies for dealing with emergency situations are planned ahead of time to ensure the safety of all involved in such an incident.

Relevant Policies

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

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Related 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: https://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

Relevant Legislation

Relevant legislation and standards include but are not limited to:

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

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
-

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ENROLMENT AND ORIENTATION

Policy Statement

This policy will provide children and families with a positive and informative enrolment and orientation process that will meet their individual needs. To establish a respectful and supportive relationship between family members and Bayside ELC, which will promote positive outcomes for the children.

Purpose

Bayside ELC is committed to:

- Equal access for all children
- Complying with required legislation, including the DEECD funding requirements relating to the enrolment of children in government-funded kindergarten places
- Maintaining confidentiality in relation to the details on enrolment forms

Application

This policy applies to the College, staff and parents/carers who wish to have their child/ren enrolled, or have child/ren already enrolled, at the Bayside ELC.

Definitions

Word/s	Definition
Children with additional needs	Children whose development or physical condition needs specialist support, or children who may need additional support due to language, cultural or economic circumstances
Eligible child	Child who meets the criteria outlined in the Victorian Kindergarten policy, procedures and funding criteria.
Enrolment application fee	The fee charged to cover administrative costs associated with enrolling a child at the centre. This fee is non-refundable.
Enrolment form	A form that collects details regarding individual children. This is completed after a place has been offered by the centre and accepted by the applicant.
Fees	The amount charged to attend a program at the centre

Accountabilities

<u>Management</u>

- The enrolment form is completed accurately and, in its entirety
- Authorisations are signed by both parents/guardians
- A child with medical needs does not begin until a medical management plan is received, and medication is brought for the ELC to keep for the time of attendance.
- The child's Medical Management Plan is recorded, and this information is shared/distributed to educators
- Administration of Medication forms are completed (if relevant)

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- Risk Minimisation Plans and Communication Plans are requested/completed with parents for children with medical needs before the child begins education and care.

- The appropriate Lead Educator is informed of the new child including any medical conditions, interests, developmental needs and strengths.

- Immunisation history statement and birth certificate have been sighted and photocopied

- The child is added to the Observation cycle

- The enrolment is lodged through Sentral.

- A file for the Child's information is created on Sentral.

Families

- Complete all documentation require for enrolment

- Provide required authorisations as indicated on enrolment form

- Notify Bayside ELC of any specific health care needs of the child, including medication conditions and allergies and provide a medical management plan for child if applicable.

- Ensure all information about the child and family is kept up to date.

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met	R	X			
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	X			
Ensuring that the Enrolment and Orientation Policy and procedures are followed (Regulations 170)	R	X	X		X
Complying with the Inclusion and Equity Policy	R	R	X	X	x

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Ensuring parents/carers have access to: Parent handbook / Statement of Philosophy / Child Safe Environment Policy and/or Statement of Commitment to Child Safety / Relevant Fees Policy / Privacy Statement / Code of Conduct Policy / Acceptance and Refusal of Authorisations Policy / Dealing with Medical Conditions Policy / Accident, Injury, Trauma and Illness Policy / Delivery and Collection of Children Policy	R	X	X		
Appointing a person to be responsible for the enrolment process and the day-to-day implementation of this policy	R				
Responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process as required	X	X	X		
Communicating to families the days and times the service/centre will operate, planned closures (including public holidays and child-free days), Details of any planned alternative sessions (if applicable), and unplanned teacher absences or emergency situations	R				
Providing parents/carers easy-to-read information about how the service operates and what the service will provide (including information about inclusion and learning)	X	X	X		
Providing parents/carers easy-to-read information about how the service operates and what the service will provide (including information about inclusion and learning)	X	X	X		
Where applicable, considering access and inclusion for children experiencing vulnerability in the allocation of places at the service	R	X			
Ensuring not to exceed the maximum number of children for which the service is licensed	R				
Where applicable, providing families with consistent and transparent communication on waitlist management processes	R	X			
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	X	X
Providing opportunities for interested families to attend the service at open days and/or during operational hours to observe the program and become familiar with the service prior to their child commencing - except where this may pose a risk to the safety of children or staff, or conflict with any	R	X	X		

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duty of the approved provider, nominated supervisor, early childhood teachers or educators under the National Law: Section 167	R				
Providing parents/carers with information about the requirements of the law for enrolment, including obtaining the AIR Immunisation History Statement (s) and accessing immunisation services	R	X	X		
Ensuring that only children whose AIR Immunisation History Statement (s) have been assessed as being acceptable or who are eligible for the grace period (s) have confirmed place in the program	R	X	X		
Advising parents/carers who do not have an AIR Immunisation History Statement (s) and who are not eligible for the grace period that their children are not able to attend the service and referring them to immunisation services	R	X	X		
Taking reasonable steps to obtain an up-to-date AIR Immunisation History Statement (s) from all parents/carers 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 2008 Section 143E)	R	X	X		
Completing the enrolment record prior to their child's commencement at the service and providing AIR Immunisation History Statement (s) of their child's immunisation status				X	
Working with the families to obtain an alternate form of identification if a birth certificate or other official documentation is not available	R	X			
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	X	X	X	
Ensuring that the 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	X	X	X	
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				X	
Ensuring parents/carers are only offered a tentative place until the AIR Immunisation History	R	X	X		

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Statement (s) has been assessed as being acceptable or the child has been assessed as eligible for the grace period					
Assessing the child's immunisation documentation as defined by the Immunisation Enrolment 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	R	X	X		
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 (s) to the service				X	
Ensuring all authorised nominees (s) have been completed on the enrolment record (s) (Regulations 160 and 161) as well as authorisations from parents relating to medical treatment, regular outings, health information and transportation	R	X		X	
Once an enrolment record (s) has been completed for a child, review the enrolment record to ensure that no section/question has been left blank.	R	X			
Ensuring that the enrolment record (s) 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	X	X		
Ensuring that enrolment records (s) are kept confidential (Regulations 181, 182) 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	X	X		
Discussing the individual child's needs with parents/carers and developing an orientation program to assist them to settle into the service. The service should take into consideration barriers parents/carers may have in disclosing sensitive information including communication and information barriers and the development of trusting relationships.	R	X	X		
Ensuring that the orientation program meets the individual needs of children and parents/carers	R	X	X		
Reviewing the orientation processes for new families and children to ensure the objectives of this policy are met	R	X	X	X	
Ensuring that parents/carers of a child attending the service can enter the service premises at any time whilst the child is being educated and cared	R	R	X	X	X

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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					
Reviewing enrolment applications to identify children with additional needs	X	X	X		
Encouraging parents/carers during orientation to stay with their child as long as required during the settling in period and contact educators at the service, when required	X	X	X	X	
Assisting parents/carers to develop and maintain a routine for saying goodbye to their child	X	X	X	X	
Sharing information with parents/carers concerning their child's progress regarding settling into the service	X	X	X	X	
Discussing support services for children with parents/carers, where required	X	X	X	X	
Developing strategies to assist new families to feel welcomed into the service become familiar with service policies and procedures / share information about their family beliefs, values and culture 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	X	X	X	X	
Updating information by notifying the service of any changes as they occur, for example obtaining or the cancellation of a Health Care Card; if the child or family becomes known to Child Protection				X	
Ensuring that enrolment record (s) is kept up to date if family circumstances change, and that services are made aware if they become eligible for additional funding because of changed circumstances	R	X	X	X	X
Taking reasonable steps to contact non-attending families prior to the cancellation of their enrolment	X	X	X		
Reading and complying with this Enrolment and Orientation Policy	R	R	R	X	X
Notifying Bayside ELC in writing if they wish to cancel their enrolment in relation to the College's Terms of Enrolment				X	

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Providing a free kindergarten program to children who turn four years of age by 1st February in the year they will attending, that is delivered by a qualified early childhood teacher, and offering at least 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 1st February in the year they will attending, that is delivered by a qualified early childhood teacher and offering between 5-15 hours a week or 200 to 600 a year NOTE: In order for services to maintain compliance with ratio regulations, children cannot commence kindergarten until they have turned three years of age.	R				
Applying the Priority of Access criteria to funded programs, as described in Department of Education's (DE) The Kindergarten Funding Guide	R	X	X		
Communicating and providing advice to families regarding the best time to commence kindergarten for children born between January and February	X	X	X		
Supporting inclusion and access through specific funding stream (for eligible families): • Early Start Kindergarten (s) • Early Start Kindergarten extension grants (s) • Access to Early Learning (s) • Second year of funded four-year-old kindergarten	R	X	X		
Supporting families whose children may be eligible for early entry to kindergarten or late entry to kindergarten and school exemption	X	X	X		
Providing communication to families explaining they can only access one free kindergarten program per child, per year.	R	X			
Receiving written confirmation from families confirming they are attending one free kindergarten program per child, per year	R	X		X	
Advising families (where required) that children are allocated to a specific Kindergarten group and their attendance cannot be split between different Kindergarten Groups	X	X			
Considering any barriers to access that may exist, developing procedures that ensure all eligible families are aware of, and are able to access a kindergarten program	R	X	X		
Ensuring the collection of accurate, consistent and timely kindergarten data, to monitor and proactively manage capacity, utilisation of services	R	R			

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and to meet School Readiness Funding requirements					
Gathering information from parents/carers to support continuity of care between home and the service	X	X	X		
Once payment has been made to secure the placement, providing parents/carers a confirmation letter stating the starting date, days and hours	R	X			
Communicating with parents/carers when their child will be eligible to commence the kindergarten program and supporting them to make an informed decision on when is the best time for their child to start kindergarten	R	X	X		
Review enrolment to see if the family qualifies for CCS preschool exemption	X	X			

Enrolment Procedure

1 -Application of enrolment

- Parents may submit an 'Application for Enrolment' any time after their child's birth for their child's name to be placed on the waiting list.
- Applications for enrolment must be completed using the Bayside ELC Application for Enrolment Form. An application form must be completed for each child seeking a place.
- A copy of the child's birth certificate and the non-refundable application fee must be submitted with the application for enrolment.
- Applications close June 30 in the year prior to commencement.
- Late applications may be considered once all other applicants have been offered a place, in line with the priority of access criteria of Bayside ELC.
- Applicants are listed on the ELC waiting list in order of dates received.
- Important note: Entry on the waiting list is not an offer, nor will it guarantee a place in the Early Learning Centre.
- Bayside Christian College sends a letter acknowledging receipt of application for enrolment

2 – Offer of Place

- Applications for enrolment are reviewed by the College Registrar in accordance with the Eligibility and Access Criteria of the ELC.
- Letters of offer are sent to families who meet the eligibility criteria and for whom a place is available in Term 3 of the year proceeding commencement at the ELC

3 – Acceptance of Place

- To accept an offer, families must complete the 'Bayside Christian College ELC Enrolment Form' and return it to the College.
- Enrolment forms must be lodged within 14 days of date of letter of offer, to secure a place in the ELC.
- Following receipt of completed enrolment forms, Bayside Christian College sends a letter to confirm enrolment.

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- Entrance into the Bayside ELC does not guarantee a place in Prep at Bayside Christian College. Families wishing to enrol for Prep should refer to the College Enrolment Policy and contact the College Registrar.

Fees and Charges

- The College Board sets fees annually.
- Fees for each year are outlined on the 'Payment Arrangement Form' and may be payable by instalments.
- Fees are payable for all days of enrolment regardless of attendance.
- Please refer to the current fee schedule for exact costs located on the College website.

Child Care Rebate

- A Kindergarten fee subsidy may be available to families on a concession card. The appropriate forms are available from the College office.

Enrolment Pack

Once the child and family attend their first orientation session, families will be provided with an enrolment pack which consists of:

- Bayside ELC Handbook
- Information on the National Quality Framework, National Quality Standards
- Bayside ELC Code of Conduct
- Lunchbox and Snack ideas
- Information about the child's teacher/educators
- Session routine
- SunSmart information

Orientation Procedure

- When making the transition from home to the Early Learning Centre it is essential to provide children with a positive experience. The year prior to commencement children attend the ELC with their parents/carers for an orientation session. Being able to see their environment and the people they will be going to kinder with gives them a sense of confidence and familiarity before they even begin.
- At the start of term one there is an orientation process for both three- and four-year-old kinder groups catering for their specific needs.
- The three-year-old program is staggered over approximately a two-week period with two groups rotating attendance before the full program commences.
- The four-year-old orientation program is staggered over approximately a two-week period with half days initially and then full days.
- We believe that parents and families know their children best therefore the staff wish to partner with families to ensure a smooth transition into the kinder program.

During an orientation, educators will:

- Greet children and families upon arrival
- Create a welcoming and inviting environment
- Discuss with families the best transition process for their child
- Encourage families to stay as long as they need to reassure their child
- Encourage families to say good-bye to the child when dropping off

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- Phone families if the child remains distressed
- Seek information about child and the family throughout the orientation process
- Advised of appropriate clothing for the child to wear, including appropriate shoes
- Advised of what the child will be required to bring each day (water bottle, snack and lunch, hat, change of clothes)
- Discuss with families regarding children bringing in toys from home (only encouraged during the first term)
- Informed about wearing sun safe hats and application of sunscreen
- Shown where children's belongings will be kept each day
- Informed about snacks, lunches and drinks provided by families
- Required to discuss medical management plans and allergies (if applicable)
- Introduced to the room routine and program. This includes portfolios, individual observations and the group learning journal.

On the Child's First Day

Consideration will be made to each family regarding the initial settling in period and strategies may be offered to assist both parents and the child.

Parents will be reassured that they are able to stay with their child for as long as they choose in the early days, speak to their child's educator at any time, contact the centre during the day to check in on their child and request help with separation if this is a problem for their child.

On the first day, the child and their family will be welcomed by the Nominated Supervisor or the teacher of the group and shown where or how to sign their child in/out of the centre.

- They will be greeted by an educator and walked to their room
- The educator will discuss what is happening in the room, and show where the child's locker is located
- Information about collecting their child at the end of the day will be discussed
- Educators will ensure information about the child's first day is shared with parents on the group learning journal or children's individual portfolio.
- Nominated Supervisor/Teacher of the group will ensure the Enrolment Checklist has been completed and all required documents and information has been received from families.

Evaluation and follow up

Once the child has attended the centre for a few days, educators will ensure they:

- Speak directly with the family to ask how their child and the family has settled into the routine
- Welcome any questions or concerns the family may have
- Provide information to the family of how their child has settled in these early days (interests, friends, songs they like to sing, craft activities etc).
- Request families to offer suggestions of how the Service could improve the orientation process through providing them with an Orientation Survey to complete (Refer to Orientation Survey within this document).

Relevant Policies

- Terms of Enrolment Policy

Relevant Legislation

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Relevant legislation and standards include but are not limited to:

- The Education and Care Services National Law 2011
- The Education and Care Services National Regulations 2011
- Disability Discrimination Act 1992
- Equal Opportunity Act 2010 (Vic.)
- Human Rights and Equal Opportunity Commission Act 1986
- Sex Discrimination Act 1984

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EPILEPSY AND SEIZURES

Policy Statement

This policy will outline the procedures to:

- ensure that educators, staff, volunteers and parents/carers 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 Bayside ELC
- ensure that all necessary information for the effective management of children with epilepsy and nonepileptic seizures enrolled at Bayside ELC is collected and recorded so that these children receive appropriate attention when required.

Purpose

Bayside ELC 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 parents/carers 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, parents/carers and others involved in the education and care of children enrolled at the service**.**

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
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.

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Word/s	Definition
	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

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Word/s	Definition
	ketogenic diet, they can return home, with the diet managed by the parents/carers 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 parents/carers, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/carers 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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	X	X		X
Providing parents/carers of children with epilepsy or nonepileptic 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	X		X	
Facilitating communication between management, educators, staff and parents/carers regarding the service's Epilepsy and Seizures Policy	X	X	X	X	x
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	X	X		X
Informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy or non-epileptic seizures				X	
Providing a copy of their child's Epilepsy/Seizure 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				X	
Ensuring that all children with epilepsy/seizures have an Epilepsy/Seizure 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	X	X		X	
Providing staff with a new updated Epilepsy/Seizure Management Plan and medication record when changes to the order have been made (signed by the child's doctor/neurologist)				X	
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				X	
Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with parents/carers/ their state epilepsy organisation/medical practitioner	R	X	X	X	X

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Identifying and, where possible, minimising possible seizure triggers as outlined in the child's Epilepsy Management Plan	R	X	X	X	X
Taking all personal Epilepsy/Seizure Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and to other offsite events	R	X	X		X
Ensuring that all staff have current CPR training and are aware of seizure first aid procedures when a child with epilepsy or non-epileptic seizures is enrolled at the service	R	X	X		X
Supporting staff to attend training conducted by their state/territory -based epilepsy organisation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency (epileptic) seizure medication, when a child with epilepsy is enrolled at the service	R	X	X		X
Ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication	X	X			
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	X	X		X
Ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)	R	X	X		X
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	X	X	X	X
Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times				X	
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	X	X	X	X
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,	R	X			

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seizure record and Emergency Medical Management Plan for each child with epilepsy					
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy and non-epileptic seizures, and the location of their medication and management plans	R	X			
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy and non-epileptic seizures	R	X	X		X
Ensuring that children with epilepsy and non-epileptic seizures are not discriminated against in any way	R	X	X		X
Ensuring that children living with epilepsy and non-epileptic seizures can participate in all activities safely and to their full potential	R	X	X		X
Encouraging their child to learn about their epilepsy and nonepileptic seizures, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.				X	
Immediately communicating any concerns with parents/carers regarding the management of children with epilepsy/seizures at the service	R	X	X		X
Communicating any concerns to parents/carers if a child's epilepsy/seizures is limiting their ability to participate fully in all activities	X	X	X	X	x
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/seizure management information sessions for parents/carers 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/ carers if consent has been gained from the Parent/ Carer of the child with Epilepsy.	X	X			

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.

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- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- Do not attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

<u>Absence seizure</u>

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

<u>Focal seizure</u>

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication. Note the time the seizure started and time until it ends. Avoid restraining the person and guide safely around objects. Talk to the person to make sure they have regained full consciousness. Stay with and reassure the person until they have recovered.

Call an ambulance

Call an ambulance:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan
- if the seizure continues for more than five minutes
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

Emergency services: 000

Epilepsy Help Line: 1300 852 853

Appendices

- Enrolment checklist for children prescribed midazolam

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" (refer to Children with epilepsy: A Teacher's Guide , Epilepsy Foundation of Victoria).Most people living with epilepsy have good control of their seizures through medication, however it is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

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The Epilepsy Foundation of Victoria has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. Regulation 136 of the Education and Care Services National Regulations 2011 requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, KPV recommends all educators have current approved first aid qualifications.

Relevant Policies

- Administration of First Aid
- Administration of Medication
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Privacy and Confidentiality
- Staffing

Related 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

Relevant Legislation

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 and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy

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- changes in legislation
- changes with operations of Bayside ELC.
-

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Exclusion, Expulsion and Termination

To promote respectful and effective partnership with families, Bayside ELC will ensure that parents participate in a comprehensive induction and orientation to the centre including detailing Bayside Christian College's Terms of Enrolment..

Bayside ELC reserves the right to exclude the child's enrolment after collaboration with families by providing and working through the child's behaviour management plan, carried out regular meetings and follow ups and the behaviour of the child is not showing improvement. This includes that the safety of the environment of other children and employees are threatened and at risk.

The child's enrolment will be escalated to the College Principal, in which expulsion and termination will be decided.

Bayside ELC reserves the right to terminate a child's enrolment if at any time a Bayside ELC Policy has been breached.

This may include;

- failure to comply with the enrolment contract
- disparaging, hurtful, or unsafe behaviour of a child that continues even with parent collaboration and/or support agency involvement in modifying the behaviour
- non-payment of fees or late fees and/or recurring late payment of fees
- continuing to pick up the child past the required licensed time after consistent documented warnings
- inability to meet the child's individual needs without family support and commitment to ensure their child receives the best possible support with Bayside ELC
- deliberate impertinence towards the approved provider or employees – Code of Conduct policy
- if a parent knowingly brings their child ill to the Centre
- false information given by a parent either verbally or in writing
- failure to provide AIR immunisation History Statement or AIR Immunisation Medical Exemption form or AIR Immunisation History Form (catch up schedule)
- bullying and/or harassing educators, children or families enrolled at the centre – Code of Conduct

Termination Notification

- Management or the Nominated Supervisor will advise families in writing that their child's enrolment will be terminated following all attempts to rectify a non-compliance.
- Two weeks' notice will be provided to families, unless the safety and wellbeing of other children, employees or families is at risk. In this case, an immediate termination of enrolment may apply.

Termination Advised by Family

- Families are advised upon enrolment of the withdrawal of enrolment conditions.
- Families are required to provide two (2) weeks written notice of termination of enrolment.

Withdrawal of a Child

As per the College's Terms of Enrolment, families are required to provide management with two weeks written notice when withdrawing their child. The letter must state:

- the date they are writing the withdrawal notice
- the child's last day of attendance.

This letter will be placed into the child's file and archived once they have left.

Families with children going to school the following year may be required to complete the reenrolment form confirming that their child will be going to school the following year, adding an end date to their child's care.

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All records related to a child's enrolment must be kept in accordance with the Public Records Office of Victoria's Record Retention Schedule.

Fees will be charged up to the end of the two weeks from the date at which notice was received in writing, whether the child has attended the centre during those two weeks.

A final account is to be processed by the administration and noted on the withdrawal form. The final account is to be issued immediately to the family advising of the balance (payment is due or no payment due as applicable).

Families must ensure the account is paid prior to final attendance.

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EXCURSIONS AND SERVICE EVENTS

Policy Statement

Bayside ELC recognises that incursions and excursions can provide opportunities for children to explore areas of interest as a group and extend the educational program provided at the centre. Every effort will be made to extend the educational program through incursions and on-offsite activities.

This policy will provide guidelines for Bayside ELC to plan and conduct safe and appropriate incursions, excursions, regular outings, and service events.

Purpose

Bayside ELC is committed to:

- 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/carers
- providing adequate supervision of all children during excursions, regular outings and service events
- promoting road safety education and safe active travel for children

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
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))

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Word/s	Definition
Excursion	An outing organised by the education and care service. The written permission of parents/carers 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	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 include, at a minimum, the proposed route and location of the excursion, any foreseeable hazards, 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 communication methods.
Regular Outing	means an excursion (s) 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/carers 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.

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Developing an Excursions and Service Events Policy in consultation with the nominated supervisor, staff and parents/carers at the service (Regulation 168)	R	X	X	X	X
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	X	X	X	X
Ensuring that all parents/carers have completed, signed and dated their child's enrolment form including details of persons able to authorise an educator to take their child outside the service premises (Regulation 99, 160, 161)	R	X	X	X	X
Ensuring that parents/carers 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 (s), and that this authorisation is kept in the child's enrolment record (Regulation 161)	R	X	X	X	X
Ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/carer or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 99, 102(4)	R	X	X		X
Ensuring that educator-to-child ratios are maintained at all times, including during excursions, regular outings and service events (Regulations 123)	R	X	X		
Ensuring that children are adequately supervised (s) at all times (Regulation 122) (National Law: Section 165)	R	X	X		X
Ensuring that parents/carers, volunteers and students participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children	R	X	X		
Ensuring that a risk assessment (s) is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/carers (Regulation 100), including suitability of venue	R	X	X		
Ensuring the risk assessment (s) identifies and assesses the risks, specifies how these will be	R	X	X		

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managed and/or minimised, and includes all details required by Regulation 101					
Developing strategies to improve children's safety in high-risk situations such as excursions near water or near a road	R	X	X		
Ensuring a new risk assessment is completed when circumstances change for regular outings	R	X	X		
Ensuring that staff comply with the service's Road Safety and Safe Transport Policy	R	X	X	X	X
Providing road safety education as part of the curriculum		X	X		
Where appropriate, taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness		X	X		
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		X	X		
Ensuring that there is a clear purpose and educational value to each excursion or service event, and that this is communicated to parents/carers		X	X		
Discussing the aims and objectives of the excursion or service event, and items of special interest, with children prior to undertaking the activity		X	X		
Involving children in consultation and decision-making processes		X	X		x
Considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges	X	X	X		
Ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions	R	X	X		
Ensuring strategies are in place to provide an accurate attendance record (s) for children attending an excursion, and for children remaining at the service while an excursion is happening	R	X			
Ensuring strategies are in place to ensure that there is an accurate list of all adults participating in an excursion, including parents/carers, volunteers	R	X	X		

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and students, with contact details for each individual					
Ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite (Regulation 90)	R	X	X	X	X
Ensuring an accurate attendance record (s) is kept for children attending an excursion, and for children remaining at the service while an excursion is happening	R	X	X		X
Ensuring that there is an accurate list of all adults participating in an excursion, including parents/carers, volunteers and students, with contact details for each individual	X	X	X		
Understanding that, if they participate in an excursion or service event as a volunteer, they will be always under the immediate supervision of an educator or the approved provider				X	X
If participating in an excursion, regular outing or service event, informing an educator immediately if a child appears to be missing from the group				X	X
Supervising and caring for siblings and other children in their care who are not enrolled in the program				X	
Taking a portable first aid kit (including required medication for dealing with medical conditions) on excursions and other offsite activities (Regulation 89)	R	X	X		X
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	X	X		
Ensuring sunscreen and hats (if required) is taken on excursions and is available as required for service events and that outdoor excursion venues provide adequate shade	R	X	X		X
Informing parents/carers of items required by children for the excursion, adventure activities or service event e.g., snack/lunch, sunscreen, coat etc	X	X	X		
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	X	X	X		

Planning the excursion including:

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Conducting a site visit and completing an excursion risk management plan template prior to seeking excursion approval from the ELC Director.

The plan should include the following;

- Date, time and destination.
- How the excursion relates to the education program provided for the children.
- Objectives, proposed activities, and desired outcomes of the excursion.
- Proposed method of transport.
- Proposed staff and adult/child ratio for the excursion.
- Cost.
- Effects, if any, on the children's current attendance times.
- Arrangements required to enable any children with additional needs attending the program to participate in the excursion.
- Arrangements required for those children whose parents have declined permission for them to attend the excursion. (The centre must remain open for such children.)

Preparation for the excursion

The ELC Director, in consultation with the ELC's qualified staff, are responsible for:

- Assessing the requirements for the excursion.
- Booking the transport and venue(s).
- Informing parents/carers, at least three weeks prior, of the details of the planned excursion as outlined in The Education and Care Services National Regulations 102, and the cost.
- Requesting adult participation in the excursion.
- Ensuring adults/parents are informed of the requirement to remain under the immediate supervision of the qualified staff member or proprietor.
- Collecting completed permission forms and excursion fee, if required, for each child participating in the excursion.
- Notifying parents/carers immediately of any change, or delay to the proposed excursion.
- Ensuring child/staff ratios are met for children not participating in the excursion.

Staffing requirements

Division 4, regulation 360 outline minimum staffing requirements and child/staff ratios. These requirements are the absolute minimum for a group of children on an excursion. In most cases, staffing levels over and above the minimum would be required on an excursion to ensure that adequate supervision is maintained at all times. Part 6, 165 of The Education and Care Services National Law 2011requires that children are adequately supervised at all times they are in the care of the centre.

Attendance of siblings

Siblings are not permitted to attend an excursion, regular outing or incursion whilst the parent/carer is volunteering.

Transport to the excursion

Transport for offsite excursions and regular outings will only be via bus. No private cars will be allowed.

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 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/carers.

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When planning excursions and service events, consideration must be given to:

- any extra costs involved and the ability of families to pay these costs, and

- ensuring that all children can attend regardless of their abilities, additional needs or medical conditions. Clear procedures must be developed and followed, and these should be communicated to parents/carers.

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/carers (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/carer or person named in the child's enrolment record before the child can be taken outside the service premises.

Early childhood road safety education aims to reduce the risk of serious injury and death from road trauma. It also aims to lay the foundations for children to become safe and independent road and transport users in the future. Road safety education is an important part of a holistic approach to keeping children safe around traffic and in the road environment. Effective traffic skills are best learnt if they occur in a real environment i.e., using crossings and traffic lights. This is specific to regular outings where ELC children go to the College's North campus.

Relevant Policies

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Administration of Medication
- Anaphylaxis
- Asthma
- Code of Conduct
- Curriculum Development
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Diabetes
- Emergency and Evacuation
- Enrolment and Orientation
- Epilepsy
- Fees
- Food Safety
- Hygiene
- Accident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Nutrition and Active Play
- Occupational Health and Safety
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Road Safety and Safe Transport
- Sun Protection
- Supervision of Children

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- Water Safety

Related 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

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, including Quality Area 1: Educational Program and Practice and Quality Area 2: Children's Health and Safety

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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FAMILY VIOLENCE SUPPORT

Policy Statement

This policy outlines the range of supports available to children, families and staff affected by family violence and outlines Bayside ELC reporting requirements in relation to family violence.

Purpose

Bayside ELC 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

Application

This policy applies to the Bayside Christian College, staff, parents/carers, children, volunteers and visitors involved with Bayside ELC.

Definitions

Word/s	Definition
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) 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

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Word/s	Definition
	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 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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					

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Fulfilling legal obligations, including mandatory reporting and duty of care obligations	R	X	X	X	X
Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards	R	X			
Following processes in identifying family violence	R	X	X	X	x
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	X	X		X
Creating a culturally safe environment for safe disclosure of family violence and respond to disclosures sensitively, with empathy and without judgement	R	X	X		X
Collaborating with specialist services to make an informed decision and promote collaborative practice around children and families where relevant	R	X	X		X
Staff identified by Bayside ELC to use the Information Sharing Schemes can proactively share and request relevant information and must respond to requests from other information sharing entities 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		X	X		X
Sharing relevant information under privacy law or other legislative authorisation	R	R	X		
Engaging with specialist services or professionals who are appropriately qualified to support the particular needs of the child or family	X	X	X	X	X
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.	X	X	X	X	X
Maintaining co-operative relationships with appropriate services and/or professionals in the best interests of children and their families	R	X	X	X	X
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 Bayside ELC	R	X		X	
Maintaining confidentiality at all times	R	X	X		X

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Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy	R	X	X		X

The College has policies and procedures relating to Child Information and Family Violence Information Sharing Scheme.

Relevant Policies

- Child and Family Violence Information Sharing Scheme
- Child Safe Environment and Wellbeing
- Complaints
- Delivery and Collection of Children
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Staffing
- Supervision of Children

Related 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

Relevant Legislation

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)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
-

FEES

Policy Statement

This policy will provide a clear guide for:

- the setting, payment and collection of fees
- ensuring the viability of Bayside ELC, by setting appropriate fees and charges
- the equitable and non-discriminatory application of fees across Bayside ELC programs.

Purpose

Bayside ELC 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/carers
- advising users of the service about program government funding and fees to be paid by parents/carers

Application

This policy applies to the approved provider, persons with management or control, nominated supervisor /ELC director, persons in day-to-day charge, early childhood teachers, educators, staff, and parents/carers.

Definitions

Word/s	Definition
Approved child care	Approved child care services are services that have Australian Government approval to receive the Child Care Subsidy on behalf of eligible parents. Approved child care includes centre-based day care, including long day care and occasional care, family day care, outside school hours care and in-home care
Child care subsidy (CCS)	A Commonwealth Government means tested subsidy to assist eligible families with the cost of child care. Payments are paid directly to approved child care providers
Early Start Kinder	A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection to attend a Kinder program that is planned and delivered by an early childhood teacher for up to 15 hours per week. details are available at: www.vic.gov.au/early-startkindergarten. Children that are eligible for Early Start Kinder (ESK) will continue to be enrolled, this ensure that service providers receive all funding entitlements and that these children have access to 15 funded hours of Kinder across Victoria. ESK enrolments contribute to School Readiness Funding (SRF) calculations for service providers. It also allows the Department to continue to monitor efforts to engage the most vulnerable children in Kinder across Victoria and provide additional targeted support where required through SRF or Early Childhood LOOKOUT.

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Word/s	Definition
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
Fees	A charge for program hours over and above the 15 funded hours per week (600 per year) and/or wrap around care
Free Kinder	A Victorian Government Best Start, Best Life initiative providing Free Kinder programs for four-year-old and three-year-old children in funded services, that have opted into the initiative. Free Kinder supports families to access a funded kindergarten program by: • providing a free 15-hour program to 4-year-old children enrolled at a sessional service • providing a free 5 to 15-hour program to 3-yearold children enrolled at a sessional service (subject to the length of funded program offered).
Funded Kindergarten	The Victorian Government provides funding to support children to access a high-quality kindergarten program in the two years before they start school. The funding is a contribution towards meeting the cost of the kindergarten program. Funded kindergartens charge fees to help meet the cost of running kindergarten programs. Fees are set by individual kindergartens and depend on things like how many hours children attend and whether there are extra costs such as excursions

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement and should not be deleted. X indicates others responsible.					
Ensuring that policies and procedures are in place for the payment of fees and the 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	X			
Implementing and reviewing this policy in consultation with parents/carers, the nominated supervisor and staff, and in line with the	R	X			

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requirements of the Commonwealth Governments Child Care Subsidy and Additional Child Care Subsidy					
Reviewing the effectiveness of the procedures for late payment and support offered	R	X			
Considering options for payment when affordability is an issue for families	R	X			
Clearly communicating this policy and payment options to families in a culturally sensitive way, and where possible in the family's first language	R	X			
Ensuring that the Fees Policy is readily accessible at the service (Regulation 171)	R	X			
Providing all parents/carers with fee information	R	X			
Providing all parents/carers with a statement of fees and charges upon enrolment of their child/ren	R	X			
Providing all parents/carers with a fee payment agreement	R	X			
Ensuring fees are collected and receipted	R	X			
Collecting all relevant information and maintaining relevant documentation regarding those with entitlement to concessions, where applicable	R	X		X	
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	X			
Notifying parents/carers 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	X			
Addressing any complaints or concerns that have been raised regarding fees at the service in a timely manner	R	X			
Reading the Bayside ELC Fee information for families, and complying with the Fee Payment Agreement				X	
Notifying the approved provider if they are experiencing difficulties with the payment of fees				X	
Ensuring families are not charged any compulsory out-of pocket levies or maintenance fees (voluntary fundraising and donations are permitted)	R	X			

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Ensuring families are only charged for optional Kinder programs hours that are over and above the 15 funded hours per week (600 hours per year)	R	X			
Ensuring any non-funded positions are enrolled in accordance with the Funding Guidelines	R	X			
Ensuring that any surplus funding is used in line with acceptable uses of kindergarten funding, including to promote increased participation and/or enhance program quality	R	X			
Charging families only for an occasional special event/ excursion that occur outside the normal program/curriculum	R	X	X		
Ensuring that any child that is eligible for Early Start Kinder is still enrolled at the service and recorded on the Arrival system	R	X	X		
Collecting all relevant information regarding those with entitlement to concessions and recording it on the Arrival system	R	X	X		
Ensuring that the Free Kinder Fees Policy is readily accessible at the service (Regulation 171)	R	X			
Providing all parents/carers with information about Free Kinder	R	X			
Providing all parents/carers with a statement of additional hours fees and charges upon enrolment of their child, if applicable NOTE: parents should also be advised that enrolling for hours over 15 is optional and families can choose to only enrol for 15 hours and receive this program at no cost. (if applicable)	R	X			
Reading the Bayside ELC Free Kinder information for families, the Statement of Additional Hours Fees and Charges, and the Additional Hours Fee Payment Agreement if applicable				X	
Signing and complying with the Additional Hours Fee Payment Agreement, if applicable				X	
Notifying the approved provider if experiencing difficulties with the payment of additional hours fees				X	
Providing agreement in writing if any additional payments are made to Bayside ELC				X	
Complying with the service's Privacy and Confidentiality Policy regarding financial and other	R	X	X	X	

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information received, including in relation to the payment/non-payment of additional hours fees					
Notifying parents/carers a minimum of 14 days of any proposed changes to the additional hours' fees charged, or the way in which the fees are collected (Regulation 172(2)), ideally providing one term's notice.	R	X			
Informing the approved provider of any complaints or concerns that have been raised regarding fees at the service		X	X		
Referring parents'/carers' questions in relation to this policy to the approved provider		X	X		

Fees at Bayside Christian College

The College operates a Free Kindergarten for 3-year-old ELC and an extended sessional kindergarten for 4-year-old ELC as the initial entry point to the College. The extra hours for the 4-year-old ELC are optional and there are associated fees, which are set annually by the College Board and communicated to the College community in Term 4 of the preceding year. For information about our fees, please refer to our Schedule of Fees and Charges.

Free Kindergarten

For more information relating to free kinder in sessional services, please refer to **Best Start, Best Life - Advice for families: Free Kinder in sessional services** within this manual.

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.

The Best Start, Best Life reform will help all Victorian children dream even bigger through increased access to quality early childhood education and care. A critical part of the reform is Free Kinder, which will support access to two years of high-quality Kinder programs for all Victorian children. All families with a child enrolled in a funded Kinder program are eligible for Free Kinder, this includes both 3 and 4-year-old Kinder programs.

Free Kinder supports families to access a funded Kinder program by:

● providing a free 15-hour program to four-year-old children enrolled at a sessional service

● providing a free 5-to-15-hour program to three-year-old children enrolled at a sessional service (subject to the length of funded program offered)

● offsetting the funded Kinder program component of parent fees for three and four-year-old children enrolled at a long day care service

Free Kinder supports every Victorian child to get the best start in life no matter where they live. Research shows that play-based learning is a powerful way to support children's learning and development. Two years of early learning is a crucial part of their educational journey, these benefits last into the school years and beyond.

Regulation 168(2) (n) of the Education and Care Services National Regulations 2011 requires that funded services have a comprehensive written fees policy, and the content of this policy must be communicated to families. Any voluntary parent donations and/or fundraising must comply with the Free Kinder subsidy guidelines and be responsive to the local community.

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Relevant Policies

- Child and Family Violence Information Sharing Scheme
- Child Safe Environment and Wellbeing
- Complaints
- Delivery and Collection of Children
- Accident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Participation of Volunteers and Students
- Privacy and Confidentiality

Related Sources

- Best Start Best Life: https://www.vic.gov.au/give-your-child-the-best-start-in-life
- The Kindergarten Funding Guide (Department of Education): www.vic.gov.au/kindergarten-funding-guide
- Resources for Funded Kinders: www.vic.gov.au/kindergarten-funding-guide
- Department of Education: Child Care Subsidy (CCS): www.education.gov.au/early-childhood/child-caresubsidy
- The Child Care Provider Handbook: www.education.gov.au/early-childhood/resources/child-careprovider-handbook

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities 2006 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulation 168(2)(n)
- Equal Opportunity Act 1995 (Vic)
- National Quality Standard
- A New Tax System (Family Assistance) Act 1999
- A New Tax System (Family Assistance) (Administration) Act 1999
- Child Care Subsidy Minister's Rules 2017
- Child Care Subsidy Secretary's Rules 2017
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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FIRST AID POLICY

Policy Statement

Bayside ELC is committed to the provision of an effective first aid service to protect the health and safety of all staff, students and others who may be affected by accidents, incidents or injuries arising from school activities, whether on or off school premises.

Purpose

The aim of this policy is to ensure:

- legislative requirements for the first aid service are complied with
- particular hazards within the centre are taken into account when equipping and staffing the first aid service
- adequate equipment, facilities and supplies are provided as required for the first aid service
- suitable personnel are appointed to staff the first aid service
- the teacher and assistant receive suitable training
- the need for first aid services will be assessed for Early Learning Centre activities conducted off centre premises, and supplied where necessary
- appropriate recording systems are established to record treatment provided
- these records will be used to guide the development of strategies to prevent injury and illness at the school
- appropriate arrangements will be made for the transportation of injured people
- appropriate arrangements will be made for sick or injured students to be collected by a parent or carer
- training will be provided in skills to maintain basic life support in the case of critical injury

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

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 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. 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 ELAA recommends all educators have current approved first aid qualifications.

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

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Definitions

Word/s	Definition
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
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. 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. 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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that every reasonable precaution is taken to protect children, staff and others at the service from harm and hazards that are likely to cause injury (National Law: Section 167)	R	R	X		
Assessing the first aid requirements for the service. A first aid risk assessment can assist with this process.	R	X		X	
Ensuring that at least one early childhood teacher /educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being	R	X			

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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					
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	X	X		
Ensuring that the prescribed educator-to-child ratios are met at all times	R	X	X		
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	X			
Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request	X	X	X	X	
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards. 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	R	X		X	
Ensuring procedures are developed for the regular monitoring that all first aid kits are suitably equipped (Regulations 89)	R	X		X	
Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications	X	X		X	
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).	R	X	X		
Ensuring that the Ambulance Victoria AV How to Call Card is displayed near all telephones or in a visible location.		X	X		
Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities	R	X	X	X	

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Ensuring that first aid training details, and renewal dates are recorded on each staff member's record (Regulation 146, 147)	R	X			
Ensuring safety signs showing the location of first aid kits are clearly displayed	R	X		X	
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	X			
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	R	X	X		
Notifying Regulatory Authority within 24 hours of a serious incident occurring at the service	R	X			
Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid	X	X			
Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service	X	X		X	
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	X			
Implementing appropriate first aid procedures when necessary		X	X	X	
Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required		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 while providing first aid and comfort for a child involved in an incident or suffering trauma	R	X	X		
Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record no later than 24 hours after the occurrence	R	X	X		
Ensuring the parent/carer reads and signs the Incident, Injury, Trauma and Illness Record		X	X		

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Responsibility					
Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training			X	X	
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 & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/	X	X	X	X	
Providing the required information on the service's medication record when child requires administration of medication				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, anaphylaxis). Providing any required medication.				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				X	

Relevant Policies

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

Related Sources

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- 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.

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 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

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Basic Life Support Flow Chart Procedure

```
          DANGER                    Unsafe        LOOK FOR & REMOVE
    Ensure the scene is safe  ─────────────▶        RISKS/HAZARDS
          │                                              │
          │ (green)                              Safe    │  Unsafe
          ▼                              ◀───────────────┤
         RESPONSE                                         ▼
       Talk and touch                          WAIT FOR EXPERT
          │                                       ASSISTANCE
   Responsive │ Unresponsive
          │       │
          ▼       ▼
```

Responsive branch:
- Obtain history
- Signs & Symptoms
- Call for help if needed
- Find injuries/illness
- Treat injury/illness
- Monitor casualty

Unresponsive branch:

SEND FOR HELP
Stay with casualty
↓
OPEN AIRWAYS
Check for possible obstructions
↓
CHECK BREATHING
Look Listen & Feel for *NORMAL* Breathing

Normal Breathing →
Place casualty on side
Call triple zero (000)
Monitor casualty

No Normal Breathing →
30 Compression
↓
2 Breaths ⟲ Repeat
↓
Use AED if available

- 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 aiders every 1 to 2 mins to reduce fatigue
- Send or go for help as soon as possible.

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First Aid Responder's 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 or 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 coworker 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.
- In the event of a child going into Anaphylactic shock who does NOT have a Medical Management Plan, the service's EpiPen is to only be administered to a child with over the phone consent from an ambulance officer/medical practitioner
- 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/carers 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 Accident, Injury, Trauma and Illness Policy
- Notify DET within 24 hours of a serious incident 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 the Business Manager as soon as practicably possible if a serious workplace injury has occurred. The Business Manager will notify WorkSafe in writing within 48 hours of the accident occurring and conduct an investigation.
- In the event of an asthma attack, (if the service spacer was used) the used spacer must be provided to the family and a new spacer to be purchased for the service as soon as possible.
- 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.

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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 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

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	• medium sterile unmedicated wound dressings
• CPR chart	• instant cold pack
• disposable gloves	• large sterile unmedicated wound dressings
• resuscitation mask/face shield	• non-allergenic tape
• individually wrapped sterile adhesive dressings (e.g. Band Aids)	• crepe bandages
• compression bandages	• emesis bag
• sterile eye pads	• scissors
• sterile coverings for serious wounds	• tweezers
• small sterile unmedicated wound dressings	• sterile saline solution
• safety pins	• notebook for recording details of first aid provided
• triangular bandages	• plastic bags for disposal
• emergency accident blanket/space blanket	• sharps container
• thermometer	• black permanent maker

Asthma first aid

- reliever medication

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- 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.

Adrenaline autoinjector kit (for general use):

For general use for a child previously undiagnosed for anaphylaxis, where they have a first-time reaction. Having an adrenaline autoinjector for general use (e.g. in first aid kits) should be considered as being additional to the prescribed adrenaline autoinjectors and should NOT be a substitute for children at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.

Kit may include:

- in-date adrenaline autoinjector stored in an insulated container; stored away from direct heat and/or cold.
- ASCIA First Aid plan for Anaphylaxis card
- a pair of disposable gloves
- note pad and a permanent marker.

Standard portable First Aid Kit

Suggested contents include, but not limited to:

• basic first aid guide & CRP chart	• emergency accident blanket/space blanket
• plastic bags for disposal	• resuscitation mask/face shield
• gloves	• scissors
• emesis bag	• instant cold pack
• sterile saline solution	• notebook for recording details of first aid provided
• compression bandages individually wrapped sterile adhesive dressings (e.g. Band Aids	

Emergency Backpack

Suggested contents include, but not limited to:

• parent contact information including authorisations	• children and staff with additional/medical needs list including medication
• staff emergency contact information	• portable battery powered radio (batteries checked and charged)
• facility keys (including gates/padlock keys)	• standard portable First Aid Kit
• portable non-perishable snacks (use by date checked)	• torch (batteries checked and/or charged)
• whistle	• children's enrolment records
• copy of facility site plan and EMP including evacuation routes	• bottled water (use by date checked)
• sunscreen and spare sunhats	• toiletry supplies
• plastic garbage bags	• traffic/emergency safety vest and tabards

Sample 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.

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

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

Recommendations		
Reference number	**Recommendation**	**Responsibility and due by date**

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GOVERNANCE AND MANAGEMENT

Policy Statement

This policy outlines the robust and transparent governance and management to support the delivery of high-quality outcomes in relation to:

- effective systems of risk management, financial and internal control, and performance reporting
- compliance with all regulatory and legislative requirements, including space, equipment and facilities, confidentiality of records and notifications and reporting
- the ongoing cycle of self-assessment, planning and review, embedding a culture of quality improvement
- confidentiality of records.

Application

This policy applies to the College Board, Executive, Leadership and Bayside ELC staff.

Definitions

Word/s	Definition
Approved Provider	A person who holds a provider approval (National Law). A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions.
Authorised person	Means: (a) a person who holds a current working with children check (WWCC), or equivalent; or (b) a family member of a child who is being educated and cared for by the service or the family day care (FDC) educator; or (c) an authorised nominee of a family member of a child who is being educated and cared for by the service or the FDC educator; or (d) in the case of an emergency, medical personnel or emergency service personnel; or (e) a person who is permitted under the jurisdictional working with children law to remain at the service without holding a working with children check (WWCC), or equivalent.
Continuous improvement:	Ongoing improvement in the provision of quality education and care services.

The National Quality Framework aims to raise quality and drive continuous improvement through the National Quality Standard and quality rating processes. Quality rating encourages continuous improvement and engages the approved provider and their services teams in self-assessment and documenting their performance against the National Quality Standard. Providers of high-quality services regularly monitor and review their performance to guide planning and make improvements |
| Development of professionals | A system of regular performance review, individual learning and development plans for educators, staff and co-ordinators. Performance planning and review ensures that the knowledge, skills and practices of educators and other staff members are current, and that areas requiring further development are addressed. |
| Educational Leader | The educational leader is an appropriately qualified and experienced educator, co-ordinator or other individual designated in writing by the approved provider under regulation 118 to lead the development and implementation of educational programs in the service. |

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Word/s	Definition
	For more information about the role of the educational leader, see: acecqa.gov.au/media/26531
Educational program	A program that: is based on an approved learning framework / is delivered in a manner that accords with the approved learning framework / 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
Ethical practice	A standard of behaviour that the service deems acceptable in providing their services.
Fit and proper person	The regulatory authority assesses whether an approved provider or a person with management or control of a service is a fit and proper person to be involved in the provision of an education and care service.

In determining whether they are a fit and proper person, the regulatory authority will consider: the person's history of compliance with any education and care services, children's services or education law, and any decision under one of those laws to refuse, refuse to renew, suspend or cancel a licence, approval, registration or certification issued to the person under that law / their criminal history, to the extent that it may affect their suitability for the role of provider (including working with children clearance, such as a WWCC, or teacher registration details, jurisdiction dependant) / whether they are bankrupt or insolvent / whether they have the financial circumstances to enable them to sustain ongoing operation of a service / whether they have a medical condition that may cause them to be incapable of being responsible for the service / whether they have the management capability to operate a service / actions taken under Commonwealth Family Assistance Law, including sanctions and suspensions. |
| 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 service. |
| Management system | A system to manage organisational risks and enable the effective management and operation of a quality service. |
| Quality Improvement Plan (QIP): | A document created by an approved provider to help self-assess service performance in delivering quality education and care and to plan future improvements. Regulatory authorities consider the service's QIP as part of the quality assessment and rating process. The QIP does not have to be provided in any specific format, but must include:

1. an assessment of the quality of service practices against the National Quality Standard and the National Regulations

2. identified areas for improvement

3. a statement of the service's philosophy |
| Service philosophy | A statement the approved provider must develop and include in their QIP that outlines the purpose and principles under which the service operates. It underpins the decisions, policies and daily practices of the service, reflects a shared understanding of the role of the service among staff, children, families |

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Word/s	Definition
	and the community and guides educators' pedagogy, planning and practice when delivering the educational program

Commitment and Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met, as well as all other laws relevant to governance and management of the service	R	X			
Displaying the prescribed information in National Law: Section 172 (Regulation 173)	R	X			
Providing information to the regulatory authority upon request in relation to being a fit and proper person (National Law: Section 172 (Regulation 173)	R				
Ensuring that the service is insured and keep evidence of this (National Law: Section 51; Regulations 29, 180)	R				
Ensuring that the number of children at the service does not exceed the maximum in the service approval (National Law: Section 51)	R	X			
Ensuring that the family of a child at the service is allowed to enter the premises (Regulation 157)	R	X			
Adopting quality governance and management processes, procedures and practices, in line with the National Quality Standard, especially Quality Area 7 – Governance and leadership	R	X			
The College has systems of risk management, financial and internal control, and performance reporting. Working with the College Finance	R	X			

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Department, Bayside ELC has a responsibility to monitor management and financial performance to ensure the solvency, financial strength and good performance of the service.					
Developing, review and approve the service philosophy and purpose, strategic direction and initiatives	R	X			
Taking reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the Governance and Management policy and procedures	R				
Ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, co-ordinators, educators, staff, volunteers and families, and available for inspection	R				
Notifying families at least 14 days before changing the policy or procedures if the changes will: • affect the fees charged or the way they are collected or • significantly impact the service's education and care of children or significantly impact the family's ability to utilise the service.	R				
Notifications and reporting					
Ensuring that all reporting and reporting requirements are met regarding the National Quality Framework, family assistance, taxation, child protection, and other relevant laws	R	X			
Notifying the regulatory authority about the approved provider and operational changes, and changes in relation to the nominated supervisor, as detailed in National Law: Section 173 (Regulations 174, 174A)	R	X			
Notifying the regulatory authority about changes to the 'fit and proper' status of the approved provider, any serious incidents, and complaints relating to a serious incident or that the Law has been contravened (National Law: section 174; Regulations 175, 176, 176A)	R	X			
Health, safety and wellbeing					
Ensuring the health, safety and wellbeing of children in the service and take every reasonable precaution to protect children from harm and hazard (National Law: Section 51)	R	X	X		X
Quality Improvement Plan (QIP)					
Ensuring that there is an effective self-assessment and quality improvement process in place,	R	X	X		

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including a QIP that is kept at the premises or and is made available for inspection and to families (Regulations 31, 55)					
Ensuring that the QIP is reviewed at least annually (Regulation 56)	R	X	X		
Space, equipment and facilities					
Ensuring that requirements relating to the physical environment, space, equipment and facilities are met, including Regulations 104, 106, 107, 108, 109, 110, 116, 117	R	X	X		X
Educational need and program					
Ensuring that children's educational and developmental needs are met (National Law: Section 51)	R	X	X		
Early childhood teachers, educators and staff					
Ensuring that requirements relating to staffing are met, including implementing the Staffing policy and procedures (Regulation 84)	R	X			
Ensuring that roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service	R	X			
Ensuring that the performance of educators, staff and coordinators is regularly evaluated, and individual plans are in place to support learning and development	R	X			
Ensuring that a nominated supervisor, educators, staff, volunteers and contractors to whom a prohibition notice applies are not engaged by the service (National Law: Section 188)	R				
Ensuring the educational leader is supported to lead the development and implementation of the educational program and assessment and planning cycle	R	X			
Nominated supervisors and responsible person					
Ensuring that requirements relating to the nominated supervisor and responsible person are met, including implementing the Staffing policy and procedures (National Law: Section 162, 162A; Regulation 117B	R				
Records and confidentiality					
Keeping a record of the service's compliance with the information listed in Regulation 167	R	X			

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Keeping a record of enrolment and other documents listed in National Law: Section 175 at the service and be available for inspection by an authorised officer	R	X			
Ensuring that records are kept confidential and not divulged except as permitted under Regulations 181 and 182	R	X			
Ensuring that records are stored safely and securely for the period set out in Regulation 183	R	X			
Keeping enrolment and attendance records (Regulations 158, 159, 160, 161, 162) and other documents listed in Regulations 160, 177 and 178, ensure they are accurate and available to families on request (National Law: section 175). If a service approval is transferred, the documents must be transferred to the receiving approved provider (Regulation 184)	R	X			

Background

Under the Education and Care Services National Regulations, early childhood services are required to have policies and procedures in place relating to the governance and management of the service (regulation 168).

The implementation of effective systems, procedures and processes supports the effectiveness and quality of service in which it operates. It is also a catalyst to ensuring compliance with all legal and regulatory requirements governing the operation (regulation 170).

Relevant Policies

- Code of Conduct
- Complaints
- Enrolment and Orientation
- Privacy and Confidentiality
- Staffing

Related Sources

- Acecqa: https://www.acecqa.gov.au/
- Education and Care Services National Regulations
- National Quality Standard
- Guide to the National Quality Framework
- Education Australia
- Aussie Child Care network
- Early Childhood Resource Hub erch.edu.au
- Early Childhood Australia.org.au

Relevant Legislation

Relevant legislation and standards include but are not limited to:

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- Associations Incorporation Reform Act 2012 (Vic), as applicable to the service
- Corporations Act 2001, as applicable to the service
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 7: Governance and Leadership

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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HEAD LICE

Policy Statement

Whilst parents/carers have primary responsibility for the detection and treatment of head lice, the Early Learning Centre also has a role in the management of head lice infections and in providing support for the parents and carers.

Purpose

Bayside ELC is committed to:

- As far as reasonably practicable, providing a safe and healthy environment for all children, staff, and any other persons participating in the program.
- Providing up-to-date information for parents/carers and staff regarding the protection of all children from head lice infection.
- Complying with the Communicable Diseases Exclusion Table

Application

This policy applies to the staff, parents/carers, children, volunteers and students involved with the centre.

Procedures

The Head of Primary is responsible for:

- Approving any changes to this policy
- Responding to any questions/concerns that arise in relation to any aspect of the policy.

The staff are responsible for:

- Distributing up to date information on the detection, treatment and control of head lice at the beginning of every year and more frequently if required.
- Provision of comprehensive advice about the use of safe treatment practices which do not place children's health at risk
- Providing clear protocols for any inspection programs, including obtaining written parental permission for all inspections including those by local government personnel.
- Organising inspection programs as required
- Distributing letters to parents/carers of those children found to have head lice.
- Reducing the stigma and maintain confidentiality.
- Distributing letters to all children, not just those found to be infected.
- Include staff in the inspections.
- Undertake classroom activities to give students an understanding of the habits and life cycles of head lice
- Ensure they undertake sufficient training in the detection and management of head lice.

The Early Learning Centre recommends that parents/carers:

- Do not allow their child to attend the centre with untreated head lice (in accordance with the Health Infectious Disease Regulations 2001)
- Check children's hair on a weekly basis at home using the recommended conditioner combing method
- Regularly inspect all household members and treat them if necessary
- Upon detection of head lice, notify the centre and advise when treatment commenced,

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- Advise the parents or carers of your child's friends to enable early detection and treatment
- Maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulties with control measures
- Agree for their child to participate in inspections undertaken at the centre.
- Ensure that children with long hair wear it tied back while attending the

Relevant Policies

- Occupational Health and Safety

Related Sources

- Health direct: https://www.healthdirect.gov.au/head-lice

Relevant Legislation

Relevant legislation and standards include but are not limited to:
- The Education and Care Services National Law 2011
- The Education and Care Services National Regulations 2011
- Health (Infectious Diseases) Regulations 2001
- Occupational Health and Safety Act 2000

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HYGIENE

Policy Statement

This policy will provide guidelines for:

- effective food safety practices at Bayside ELC that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

Purpose

Bayside ELC is committed to:

- 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

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
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

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Word/s	Definition
	authority (however described) as a disease that would require the infected person to be excluded from an education and care service
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 microorganisms 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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	X	X		
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 (including in accordance with the College's Food Handling Guidelines). (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	X			
Working with the Property Department to ensure an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning and sanitising requirements and	R	X	X		

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responsibilities (National Law: Section 167, Regulation 77)					
Contacting the College nurse for information about obtaining a needle/syringe/sharps disposal unit and instructions for its use	R	X			
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	X			
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	X			
Reviewing staff training needs in relation to understanding and implementing effective hygiene practices in relation to hand washing, toileting, nappy changing and cleaning of equipment	X	X			
Providing hand washing guidelines for display at each hand washing location	X	X	X	X	x
Ensuring there is an adequate supply of non-toxic cleaning and hygiene products, including gloves, at all times	X	X			
Developing effective hygienic systems for cleaning, such as using colour-coded cloths in each area	X	X	X		
Ensuring cloths are cleaned, rinsed and stored separately, and replaced regularly	X	X	X		X
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	X	X	X		x
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	X	X	X		X
Informing the approved provider of any issues that impact on the implementation of this policy		X	X		X
Actively encouraging parents/carers to keep children who are unwell at home to prevent the spread of infection to other children and educators	X	X	X	X	X
Storing or presenting items, such as beds, bedding and sunhats, in such a way as to prevent cross-contamination	X	X	X		X

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Ensuring that there is a regular and thorough cleaning and disinfecting schedule for all equipment and toys	X	X	X		X
Ensuring any chemicals and cleaning agents are non-toxic and stored out of reach of children	X	X	X		X
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	X	X	X		X
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	X	X	X		X
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.	X	X	X		X
In relation to changing nappies for children					
Attending to the individual personal hygiene needs of each child as soon as is practicable		X	X		X
Changing nappies and attending to individual personal hygiene and toileting needs of each child according to recommended procedures		X	X		X
Disposing of soiled nappies in a safe and hygienic manner in line with this policy.		X	X		x
Ensuring that current nappy-changing procedures are displayed in toilet and nappy-changing areas	X	X			
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.	X	X	X		X
Ensuring children do not share the use of items related to personal care, such as hand towels for drying hands, toothbrushes and hairbrushes	X	X	X		X
Encouraging children to flush the toilet after use		X	X		X
Ensuring that information about correct hand-washing procedures is displayed in relevant areas of the service including food preparation, including visual aids for children	X	X			

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Encouraging and assisting (where required) children to wash their hands according to hand washing guidelines after toileting		X	X		X
Encouraging children to tell a staff member if they have had a toileting accident and dealing with soiled clothing in accordance with parent wishes, e.g.: Place soiled items in plastic bag to be sent home at the end of the day / Discard soiled items in bin / Place in wet bag to be sent home at the end of the day (urine only) Note: Note: Staff are not expected to wash soiled underwear.		X	X		X
Monitoring and maintaining toileting facilities in a safe, clean and hygienic manner while children are in attendance; this requires periodic checking of the bathroom area		X	X		X
Respecting the possible need to maintain privacy of toileting and dressing		X	X		X
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)		X	X		X
Wearing gloves when cleaning (general purpose gloves are sufficient; wash and hang outside to dry when finished)		X	X		X
Washing mouthed toys daily using warm water and detergent and, if possible, drying in the sun		X	X		X
Wiping over books with a moist cloth treated with detergent		X	X		X
Ensuring washable toys and equipment are cleaned term by term or annually, as required		X	X		X
Washing and disinfecting mattress covers and linen, where applicable		X	X		X
Advising the service of preferred option for dealing with soiled underwear, e.g.: Place soiled items in plastic bag to be sent home at the end of the day / Discard soiled items in bin / Place in wet bag to be sent home at the end of the day (urine only) Note: Staff are not expected to wash soiled underwear.				X	
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		X	X		X

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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 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	X	X		X
Promptly removing blood, urine and faeces (including animal) either indoors or outdoors, using the appropriate cleaning procedures	X	X		X
Covering the sandpit when not in use to prevent contamination	X	X		X
Emptying water containers, such as water trays, each day	X	X		X
Disposing of any dead animals/insects found on the premises in an appropriate manner.	X	X		X
In relation to the safe handling of body fluids or materials in contact with body fluids				
Avoid direct contact with blood or other fluids	X	X		X
Not be at eye level when cleaning/treating a child's face that has blood on it, as a child's blood can enter the mouth/nose of a staff member when a child cries or coughs	X	X		X
Wear gloves wherever possible	X	X		X
Cover any cuts/abrasions on their own hands with a waterproof dressing.	X	X		X
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 / 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	X	X		X

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washed separately to play mats/rugs / nappy change areas/mats must be washed with detergent and warm water after each use					

The parents/carers are responsible for:

- Ensuring immunisation details on their child/ren are up-to-date on their child/ren's enrolment form.
- Keeping their child/ren home if they are unwell or have an excludable infectious disease.
- Informing the centre if their child has an infectious disease.
- Participating in the maintenance program of the centre (where applicable).

Hand washing guidelines

1. Use liquid soap (preferable) and running water
2. Wash hands vigorously and count to 10
3. Rinse hands well and count to 10
4. Turn off the tap with a piece of paper towel
5. Dry hands well with new paper towel (preferable), a dryer or your own cloth.

When to wash hands (Staff/Volunteers)

- When you arrive at the centre
- Before handling food,
- Before eating
- After removing gloves
- After going to the toilet
- After cleaning up blood, faeces or vomit
- After wiping a nose, a child's or your own
- Before giving medication
- After handling garbage
- After coming in from outside play
- Before going home.

When to wash the children's hands:

- On arrival at the centre (parents can help with this)
- Before eating and handling food
- After going to the toilet
- After touching nose secretions
- After coming in contact with blood, faeces or vomit

Relevant Policies

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions

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- Food Safety
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety
- Privacy and Confidentiality

Related Sources

- Department of Education, School Operations, Syringe Disposals and Injuries: https://www2.education.vic.gov.au/pal/syringe-disposal/policy
- 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/aboutus/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-careservices

Relevant Legislation

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 (Vic)
- Public Health and Wellbeing Act 2008 (Vic) Public

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INCLUSION OF CHILDREN WIH ADDITIONAL NEEDS

Policy Statement

To provide guidelines for the successful inclusion of children with additional needs into Bayside ELC.

Purpose

Bayside ELC is committed to:

- Recognising the uniqueness of each child in their creation by God
- Providing all children with the opportunity to access a centre regardless of their ability
- Respecting the rights of all children to participate in a quality children's program
- Providing a family centred approach which recognises that parents know their children best and want the best for their children
- Recognising that families are different and unique
- Recognising that all children learn in different ways and at different rates
- A child's right to social inclusion

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
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: a) Is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and b) Is manifested before the child attains the age of 6 years, and c) Results in substantial functional limitations in one or more of the following areas of major life activity: i. Self-care ii. Receptive and expressive language iii. Cognitive development iv. Motor development, and d) Reflects the child's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and co-ordinated (Disability Act 2006 (Vic))

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Word/s	Definition
Disability	In relation to a person, refers to a sensory, physical or neurological impairment or acquired brain injury, or any combination thereof, that: i. is, or is likely to be, permanent, and ii. causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication, and iii. requires significant ongoing or long-term episodic support • is not related to ageing, or • an intellectual disability, or • a developmental delay (Disability Act 2006 (Vic))
Diversity	Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience
Equity	(In the context of human rights) is the behaviour of acting in a fair and just manner towards others. Family-centred practice: Practice which: • uses families' understanding of their children to support shared decision-making about each child's learning and development • creates a welcoming and culturally-inclusive environment, where all families are encouraged to participate in and contribute to children's learning and development • actively engages families and children in planning children's learning and development • provides feedback to families on each child's learning, and provide information about how families can further advance children's learning and development at home and in the community.
Inclusion	The engagement and involvement of children and families to ensure that all individuals have an equal opportunity to participate and achieve their maximum potential
Kindergarten Fee Subsidy (KFS)	A state government subsidy paid directly to the funded service to enable eligible families to attend a funded kindergarten program or funded three-year-old place at no cost (or minimal cost) to promote participation.
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
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.

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that all policies, including Inclusion and Equity, Code of Conduct and 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	R	R	X		x
Promoting cultural awareness in all children, including greater understanding of Aboriginal and Torres Strait Islander ways of knowing and being	R	X	X		X
Actively supporting and facilitating participation and inclusion by Aboriginal and Torres Strait Islander children, young people and their families	R	X	X		x
Creating a culturally safe environment for Aboriginal and Torres Strait Islander children and young people	R	X	X		X
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	X		X
Using family-centred practice (s) and working collaboratively with staff, parents/carers, specialist services and other professionals to implement the program at the service and provide individualised support for children	R	R	X		X
Providing families with information about the support options available for children	R	X	X		
Ensuring that service programs are available and accessible to families from a variety of background	R	R	X		X

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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	R	R	X		X
Providing an educational program that is reflective of Bayside ELC's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion	R	R	X		X
Ensuring that the program provides opportunities for all children to participate and interact with one another	X	X	X		X
Ensuring there are quiet and reflective spaces for children, educators and families	R	X			
Embedding social and emotional learning in the service program and practice, and teaching children to care for their own mental health	X	X	X		X
Ensuring the diversity and interests of the children, families, educators and staff are reflected in the physical environment	X	X	X		X
Actively supporting and encouraging children's ability to express their culture and enjoy their cultural rights	R	X	X		X
Recognising multilingualism as an asset and support children to maintain their first language, learn English as an additional language, and learn languages other than English	X	X	X		x
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	X		X
Identifying and supporting children with additional needs and ensuring that service programs are inclusive of all children with additional needs and medical conditions	R	X	X		X
Ensuring that parents/carers are consulted, kept informed and provide written consent, where individualised programs, action, support or intervention are planned and provided for their child	R	X	X	X	
Ensuring that individualised programs incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child's education and care	X	X	X	X	X

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Responding to the needs and concerns of parents/carers, and providing support and guidance, where appropriate	X	X	X		X
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				X	
Being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child				X	
Reviewing and evaluating individualised support programs in consultation with all people involved in the child's education and care	X	X	X		X
Implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required	X	X	X		X
Ensuring that cultural values and expectations about health and wellbeing are respected	R	X	X		x
Ensuring that all eligible families are supported to access the Kindergarten Fee Subsidy, including families with concession cards, Aboriginal and Torres Strait Islander families	R	R			
Ensuring that the enrolment process is fair and equitable, and facilitates access for all children	R	X	X		
Tailoring the orientation process to meet the individual needs of children and families	R	X	X		
Identifying the barriers to participation in service programs and activities, and developing strategies to overcome these barriers	X	X	X		
Understanding children's diverse circumstances, and providing support and responding to those who are vulnerable	R	R	X		X
Ensuring that 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	X	X			
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	R				

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Encouraging and supporting other educators, staff and families as role models to demonstrate positive and respectful relationships, and positive mental health and wellbeing	R	X			
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	X	X	X		
Providing service information in various community languages wherever possible	X	X			
Using language services 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	X	X			
Working with the nominated supervisor and educators to ensure appropriate program planning and resourcing for children with additional needs	X	X			
Developing partnerships with other education and care settings and schools to enable children to move successfully from one setting to another	X	X	X		
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	X	X	X		
Ensuring racism within the organisation is identified, confronted and not tolerated.	R	R	X		X
Ensuring that no employee, prospective employee, parent/carer, child, volunteer or student at the service is discriminated against	R	R			
Ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner	R	R			
Notifying the approved provider of any behaviour or circumstances that may constitute discrimination, bullying, harassment or prejudice		X	X	X	X
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	X	X	X		

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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	R	R			

The College is responsible for:

- Providing clearly defined enrolment procedures in their enrolment policy, which facilitates access for all children.
- Regularly reviewing with staff, the planning and resourcing provided for children with additional needs participating in the program.
- Being available to participate in identified child support groups.
- Providing assistance as required to child support group(s) in identifying and applying for additional resources/support for children and families available through the Early Childhood Intervention Services (birth to school entry).
- Working with the staff and families to identify and apply for additional resources/support for children with additional needs (where a separate child support group is not required).
- Providing appropriate physical and staffing resources within the budget constraints of the Early Learning Centre.

In providing these resources:

- Consultation will be sought with the staff, the parents/carers of the child, and other professionals and/or agencies working with the family to determine additional resources required to meet the functional and developmental needs of the child
- Supporting staff to gain the appropriate knowledge and skills for the implementation of this policy.

Qualified staff are responsible for:

- Reviewing enrolment applications to identify children with additional needs.
- Identifying, if additional support is required, the type of support required and consulting with families and liaising with the ELC Director in order to access this.
- Ensuring any child with medical or physical additional needs are provided with an Individual Learning Plan if necessary.
- Establishing a support group for children with high support needs, which may include:
  - Parents or carers
  - Carer of the child (if applicable)
  - ELC teacher
  - Specialist staff from an early childhood intervention service (if the child is receiving a service)
  - Additional staff
  - Preschool Field Officer (if no other early intervention specialist is involved with the family)

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- o Organising for the child's support group to meet. Generally this would involve a number of meetings prior to the child's commencement at the Early Learning Centre and at least one meeting per term.

- Ensuring that any support or resources available for a child are accessed in consultation with the parents/carers, for example through the Preschool Field Officer Program and the Kindergarten Inclusion Support Service.

- Ensuring that the parents/carers are fully informed about the program planned and provided for their child and that they have given written consent for any action, support or intervention for their child.

- To plan and implement a program which incorporates the individual goals for the child with additional needs.

- Ensuring the program provides opportunities for participation and interaction with other children.

- Responding to parents/carers needs and providing support and guidance, where appropriate.

- Providing support and guidance to other staff.

- Encouraging a collaborative family-centred approach in implementing the program at the Early Learning Centre.

- Ensuring that, in consultation with persons involved in the care and education of the child, any specialised medical and nutritional needs of the child are catered for in the day-to-day program.

- Ensuring that the program incorporates opportunities for regular review and evaluation, in consultation with all persons involved in the child's care and education.

All staff are responsible for:

- Working collaboratively with staff/parents/carers/other professionals to implement the program provided for the children.

- Reporting and discussing any concerns regarding a child's behaviour with other staff.

- Ensuring the Privacy Policy is complied with at all times.

The parents/carers will:

- Share information about their child and their child's needs within the Early Learning Centre, whilst maintaining the right to decide who will receive information about their child.

- Have the right to retain information that they do not wish to divulge.

- Raise any issues/concerns they have about their child's participation in the program.

- Participate in the child support group meetings .

- Be involved in, and fully informed about, any intervention or support proposed for their child.

- Be given the opportunity to consent to any assessments or reports on their child and have a right to copies of such documents.

The members of the child's support group are responsible for:

- Attending support group meetings, which will generally occur at least once a term once the child commences at the Early Learning Centre.

- Facilitating the successful inclusion of the child into the Early Learning Centre.

- Planning for the needs and requirements of the child in the Early Learning Centre.

- Deciding together whether an application for support is required.

- Seeking the ELC Director's support for any application that would involve the College in the provision of that support, for example employing staff.

- Assisting the ELC teacher to complete the application form.

- Monitoring and evaluating the child's progress and setting appropriate planning objectives in an individual education program plan

Relevant Policies

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- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Code of Conduct
- Complaints
- Curriculum Development
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Epilepsy
- Excursions and Service Events
- Fees
- Interactions with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Staffing

Related Sources

- Be You: www.beyou.edu.au
- Commission for Children and Young People, Child Safe Standards: www.ccyp.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: https://www.earlychildhoodaustralia.org.au/ourwork/inclusion-resources/
- Guide to the National Quality Framework: www.acecqa.gov.au
- Guide to the National Quality Standard: www.acecqa.gov.au
- The Kindergarten Funding Guide (DET): www.education.vic.gov.au
- Victorian Early Years Learning and Development Framework Principal Practice Guide: Equity and Diversity: www.education.vic.gov.au

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Age Discrimination Act 2004
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Charter for Children in Out-of-home Care (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Safe Standards (Vic)
- Disability Act 2006 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

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

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INFORMATION AND COMMUNICATION TECHNOLOGY

Policy Statement

This policy will provide guidelines to ensure that all users of information and communication technology (ICT) at or on behalf of Bayside ELC:

● 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 and other information sharing platforms..

Purpose

Bayside ELC is committed to:

● professional, ethical and responsible use of ICT at the service

● providing a safe workplace for management, educators, staff and others using the service's ICT facilities 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.

Application

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, volunteers, at Bayside ELC. This policy does not apply to children.

Definitions

Word/s	Definition
Anti-spyware	Software designed to remove spyware: a type of malware , that collects information about users without their knowledge
Computer virus	Malicious software programs, a form of malware , 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

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Word/s	Definition
Defamation	To injure or harm another person's reputation without good reason or justification. Defamation is often in the form of slander or libel.
Disclaimer	Statement(s) that seeks to exclude or limit liability and is usually related to issues such as copyright, accuracy and privacy
Electronic communications	Email, instant messaging, communication through social media and any other material or communication sent electronically.
Encryption	The process of systematically encoding data before transmission so that an unauthorised party cannot decipher it. There are different levels of encryption available.
Endpoint data storage devices	Devices capable of storing information/data. New devices are continually being developed, and current devices include: • laptops • USB sticks, external or removable hard drives, thumb drives, pen drives and flash drives • iPads / Tablets • 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, One Drive
Malware	Short for 'malicious software'. Malware is intended to damage or disable computers or computer systems.
PDAs (Personal Digital Assistants)	A handheld computer for managing contacts, appointments and tasks. PDAs typically include a name and address database, calendar, to-do list and note taker. Wireless PDAs may also offer email and web browsing, and data can be synchronised between a PDA and a desktop computer via a USB or wireless connection
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 iPads and tablets)
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.

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Word/s	Definition
Security	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.
Spam	Unsolicited and unwanted emails or other electronic communication
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. 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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that the use of the 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	X	X	X	X
Managing inappropriate use of ICT	R	X			
Providing suitable ICT facilities to enable early childhood teachers, educators and staff to	X	X			

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effectively manage and operate the service, including computers for administration purposes, and tablets for use as an educational aid and mobile device.					
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 ICT facilities, as appropriate	X	X			
Providing clear procedures and protocols that outline the parameters for use of the ICT facilities both at the service and when working from home	X	X			
Embedding a culture of awareness and understanding of security issues at the service	R	X	X	X	X
Ensuring that the service's computer software and hardware are purchased from an appropriate and reputable supplier	X	X			
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	X	X			
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	X	X			
Ensuring regular backup of critical data and information at the service	X	X	X		
Ensuring secure storage of all information at the service, including backup files	R	X	X		
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 of data for extra security	X	X			
Ensuring that reputable anti-virus and firewall software are installed on service computers, and that software is kept up to date	X	X			
Developing procedures to minimise unauthorised access, use and disclosure of information and data, which may include limiting access and passwords, and encryption	R	X			

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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	R	X			
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	X			
Being aware of the requirements and complying with this policy	X	X	X	X	X
Appropriate use of endpoint data storage devices by ICT users at the service	R	X	X	X	X
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	X	X		X
Ensuring that written permission is provided by parents/carers for authorised access to the service's computer systems and internet by persons under 18 years of age (e.g. a student on placement at the service)	R	X			X
Providing authorisation to early childhood teachers, educators and staff to be social media representatives	X	X			
Complying with all relevant legislation and service policies, protocols and procedures	X	X	X	X	X
Reading and understanding what constitutes inappropriate use of ICT	X	X	X	X	X
Completing the authorised user agreement form	X	X	X		X
Accessing accounts, data or files on the service's computers only where authorisation has been provided		X	X		X
Co-operating with other users of the service's ICT to ensure fair and equitable access to resources	X	X	X		X
Obtaining approval from the approved provider before purchasing licensed computer software and hardware		X	X		
Ensuring no illegal material is transmitted at any time via any ICT medium	R	X	X	X	X

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Using the email, messaging and social media facilities for service-related and lawful activities only	X	X	X	X	X
Using endpoint data storage devices supplied by the service for service-related business only, and ensuring that this information is protected from unauthorised access and use		X	X		X
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	X	X	X		X
Responding only to emergency phone calls when responsible for supervising children to ensure adequate supervision of children at all times	X	X	X		X
Ensuring electronic files containing information about children and families are kept secure at all times	R	R	R		R
Responding to a privacy breach in accordance with Privacy and Confidentiality policy	R	X			
Complying with the appropriate use of social media platforms	X	X	X		X

Relevant Policies

- Code of Conduct
- Complaints
- Curriculum Development
- Educational Program
- Enrolment and Orientation
- eSafety for Children
- Governance and Management of the Service
- Occupational Health and Safety
- Privacy and Confidentiality
- Staffing

Related Sources

- ACECQA – Occasional Paper 5: Quality Area 7: Leadership and management in education and care services acecqa.gov.au/media/25871
- ACECQA – Quality Area 7 resources https://www.acecqa.gov.au/nqf/national-quality-standard/qualityarea-7-governance-and-leadership
- Australian Government – My business health asbfeo.gov.au/my-business-health/home

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- ELAA Early Childhood Management Manual: https://elaa.org.au/resources/free-resources/eymgovernance-support-manual/
- ELAA EYM Governance Support Manual: https://elaa.org.au/resources/free-resources/eym-governancesupport-manual/
- Justice Connect: http://www.justiceconnect.org.au/
- Our Community: www.ourcommunity.com.au

Relevant Legislation

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)

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INTERACTIONS WITH CHILDREN

Policy Statement

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 Bayside ELC
- each child at Bayside ELC is supported to learn and develop in a secure and empowering environment.

Purpose

Bayside ELC 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 towards all children
- 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.

Application

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, volunteers, at Bayside ELC.

Definitions

Word/s	Definition
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.
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

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Word/s	Definition
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/carers 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 chid 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

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Developing and implementing this policy in consultation with stakeholders, and ensuring that it reflects the philosophy, beliefs and values of the service	R	X	X	X	X
Ensuring all stakeholders are provided with a copy of this policy and comply with its requirements	R	X	X	X	X
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	R	X			
Ensuring children are adequately supervised and that educator-to-child ratios are maintained at all times	R	X	X		X
Ensuring the environment at the service is safe, secure, free from any hazards (National Law:	R	R	X		X

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Section 167) and promotes the active participation of every child					
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	X	X		X
Developing and implementing educational programs that are delivered in accordance with an approved learning framework, are based on the developmental needs, interests and experiences of each child, and take into account the individual differences and strengths of each child	R	R	X		X
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)	R	X	X		X
Ensuring that the service provides education and care to children in a way that 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	X	X		X
Ensure that Bayside ELC 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	X	X		X
Recognising the importance of friendships and encourage support from peers, to help children and young people feel safe and be connected	X	X	X		X
Ensuring clear documentation of the assessment and evaluation of each child's developmental needs, interests, experiences and program participation, progress against the outcomes of the educational program (Regulation 74)	R	X	X		X
Ensuring that procedures are in place for effective daily communication with parents/carers to share information about children's learning, development, interactions, behaviour and relationships	R	X	X		X

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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	X	X			
Ensuring all staff, students and volunteers are respectful and appropriate when responding to requests/approaches of physical comfort from children, or when providing comfort to children who are distressed. Expectations include: • Obtaining children's permission before providing physical comfort, such as holding hands or giving a hug (where they are able to provide it) • Respecting indications that children do not want physical comfort, such as stiffening, pulling away or walking away • Providing physical comfort only in public areas • Where children seek to sit on a staff members lap for comfort, being mindful to limit this to a short period of time and then supporting them back into the group activities • Note: It is not appropriate to kiss children	X	X	X		X
Ensuring all staff, students and volunteers are respectful and appropriate in their verbal interaction with children. Expectations include use of appropriate: • Language – Should be positive and strengths-based. Inappropriate language includes negative labelling, criticising, swearing, discouraging, blaming or shaming, making fun of or laughing at, and excessive use of negative language such as 'no', 'stop that', 'don't' or 'you never' • Tone of voice – ensuring this is positive, being mindful of volume, pitch and rhythm. Yelling at children is not acceptable. • Avoiding overly familial or affectionate language that could be misconstrued, for example using pet words such as 'sweetheart' or 'chicken' or referring to children as 'mine', e.g. 'how's my little Liam today? How's my princess today?'	X	X	X		X
Ensuring that staff members at Bayside ELC 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	X	X
Promoting collaborative relationships between children/families and program support groups (if required), to improve the quality of children's education and care experiences	X	X	X	X	X
Ensuring notifications of serious incidents are made to the regulatory authority (DET) through the NQA IT System 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	X			

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Notifying DET within 24 hours of becoming aware of a notifiable complaint 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	X			
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	X		X
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	X	X		X
Developing links with and referral pathways to services and/or program support groups to support children experiencing social, emotional and behavioural difficulties and their families	X	X	X	X	
Ensuring that parents/carers and program support groups (as appropriate) are consulted if an individual behaviour guidance plan has not resolved the challenging behaviour	X	X	X	X	
Working collaboratively with educators/staff and program support groups to develop or review an individual behaviour guidance plan for their child, where appropriate.	X	X	X	X	X
Setting clear timelines for review and evaluation of the behaviour guidance plan.	X	X	X		
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	X	X	X		
Consulting with, and seeking advice from, DET if a suitable and mutually agreeable behaviour guidance plan cannot be developed	R	X	X		
Ensuring that additional resources are sourced, if required, to implement a behaviour guidance plan	R	X			
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.	X	X			
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)				X	

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Maintaining confidentiality	R	X	X	X	X

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)

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.

Relevant Policies

Child Safe Environment and Wellbeing

- Code of Conduct
- Complaints
- Curriculum Development
- Inclusion and Equity
- Occupational Health and Safety
- Privacy and Confidentiality

Related Sources

- Belonging, Being & Becoming – The Early Years Learning Framework for Australia: www.acecqa.gov.au
- Child Safe Standards: www.ccyp.vic.gov.au
- Department of Education – Supporting Children's Behaviour in Early Childhood Services: https://www.vic.gov.au/supporting-childrens-behaviour-early-childhood-services
- 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 (DET): www.education.vic.gov.au
- Victorian Early Years Learning and Development Framework: www.acecqa.gov.au
- Victorian Inclusion Agency (VIA): www.viac.com.au

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Relevant Legislation

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

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LIVING CREATURES AND PETS

Policy Statement

This policy provides guidance for Bayside ELC for incorporating living creatures and pets into the educational program, including:

- animals that exist within the natural environment of the service
- animals house on the service premises
- animal bought into the service.

Purpose

Bayside ELC recognises that living creatures and pets provide children with valuable learning experiences, including:

- the opportunity to observe and learn about animals and their behaviour
- some understanding of what it means to care for animals, always providing water, food and a clean cage
- aesthetic and physical pleasure and amusement
- opportunities to share their own knowledge and theories about animals, insects, birds and nature
- the opportunity to work through emotional and spiritual feelings when a creature is born, thrives, is sick or dies.

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Risk Management

The following potential risks and associated management processes have been identified in relation to living creatures and pets:

Potential Risks

- Children bitten
- Child knocked over
- Child scared/frightened
- Animal disease/hygiene
- Allergies to animals

Note: Possible outside animals include: rabbits, chickens, dogs, birds, ducks, goats. Possible inside animals include: rabbits, guinea pigs, small chickens, kittens, puppies, birds, small ducks, reptiles.

Risk Assessments

Any interaction with animals requires a risk assessment to be completed to outline the risks and determine the controls that will eliminate or minimise risks. Using this information should determine whether to proceed with the activity.

Procedures to Address Risks

- Parents/Carers to be advised about the use of living creatures and pets in the educational program prior to admission

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- The Educational Program to be available at the centre, including where living creatures and pets are incorporated
- Formal approval/consent from parents/carers required prior to any activity relating to animals/pets.
- A formal complaint management process is available to deal with any issues or concerns with the pet program.
- All animals, birds or livestock kept on or about the premises are maintained in a clean and healthy condition
- All housing used to keep the animals will be maintained in a safe, clean and hygienic manner and in good repair at all times
- All animals, birds or livestock present in the kindergarten are in good state of health and have had required vaccinations and health checks
- Staff awareness of personal and child hygiene such as hand washing
- Restricted controlled access to animals
- Education of children by staff about pet handling
- Pet handling only occurs under strict adult supervision
- A provision for dealing with complaints
- Regular monitoring program
- Staff clean up after the animal in an appropriate and hygienic manner
- Caging/containment of the animals when not directly supervised
-

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MENTAL HEALTH AND WELLBEING

Policy Statement

This policy provides guidelines for Bayside ELC 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

Purpose

Bayside ELC 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

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
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	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

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	R	X	X		X
Actively supporting and facilitating participation and inclusion of Aboriginal children, young people, and their families	R	X	X		X
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		X	X		X
Embedding social and emotional learning in the service program and practice, and teaching children to care for their own mental health and wellbeing	R	X	X		X
Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year	R	X	X		x
Ensuring that quiet and reflective spaces are provided for children, educators and families.	X	X	X		X
Ensuring diversity, cultural practices and mental health and wellbeing practices are considered when implementing the learning program at the service	R	X	X		X

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Implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required	R	X	X		X
Ensuring a safe, inclusive, welcoming environment is created for all community members. There is a culture of respect, fairness and equity.	R	X	X		X
Encouraging collaborative, family-centred practice at the service which facilitates the positive mental health and wellbeing and active participation of both the child and the family at the service	X	X	X		X
Ensuring that cultural values and expectations about health and wellbeing are respected	X	X	X		X
Ensuring that children's diverse circumstances are understood, and those who are vulnerable are responded to and provided with support	X	X	X		X
Understanding each child's unique developmental journey of which mental health being a continuum will be different to others in their space	X	X	X		X
Attending to any adjustments to provide equal protection for all children	R	X	X	X	X
Strategies are used to promote positive and responsible behaviour, and to prevent and respond to hurtful and unsafe behaviour	R	X	X		X
Educators and staff model respectful interactions with each other, children and families. A positive approach to mental health and wellbeing is also role modelled		X	X	X	X
Children are supported to develop social and emotional skills and learn about and care for their own mental health		X	X		X
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	X	X			
Educators and staff are supported to learn about and care for their own mental health and wellbeing	R	X			
Ensuring mental health and wellbeing information and policy requirements are included in educator and staff orientation/induction.	X	X			
Ensuring leadership practices and on-the-ground support, enable a work environment that	X	X			

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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	R	X			
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	X	X			
Establishing partnerships with relevant organisations and health professionals to support mental health and wellbeing practices where appropriate.	X	X	X		X
Ensuring there are clear referral options and pathways for children, staff, educators and families to access support services for mental health and wellbeing	X	X	X	X	X
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	X	X	X	X	X

Relevant Policies

- Child Safe Environment and Wellbeing
- Code of Conduct
- Curriculum Development
- Interaction with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality

Related 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.ccyp.vic.gov.au
- Cancer Council Victoria, Achievement Program: www.achievementprogram.health.vic.gov.au/education/early-childhood-services
- Department of Education and Training and Early Childhood Australia: Wellbeing webinars
- Early Childhood Australia, Code of Ethics: www.earlychildhoodaustralia.org.au/ourpublications/eca-codeethics
- 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

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Relevant Legislation

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

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NUTRITION AND FOOD SAFETY (INCLUDING HOT DRINKS)

Policy Statement

This policy will provide guidelines for:

- effective food safety practices that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

Purpose

Bayside ELC 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

Application

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/carers, children, and others attending the programs and activities of Bayside ELC.

Definitions

Word/s	Definition
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. Less common symptoms of food allergy include infantile colic, reflux of stomach contents, eczema, chronic diarrhoea and failure to thrive in infants. Food allergies are often caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat. For more information on food allergies, visit: www.allergyfacts.org.au
Food handler	A person who directly engages in the handling of food, or who handles surfaces likely to be into 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 and knowledge in food safety and hygiene in line with the work that they do.

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Word/s	Definition
Food safety	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
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 FSSs who received their certification prior to 8 December 2023 and will give them five years from 8 December 2023 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.

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	X			
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	R	X	X		x
Ensuring all staff that handle food (Food Handlers), complete a food safety training course per the requirements under the Food Act 1984. The College is a Class 2 service	R	R	R		r
Ensuring a record is kept of all the staff that have completed their Food Handling training course	X	X			
Appointing a food safety supervisor as per the Food Act 1984 if they are Class 1 service	R	X			
Ensuring staff members of Class 4 services have the skills and knowledge needed to safely handle food in their work roles.	R	X	X		X
Providing parents/carers with a copy of this policy, and with up-to-date information on the safe provision of food for their children	R	X			
Ensuring that the nominated supervisor and all staff are provided with a copy of this policy and are	R				

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kept up-to-date with current legislation, standards, policies, information and resources relating to food safety					
Ensuring students, volunteers, and casual and relief staff at the service are informed of this policy.	R	X			X
Ensuring that staff undergo training in safe food handling, as required	R	X	X		X
Monitoring staff compliance with food safety practices	R	X			
Encouraging volunteers to complete training in safe food handling techniques as required	R	X			X
Ensuring that good hygiene practices are maintained at the service	R	X	X		X
Being aware of safe food practices and good hygiene practices, and undergoing training if required	R	X	X		X
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	R	X			
Ensuring that this policy is referred to when undertaking risk assessments for excursions and other service events	R	X	X		x
Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies	R	X	X		x
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	X	X		X
Ensuring that all facilities and equipment for food preparation and storage are clean, and in good repair and working order	R	X	X		X
Ensuring that children's lunchboxes are kept indoors, away from heat sources (including direct sunlight) and refrigerated if necessary	R	X	X		X
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				X	

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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	X			
Contacting local council to determine requirements prior to selling food at a fête, food stall or other service event. Such requirements may include completing a Food Act notification form and/or a statement of trade form	R	X			
Monitoring pests and vermin from the premises	R	X			
Contacting the Communicable Disease Section, DH if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period	R	X			
Informing Regulatory Authority and parents/carers if an outbreak of gastroenteritis or possible food poisoning occurs at the service	R	X			
Informing families of the availability of cold storage facilities at the service to ensure parents/carers make suitable food choices when supplying food for their own child, or for children to share	X	X	X		
Ensuring staff, parents/carers and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks	R	X	X	X	X
Ensuring parents/carers provide details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service and whenever these requirements change	X	X	X	X	X
Keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety	X	X	X		x
Discussing food safety with children to increase awareness and assist in developing safe practices		X	X		X
Discouraging children from sharing drink bottles or cups at the service		X	X		X
Ensuring that children do not share lunches to minimise risks in relation to children with food allergies		X	X		X
Providing adequate supervision of children while they are eating		X	X	X	X

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Teaching children to wash and dry their hands 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		X	X	X	X
Encouraging parents/carers to discuss a child's nutritional requirements, food allergies or food sensitivities, and informing the nominated supervisor where necessary		X	X	X	X
Seeking input from parents/carers on cultural values or religious expectations regarding food handling, provision and consumption		X	X	X	X
Informing the nominated supervisor or approved provider of any outbreaks of gastroenteritis or possible food poisoning at the service		X	X		X
Removing hazardous food , including food that has fallen on the floor, and providing alternative food items		X	X		X
Documenting and implementing a food safety program, if required	R	X	X		
Maintaining good personal and kitchen hygiene	R	X	X	X	X
Washing hands prior to participating in food preparation and cooking activities		X	X		X
Washing all fruits and vegetables thoroughly (if provided by the service)		X	X		X
Covering all wounds/cuts on hands or arms with wound strips or bandages		X	X		X
Wearing disposable gloves when handling food		X	X		X

Procedure

Food and drink to be provided by Bayside ELC

- Water will be available for the children to consume at all times during indoor and outdoor activities.
- On an occasional basis, the centre will provide food that has been produced through food related activities involving the children.

The ELC Director is responsible for:

- Providing up-to-date information to parents/carers on the safe provision of food for their children.
- Ensuring staff are informed of current information relating to nutrition and food safety.
- Monitoring staff compliance with food safety practices.
- The implementation of a cleaning schedule for the kitchen area.
- The provision of a calibrated thermometer, suitable for food preparation areas, to monitor temperature of fridge/freezer. (Glass thermometers with mercury in or near food preparation areas are not recommended).

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- Checking if the thermometer is working at the start of each term.
- Ensuring food provided for sale at a fete, food stall, or any other event complies with the requirements of the food safety program.
- Reviewing annually, in consultation with the staff, parents/carers, the procedures for celebrations. The guidelines need to reflect the needs of families and children in relation to nutrition, cultural diversity, religion, and age appropriateness.

Staff are responsible for:

- Before handling food, washing hands according to the guidelines as provided in background information. If interrupted, to wash hands again before continuing.
- Ensuring that hand basins are only used for washing hands, faces, or cleaning teeth.
- Providing posters above washbasins with information on correct hand washing procedures.
- Ensuring the provision of soap and hand towels (if used) on a daily basis.
- Ensuring the provision of paper towels in the kitchen area.
- Keeping the kitchen clean and tidy at all times and complying with the cleaning schedule displayed in the kitchen.
- Disposing of any eating or drinking utensils that are chipped, broken or cracked and informing the ELC Director of any items that need replacement.
- Restricting the food preparation areas for that purpose only.
- Cleaning all food contact surfaces, appliances and equipment after use.
- Including discussions on nutrition and food safety in the children's program to increase awareness and understanding of the reasons for good practice.
- Role modelling acceptable social behaviour at snack and meal times.
- Ensuring children have access to water whenever it is needed/requested.
- Removing hazardous food and offering child/ren an alternative snack. Refer to the Kidsafe information sheet for information on potential choking hazards.http://www.gtp.com.au/kidsafeqld/inewsfiles/inews.97362.1.pdf
- Covering all wounds or cuts on hands or arms with brightly coloured wound strips or bandage. If the wound is on the hand, disposable gloves are to be worn over the top of the wound strip if involved in food handling.
- To notify the ELC Director of inability to work if affected with vomiting or diarrhoea within the last 48 hours.
- Ensuring persons suffering from diseases which are likely to be transmitted through food that they are not involved in food handling.
- Providing guidelines to parents/carers, regarding appropriate food for their child to bring to the Early Learning Centre.
- Complying with the hot drinks guidelines

Parents/carers are responsible for:

- Avoid peanuts, other nuts and nut products, as well as products such as muesli bars that are produced on the same equipment as products containing nuts. Please read the product packaging carefully.
- Put a frozen container, such as a frozen drink, in the lunch box with food that is normally refrigerated. Alternatively, use an insulated lunch box or a cooler.
- Avoid including food that is normally kept in the refrigerator, especially during the summer months.
- Not to include perishable foods which have just been cooked or warmed, such as hamburgers or boiled eggs. Such food should be cooled in the refrigerator before being packed for lunches.

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- Encouraging and directing children to wash their hands before they eat or drink.

- Teaching children to turn away and cover their mouth when they cough or sneeze and then to wash their hands.

- Ensuring tables are wiped with appropriate cleaning materials prior to children using them for food consumption.

- Making sure children are sitting when they eat and drink.

- Washing and sanitising all dropped utensils prior to re-using.

- Discouraging children from sharing utensils and sharing food they have begun to eat.

- Promptly cleaning up any food or drink that is dropped indoors or outdoors.

Preparing food

- Using separate utensils, chopping boards and other equipment for raw and for ready-to-eat foods to avoid cross-contamination. If this is not possible, thoroughly wash and sanitise equipment between uses.

- Removing food items in damaged packaging such as dented cans, leaking packages, or cracked eggs.

Handling food

- All food must comply with the College Food Handling Guidelines

- Reporting malfunctioning equipment to the ELC Director.

- Ensuring any items placed in the fridge/freezer are covered with a lid, foil or plastic film.

- Using paper towels to clean up spills.

Involving children in cooking

- Complying with the Dietary Guidelines for Children and Adolescents.

- Ensuring adequate supervision is available for the planned experience.

- Ensuring long hair is tied up.

- Choosing age-appropriate cooking experiences with regard to size and texture of food.

- Providing children with clean protective aprons or smocks.

- Respecting cultural and/or personal food differences.

- Ensuring children wash their hands before participating in the cooking experience.

- Only preparing foods that will be cooked before eating, for example biscuits, pizza, soup.

- Immediately cleaning up any food dropped on the floor.

- Catering for children who have special dietary requirements (including allergies) for health, medical or cultural reasons.

Food brought from home for special occasions

- Ensuring food provided for celebrations is kept in a container or covered with foil or plastic wrap.

- Keeping food in the refrigerator until it is to be served.

- Providing details to families on safe food handling practices when providing food for special occasions.

Hot drinks

General guidelines for the preparation of hot drinks

- Hot drinks are to be prepared in kitchen area.

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- Hot drinks may be consumed in kitchen and office area according to criteria outlined in these guidelines.
- Hot drinks are not to be taken into children's rooms, outdoor areas or any other area accessible to children whilst children are in attendance.

Social Events

This includes events during operational hours and outside operational hours. For example, mother's day morning tea, grandparents day, working bee, family barbeque, and any other social event which is provided where children will be present at the Early Learning Centre.

If hot drinks are to be provided the following conditions will apply:

- If using an urn it needs to be placed out of reach of all children.
- Children are not permitted in the kitchen area.
- Specific parents are nominated to serve hot drinks.
- A designated area is set aside for the consumption of hot drinks.
- Informing parents/carers and other persons observed not complying with the guidelines of the guidelines and reasons for it.
- In circumstances where Bayside ELC is utilised by community groups, these guidelines will apply to all users of the Centre. For example playgroups, birthday parties and other functions.
- Ensuring a person is in attendance with a current first aid qualification.

Background

Food poisoning and infectious disease can be a serious health problem for children. If food is not safely stored or properly handled, bacteria can multiply to dangerous levels and cause illness. The use of safe and hygienic food storage and handling practices can prevent food contamination and the transmission of bacteria and infectious disease amongst children and adults. The staff, parents/carers and any other person involved in handling food has an important responsibility to maintain safe and hygienic food practices.

Food poisoning is caused by the growth of bacteria in food. This occurs when high risk foods such as meat, poultry, eggs, seafood, and dairy products are left to sit in the "temperature danger zone" (between 5 and 60 Celsius). Centres need to ensure that any food in this temperature zone stays there for as little times as possible.

Burns and scalds are among the most distressing injuries that a child can receive. Although rarely fatal in children they may cause considerable pain, often need prolonged treatment and can result in lifelong disfigurement through scarring" (The Monash University Accident Research Centre (2004 p.11 Hazard 57)).

Each year in Victoria at least 350 children aged 0-4 years present to hospital emergency departments with hot drink scalds, most commonly from tea, coffee and boiled water. About 150 of these children require hospital admission. The most common scenario for scalds is a child pulling a cup of tea, coffee or hot water from its resting place (bench, table etc.) with the hot drink spilling over their head and face, upper arm and chest.

The Early Learning Centre recognises the role of educators and centre providers in educating parents/carers and the community in burn and scald prevention through the provision of information, role-modeling and safe practices.

Relevant Policies

- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing

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- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Excursions and Service Events
- Food Handling Guidelines
- Hygiene
- Incident, Injury, Trauma and Illness
- Interactions with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Staffing
- Supervision of Children

Related Sources

- Department of Health 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-themanagement-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) or 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-howto-keep-it-safe
- Food safety library: https://www2.health.vic.gov.au/public-health/food-safety/publications-guidesresources
- Introducing Standard 3.2.2A: Food safety management tools -https://www.health.vic.gov.au/food-safety/introducing-standard-322a-food-safetymanagement-tools
- 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

Relevant Legislation

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code
- Child Wellbeing and Safety Act 2005
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Food Act 1984 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2008 (Vic)

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OCCUPATIONAL HEALTH AND SAFETY

Policy Statement

Bayside ELC has a moral and legal responsibility to provide a safe and healthy environment for employees, children, parents/carers, students, volunteers, contractors and visitors. This policy reflects the importance Bayside ELC places on the wellbeing of employees, children, parents/carers, students, volunteers, contractors and visitors, by endeavouring to protect their health, safety and welfare, and integrating this commitment into all of its activities.

This policy will provide guidelines and procedures to ensure that:

- all people who attend the premises of Bayside ELC, including employees, children, parents/carers, students, volunteers, contractors and visitors, are provided with a safe and healthy environment
- all reasonable steps are taken by the Approved Provider, as the employer of staff, to ensure the health, safety and wellbeing of employees at the service

Purpose

Bayside Christian College ELC is committed to ensuring that:

- the management group, staff and volunteers are aware of their health and safety responsibilities as employers, employees and volunteers
- systematic identification, assessment and control of hazards is undertaken at the service
- effective communication and consultation form a fundamental part of the management process to encourage innovative ways of reducing risk in the service environment
- training is provided to assist staff to identify health and safety hazards which, when addressed, will lead to safer work practices at the service
- it fulfills its obligations under current and future laws (in particular, the Occupational Health and Safety Act 2004), and that all relevant codes of practice are adopted and accepted as a minimum standard

Application

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, children, parents/carers, students on placement, volunteers, contractors and visitors attending the programs and activities of Bayside ELC.

Definitions

Word/s	Definition
Duty of care	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children, staff, students, volunteers, contractors and anyone visiting the service with an adequate level of care and protection against reasonable foreseeable harm and injury
Hazard	An element with the potential to cause death, injury, illness or disease
Hazard Identification	A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

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Word/s	Definition
Hazard management	A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for employees, contractors and visitors while on the premises of Bayside ELC or while engaged in activities endorsed by Bayside ELC.
Harm	Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard
Material safety data sheet (MSDS)	: Provides employees and emergency personnel with safety procedures for working with toxic or dangerous materials. The data sheet includes all relevant information about the material such as physical properties (e.g. melting/boiling point, toxicity and reactivity), health effects, first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal and management of spills)
OHS Working Group	A group of staff that facilitates co-operation between an employer and employees in instigating, developing and carrying out measures designed to ensure the health and safety of employees in the workplace.
Risk	The chance (likelihood) that a hazard will cause harm to individuals
Risk assessment	A process for developing knowledge/understanding about hazards and risks so that sound decisions can be made about the control of hazards. Risk assessments assist in determining: • what levels of harm can occur • how harm can occur • the likelihood that harm will occur
Risk control	A measure, work process or system that eliminates an OHS hazard or risk, or if this is not possible, reduces the risk so far as is reasonably practicable.

Procedures

The Approved Provider is responsible for:

- providing and maintaining a work environment that is safe and without risks to health (OHS Act: Section 21). This includes ensuring that:
    o there are safe systems of work
    o all plant and equipment provided for use by staff, including machinery, appliances and tools etc., are safe and meet relevant safety standards
    o substances, and plant and equipment, are used, handled, and stored safely
    o material safety data sheets are supplied for all chemicals kept and/or used at the service (refer to www.ohsinecservices.org.au)
    o there are adequate welfare facilities e.g. first aid and dining facilities etc.
    o there is appropriate information, instruction, training and supervision for employees

(Note: This duty of care is owed to all employees, children, parents/carers, volunteers, students, contractors and any members of the public who are at the workplace at any time)

- ensuring there is a systematic risk management approach to the management of workplace hazards. This includes ensuring that:
    o hazards and risks to health and safety are identified, assessed and eliminated or, if it is not possible to remove the hazard/risk completely, effectively controlled

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- - measures employed to eliminate/control hazards and risks to health and safety are monitored and evaluated regularly
- ensuring regular safety audits of the following:
  - indoor and outdoor environments
  - all equipment, including emergency equipment
  - playgrounds and fixed equipment in outdoor environments
  - cleaning services
  - horticultural maintenance
  - pest control
- monitoring the conditions of the workplace and the health of employees (OHS Act: Section 22)
- protecting other individuals from risks arising from the service's activities, including holding a fete or a working bee etc., or any activity that is ancillary to the operation of the service e.g. contractors cleaning the premises after hours (OHS Act: Section 23)
- providing adequate instruction to staff in safe working procedures, and informing them of known hazards to their health and wellbeing that are associated with the work that they perform at the service
- ensuring that all plant, equipment and furniture are maintained in a safe condition
- developing procedures to guide the safe use of harmful substances, such as chemicals, in the workplace
- ensuring that OHS accountability is included in all position descriptions
- allocating adequate resources to implement this policy
- displaying this policy in a prominent location at the service premises
- ensuring the physical environment at the service is safe, secure and free from hazards for children
- implementing/practising emergency and evacuation procedures
- implementing and reviewing this policy in consultation with the Nominated Supervisor, educators, staff, contractors and parents/carers
- identifying and providing appropriate resources, induction and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
- ensuring the Nominated Supervisor, educators, staff, contractors, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy
- consulting appropriately with employees on OHS matters including:
  - identification of hazards
  - making decisions on how to manage and control health and safety risks
  - making decisions on health and safety procedures
  - the need for establishing an OHS committee and determining membership of the committee
  - proposed changes at the service that may impact on health and safety
  - establishing health and safety committees
- notifying WorkSafe Victoria about serious workplace incidents, and preserving the site of an incident (OHS Act: Sections 38–39)
- holding appropriate licenses, registrations and permits, where required by the OHS Act
- attempting to resolve OHS issues with employees or their representatives within a reasonable timeframe
- not discriminating against employees who are involved in health and safety negotiations
- allowing access to an authorised representative of a staff member who is acting within his/her powers under the OHS Act

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- producing OHS documentation as required by inspectors and answering and questions that an inspector asks
- not obstructing, misleading or intimidating an inspector who is performing his/her duties.

The Nominated Supervisor is responsible for:

- ensuring that all educators/staff are aware of this policy, and are supported to implement it at the service
- organising/facilitating regular safety audits of the following:
  - indoor and outdoor environments
  - all equipment, including emergency equipment
  - playgrounds and fixed equipment in outdoor environments
  - cleaning services
  - horticultural maintenance
  - pest control
- ensuring that all cupboards/rooms are labelled accordingly, including those that contain chemicals and first aid kits, and that child-proof locks are installed on doors and cupboards where contents may be harmful
- ensuring the physical environment at the service is safe, secure and free from hazards for children
- ensuring that all equipment and materials used at the service meet relevant safety standards
- ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children
- implementing and practising emergency and evacuation procedures
- implementing and reviewing this policy in consultation with the Approved Provider, educators, staff, contractors and parents/carers
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy.

Certified Supervisors and other educators/staff are responsible for:

- taking care of their own safety and the safety of others who may be affected by their actions
- co-operating with reasonable OHS actions taken by the Approved Provider, including:
  - following OHS rules and guidelines
  - helping to ensure housekeeping is of the standard set out in service policies
  - attending OHS training as required
  - reporting OHS incidents
  - co-operating with OHS investigations
  - encouraging good OHS practices with fellow employees and others attending the service
  - assisting the Approved Provider with tasks relating to OHS, such as conducting OHS inspections during working hours
- not interfering with safety equipment provided by the Approved Provider
- practising emergency and evacuation procedures
- ensuring the physical environment at the service is safe, secure and free from hazards for children
- maintaining a clean environment daily, and removing tripping/slipping hazards as soon as these become apparent
- ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children

- implementing and reviewing this policy in consultation with the Approved Provider, Nominated Supervisor, educators, staff, contractors and parents/carers.

Students on placements, volunteers, contractors and parents/carers at the service are responsible for:

- being familiar with this policy
- co-operating with reasonable OHS rules implemented by the service
- not acting recklessly and/or placing the health and safety of other adults or children at the service at risk.

Background

Everyone involved in an early childhood education and care service has a role to play in ensuring the service's operations are safe and without risk to the health and safety of all parties. In Victoria, health and safety in the workplace is governed by a system of laws, regulations and compliance codes that set out the responsibilities of employers and employees to ensure safety is maintained at work.

The Occupational Health and Safety Act 2004 (OHS Act) sets out the key principles, duties and rights in relation to workplace health and safety. The Occupational Health and Safety Regulations specifies the ways duties imposed by the OHS Act must be undertaken and prescribes procedural/administrative matters to support the OHS Act, such as requiring licenses for specific activities, or the need to keep records or notify authorities on certain matters.

The legal duties of an employer under the OHS Act are:

- to provide and maintain a workplace that is safe and without risk to the health of employees. This responsibility extends to contractors for routine tasks over which the employer has management. For contractors completing non-routine tasks, the employer must ensure that the service's daily operations and layout do not pose unreasonable risks
- to ensure other individuals, such as families and visitors, are not exposed to health and safety risks arising from the organisation's activities
- to consult with employees about OHS matters that will, or will likely, affect employees directly, including identifying hazards and assessing risks, and making decisions about risk control measures

The OHS Act places the responsibility on employees for:

- taking care of their own safety and the safety of others who may be affected by their actions
- co-operating with reasonable OHS actions taken by the employer, including following guidelines, attending OHS-related training, reporting incidents, cooperating with OHS investigations, encouraging good OHS practice with fellow employees and others at the service, and assisting the employer with conducting OHS inspections during operating hours
- not interfering with safety equipment provided at the service, such as fire extinguishers

Relevant Policies

- Child Safe Environment Policy
- Water Safety Policy
- Excursions Policy
- OHS Reference Guide

Related Sources

- Early Childhood Management Manual, KPV
- Getting into the Act, WorkSafe Victoria
- Getting help to improve health and safety, WorkSafe Victoria
- Guide to the OHS Act 2004, WorkSafe Victoria

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- Managing safety in your workplace, WorkSafe Victoria
- OHS in Early Childhood Services (KPV): www.ohsinecservices.org.au
- WorkSafe Victoria: www.worksafe.vic.gov.au

Legislation

Relevant legislation and standards include but are not limited to:

- Accident Compensation Act 1985 as amended 2007
- AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems
- Education and Care Services National Law Act 2011
- Education and Care Services National Regulations 2011
- 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: Leadership and Service Management
- Occupational Health and Safety Act
- Occupational Health and Safety Regulations

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ONLINE SAFETY FOR CHILDREN

Policy Statement

This policy provides guidelines for Bayside ELC 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

Purpose

Bayside ELC is committed to:

- 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

Application

This policy applies to the Bayside Christian College, staff, parents/carers, children, volunteers and visitors involved with Bayside ELC.

Definitions

Word/s	Definition
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
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.

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Word/s	Definition
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 analogue 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

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Designating a staff member/s to champion online safety and be a first point of contact for early childhood teachers, educators, staff, parents/carers and children to report online safety issues	R	X			
Ensuring the online environment is used in accordance with Code of Conduct, Child Safe Environment and Wellbeing and Mental Health and Wellbeing Policy	R	R	X		X
Early childhood teachers and educators engaged in professional learning about online safety (such as eSafety's professional learning modules, enabling them to identify and mitigate the risks associated with being online	X	X	X		X
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	X	X			
Engaging in professional learning to build capacity and support the implementation of online safety education.	X	X	X		X
Ensuring that early childhood teachers and educators are aware of and compliant with Information and Communication Technology and Privacy and Confidentiality policies	R	R	X		X
Prior to children's use, undertake a risk assessment of all online tools and platforms	R	R	X		X
Considering risk management plans when engaging with third party contractors to assess whether, and to the extent to which, the	R	R			

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engagement of third-party contractors poses risks of child abuse and harm					
Ensuring safety procedures are developed and implemented when using digital communication platforms with children and their families	R	R	X		X
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	R	R	X	X	X
Ensuring there are procedures and processes around the capturing, storing and sharing of children's images and videos	R	R	X	X	X
Creating a shared understanding with, families, early childhood teachers and educators about digital technology use, by adults, in front of children	X	X	X	X	X
Ensuring that appropriate filtering and monitoring are in place for all devices used at the service	R	R	X		X
Reviewing online safety education annually to identify strengths and weaknesses and update to ensure relevance to online safety issues, risks, and harms	R	X	X	X	X
Ensuring parents/carers are involved in the development and review of the Online Safety for Children policy	R	X		X	
Providing families with information on where to go for help with online safety issues, including the eSafety Commissioner	X	X	X		X
Regularly discussing concepts of 'being online' or 'the internet' and online safety with children		X	X	X	X
Providing children with the opportunity to engage in digital play through communicating, creating and consuming digital content in safe and age-appropriate ways	X	X	X	X	X
Providing proactive supervision when young children are using digital technology	R	X	X	X	X
Ensuring an online safety agreement is created in collaboration with children and families	X	X	X		
Developing and implementing a digital learning environment and opportunities that are accessible to and relevant for all age groups	X	X	X		

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Using digital technologies to promote social interactions between children, peers and early childhood teacher/educators	X	X	X		
Teaching digital citizenship and digital/media literacy to support critical thinking		X	X		X
Developing social and emotional learning skills to support children' understanding and management of emotions, respectful online relationships and resilience		X	X		X
Providing opportunities for children to explore and experiment with the functions of a diverse range of digital technologies alongside adult modelling and instruction in digital technology use		X	X		X
Considering the needs of all children including those with disability, Aboriginal and Torres Strait Islander students, LGBTQI students, those from diverse linguistic and cultural backgrounds, children experiencing family breakdown or in out of home care and others who may be more vulnerable and susceptible to online harms.	R	X	X		X
Modelling self-regulated digital technology use with children and families that recognises the importance of sustained social interactions between children and adults		X	X		X
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	X	X	X
Ensuring processes are in place to ensure children and parents/carer who speak languages other than English understand this policy	R	X			
Upholding children's rights to provision, participation and protection in digital environments	R	X	X		X
Ensuring children know what to do if they encounter inappropriate materials online	R	X	X		X
Receiving photography and video consent from parents/carers before taking photos or videos	X	X	X		X
Implementing the uses of technologies in everyday life and use real or imaginary technologies as props in children's play		X	X		X
Supporting the use of digital technologies in the curriculum as tools for designing, drawing, editing, reflecting and composing		X	X		X

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Modelling internet use with children for learning purposes and provide opportunities for assessing the quality and relevance of information.		X	X		X
Providing opportunities for children to explore and experiment with the functions of a diverse range of digital technologies alongside adult modelling and instruction in digital technology use.		X	X		X
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		X	X		X
Providing digital technology experiences for young children that promote movement opportunities		X	X		X
Ensuring that screen-based digital use while sitting is only for short periods and does not replace periods of active physical movement		X	X		X
Promoting postural awareness and change by providing a variety of spaces and heights for children to use digital technologies		X	X		X
Helping children develop self-regulation for using digital technologies and support them to transition from digital to non-digital activities		X	X		X
Encouraging the use of digital technologies in the curriculum for children to access images and information, explore diverse perspectives and make sense of their world		X	X		X
Teaching children skills and techniques that encourage them to use technologies to explore new information and represent their ideas.		X	X		X
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.	X	X	X		
Direct 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	X	X	X		

Relevant Policies

- Child Safe Environment and Wellbeing
- Complaints

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- Curriculum Development

- Enrolment and Orientation

- Inclusion and Equity

- Information Communication Technology

- Interactions with Children

- Occupational Health and Safety

- Privacy and Confidentiality

- Supervision of Children

Related 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-lawregulations/approved-learning-frameworks

- eSafety Commissioner: https://www.esafety.gov.au/

- eSafety's professional learning modules: https://www.esafety.gov.au/educators/training-forprofessionals/early-years

- Online Safety Agreement: https://www.esafety.gov.au/educators/early-years-program/online-safetyagreement

- 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/nationallaw-regulations/approved-learning-frameworks

Relevant Legislation

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 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

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy

- complaints and incidents in relation to this policy

- changes in legislation

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- changes with operations of Bayside ELC.

PARENTAL ACCESS AND INVOLVEMENT

Policy Statement

This policy will outline how parents/carers access and involvement is to be provided.

Purpose

Bayside ELC is committed to:

- Promoting and providing opportunities for parents/carers involvement in all components of program delivery.

- Recognising parents/carers have been given the responsibility by God to be the first and continuing carers and educators of their children.

- Listening to parents/carers knowledge of their child to ensure the program provided is responsive to the individual needs of each child.

- Fostering a spirit of cooperation between the parents/carers of the children attending the centre and the staff.

- Compliance with all funding and legislative requirements.

- Supporting a culture which is sensitive to the cultural and social background of families attending the centre.

While the centre acknowledges parents/carers access and involvement is an integral part of the operation of the centre, the staff's duty of care to the children is of prime consideration and it will take precedence over parents/carers participation in the program if this is deemed to place children at risk.

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
Child-related work	In relation to the WWC Check , child-related work includes work with children which may involve physical contact, face-to-face contact, oral, written or electronic communication
Parent Helper	A parent or carer who provides unpaid support to their child's group on an infrequent basis, e.g. once or twice per term at most. Note: A Working with Children Check is required for Parent Helpers
Volunteer	A parent/carer, family or community member who provides unpaid support to the service on a regular basis, generally with a set schedule and routine. These activities may include child-related work, administrative tasks, or preparing materials or food. Note: A Working with Children Check is mandatory for volunteers

Procedures

Bayside ELC will:

- Provide access for parents/carers to the service at any time their child is attending

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- Encourage and support parent participation and involvement in all aspects of the service.
- Encourage communication between families and Bayside ELC.
- Review the programs provided (i.e. the sessions and times that children attend), taking into account feedback from families/carers in the development of future program models.

The ELC Director is responsible for:

- Ensuring parents/carers are able to access the centre at any time during the hours of operation.
- Ensuring a range of communication strategies are in place to enable and encourage parents/carers participation and involvement in all aspects of the centre. Participation will be welcome at all levels, be it active support at working bees, or involvement in the children's program.
- Ensuring opportunities are provided for communication between parents/carers and the staff. This can be facilitated through such things as informal discussions, surveys, notice board displays, social events, newsletters.
- Reviewing the programs provided (that is, the sessions and times that children attend at the centre), taking into account feedback from parents/carers in the development of future program models.

The staff are responsible for:

- Providing access for parents/carers to the centre at any time their child is attending a program at the centre.
- Ensuring all communication with parents/carers is sensitive to the cultural and social backgrounds of each individual family, their lifestyles and their child-rearing practices.
- Providing access to interpreters, translated materials and other resources as needed to implement this policy.
- Providing parents/carers with information about how the educational program at the centre is developed and the philosophy on which it is based.
- Developing the educational program, in consultation with parents/carers, incorporating the development of children's language, physical skills, emotional and cognitive processes and social interaction skills.
- Offering a variety of opportunities for parents/carers to participate directly in the children's program, including spending time with the children, assisting with activities, excursions and special events and volunteering special skills to share with the children. In addition, providing opportunities for them to offer feedback to the staff concerning the program.
- Encouraging parents/carers to contribute their suggestions regarding any aspect of the program through discussions with the staff.
- Providing the parents/carers with opportunities for communication about their child, either informally before or after the program, or by appointment during the staff member's non-contact time with the children and encouraging parents/carers to take up these opportunities.
- Developing strategies which contribute to a partnership approach with parents/carers to create a two-way process of knowledge and information sharing. For example individual journals (photos, daily stories) which children are able to take home and share with their family on a regular basis.
- Providing opportunities for parents/carers to discuss the individual records the qualified staff member has recorded of their child.
- Providing information regarding the educational program through bulletin boards and regular newsletters, which will show an understanding of, and consideration for, the relevant languages and cultural diversity of the families using the centre.

The parents/carers are responsible for:

- Reading information provided from the centre, this can include information handbooks, newsletters, policies, children's program, notice board displays etc.
- Participating in centre events, for example working bees, the children's program.

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- Communicating information about their child/ren with staff, including significant events in the child's life, such as the arrival of a new baby, grandparents visiting from overseas.
- Contributing feedback and ideas for the children's program.

Relevant Policies

- Child Safe Environment and Wellbeing
- Code of Conduct
- Complaints
- Delivery and Collection of Children
- Inclusion and Equity
- Interactions with Children
- Occupational Health and Safety
- Participation of Volunteers, Students and Contractors
- Privacy and Confidentiality
- Staffing
- Supervision of Children

Related 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 unit, Department of Justice & Regulation – provides details of how to obtain a WWC Check: www.service.vic.gov.au

Relevant Legislation

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)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.

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PARTICIPATION OF PARENTS/CARERS, VOLUNTEERS AND PRACTICUM STUDENTS

Policy Statement

This policy will provide guidelines to promote desirable and appropriate behaviour to ensure that all interaction with children and adults is respectful, honest, courteous, sensitive, tactful and considerate.

Purpose

Bayside ELC is a place of learning for young children and therefore the rights of the child will be considered first and foremost.

Bayside Christian College is committed to:

- The wellbeing of each child having fundamental importance.
- The provision, as far as practicable, of a safe and secure environment.
- Providing an open and welcoming environment where everyone's contribution is valued and respected.
- Encouraging parents/carers, volunteers and community members to support and participate in our centre's program.

Application

This policy applies to all adults, including parents/carers, extended family, visitors and other association members, and students on placement of Bayside ELC.

Definitions

Word/s	Definition
Child-related work	In relation to the WWC Check , 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 judgement or conduct of the volunteer, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the volunteer, but also their relatives, friends or business associates.
Contractor	: A person or business that undertakes work for or provides services to another person or business, they are not employed by that person or business. Note: A Working with Children Check is mandatory for contractors who attend a service on a regular basis whilst children are present, and strongly encouraged for contractors who attend outside of service hours or for occasional or emergency works
Parent Helper	: A parent or carer who provides unpaid support to their child's group on an infrequent basis, e.g. once or twice per term at most. Note: A Working with Children Check is strongly encouraged for Parent Helpers
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

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Word/s	Definition
Volunteer	A parent/carer, family or community member who provides unpaid support to the service on a regular basis, generally with a set schedule and routine. These activities may include child-related work, administrative tasks, or preparing materials or food. Note: A Working with Children Check is mandatory for volunteers

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Developing guidelines for accepting applications from volunteers and students to work at the service in consultation with the nominated supervisor, ECT and educators and which are aligned with the Child Safe Environment and Wellbeing Policy	X	X	X		
Accepting or rejecting a potential volunteer or student based on the circumstances of the service at the time, in consultation with the nominated supervisor	X	X			
Obtaining a valid WWC Check and providing details to the service prior to commencement Note: Regular contractors who attend whilst children are present are required to hold a current working with children check. Contractors who attend outside of service hours, or who attend for occasional or emergency works, are strongly recommended to hold a current working with children check, however it is not mandatory. Contractors must sign-in and record their details using the specific contractor sign-in QR code at each service	X	X	X	X	X
Checking the status of the Working with Children (WWC) Clearance of volunteers, students and contractors where required, and for volunteers and	R	X			

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students, ensuring that the WWCC details are recorded in the staff record.					
Ensuring that the staff record contains the full name, address and date of birth of volunteers and students attending the service (Regulations 145, 149(1))	R	X			
Keeping a record for each day on which each student or volunteer participates with the date and the hours of participation (Regulation 149(2))	R	X			
Ensuring that volunteers, students and parents/carers work under direct supervision of service staff at all times, and that the health, safety and wellbeing of children at the service is protected. NOTE: Volunteers and parents/carers must not provide any toileting/bathroom/changeroom assistance to any child but their own	R	X	X		
Ensuring that contractors working within the vicinity of children are under the direct supervision of staff at all times, and that the health, safety and wellbeing of children at the service is protected.	R	X	X		
Following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.				X	X
Ensuring volunteers, students and contractors 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) or to undertake their work	R	X	X	X	X
Providing volunteers, students and parents/carers with access to all service policies and procedures (Regulation 171), and access to the Education and Care Services National Regulations 2011 and Education and Care Services National Law (Regulation 185)	R	X			
Ensuring that volunteers, students, contractors and parents/carers comply with the Education and Care Services National Regulations 2011 and all relevant service policies and procedures (Regulations 170)	R	X	X	X	X
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 Policy, Child Safe Environment and Wellbeing Policy, Interactions with Children Policy and Privacy and Confidentiality Policy while attending the service				X	X

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Ensuring that volunteers, students and parents/carers are aware of how to comply with child protection law and Child Safe Standards obligations	R	X		X	
Ensuring volunteers, students and parents/carers 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	X	X		
Informing volunteers, students and parents/carers of the services Dealing with Medical Conditions Policy (Regulations 90, 168(2)(d), 170, 171)	R	X	X		
Informing volunteers, students and parents/carers of the services emergency and evacuation procedures (Regulations 97, 168 (2)(e))	R	X	X		
Developing an induction checklist for volunteers and students attending the service in consultation with the nominated supervisor and educators.	R	X	X		
Ensuring that volunteers and students have completed the induction and have been provided with a copy of the staff handbook, if applicable. Note: Contractors will complete a specific induction through the Facilities Manager	R	X	X		X
Developing a range of strategies to enable and encourage the participation and involvement of parents/carers at the service	X	X			

General guidelines for interactions

- Safety: Comply with all policies and procedures of Bayside Christian College and Bayside ELC. These are displayed at the Early Learning Centre. Be aware of emergency evacuation procedures.
- Ethical conduct: Pray regularly. Always act in the best interests of children, their families and users of the Early Learning Centre.
- Support: Work in a cooperative and positive manner.
- Communication: Use courteous and acceptable verbal and nonverbal language. Refrain from the use of profane, insulting, harassing, aggressive or otherwise offensive language.
- Respect: Value the rights, religious beliefs and practices of individuals. Refrain from actions and behaviour that constitute harassment or discrimination.
- Confidentiality: Comply with the Privacy Policy. Respect the confidential nature of information gained, or behaviour observed, whilst participating in the program, in relation to other children and adults.
- Children's program: If participating in the program seek guidance and direction from staff. If unsure ask staff for further information. Behaviour Management of the children is the responsibility of staff, immediately refer any issues or concerns related to managing children's behaviour to staff.

All adults are responsible for:

- Respecting the individual needs, cultural practices and beliefs of families in all interactions, both verbal and non-verbal.

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- Working with colleagues and parents/carers to provide an environment that encourages positive interactions and supports constructive feedback.

- Providing guidance to parents/carers and volunteers through positive role modeling and, when appropriate, clear and respectful directions.

- Ensuring practices and procedures are in place to ensure that parents/carers on duty, or other adults participating in the program, are not placed in a situation where they are left alone with a child.

The parents/carers are responsible for:

- Abiding by the standards of conduct as set out in this policy

- The withdrawal or suspension of a child's place in the program due to the parents/carers serious breach of the code of conduct. This action will only be taken if no other alternatives are deemed appropriate by the College.

Emergency situations

In an emergency situation, where it is believed that staff, children or parents/carers are at immediate risk (for example violence has been threatened or perpetrated) the staff members and the ELC Director involved need to be able to act quickly and decisively.

The Principal is delegated the authority to determine suitable actions, which may include, but may not be limited to:

- Applying immediately for a restraining order (via the legal system).

- Suspending the relevant person/s from attending Early Learning Centre until the ELC Director has investigated and decided on an appropriate course of action. If required, notify the parents/carers that alternate arrangements will need to be organised for the delivery/collection of their child to ensure that the suspended person does not attend the centre.

- Suspension of a child's place in the program due to the suspended person still attending the Early Learning Centre after they have been advised not to.

Standards of Conduct

Behavioural practices to follow in relation to children:

- Pray regularly for children

- Be a positive role model at all times.

- Always speak in an encouraging and positive manner.

- Listen actively to children and offer empathy, support and guidance where needed.

- Regard all children equally and with respect and dignity.

- Physical contact with children other than your own should be avoided unless directed by staff or if the safety of a child is compromised (this should be reported immediately to staff)

- Inform children if physical contact is required for an activity and ask them if they are happy to proceed.

- All interactions with children should be undertaken in full view of other adults.

- Never do things of a personal nature for a child that they can do themselves, for example, assisting them in going to the toilet or changing their clothes.

In relation to other adults (including staff)

- Use respectful, encouraging and accepting language.

- Respect the rights of others as individuals.

- Give encouraging and constructive feedback rather than negative criticism.

- Accept staff decisions and follow their directions at all times. Speak with the staff member if you have a problem complying with any directions.

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- Be aware of routines and guidelines for children's play within the centre, abide by them and seek advice when unsure.

- Be aware of emergency evacuation procedures.

- Discipline of children is the responsibility of staff and therefore any matters or concerns related to managing children's behaviour should be referred to staff immediately.

- Avoid approaching staff to discuss a child during a session. Seek an alternative time when staff are free from contact duties with children.

- Refrain from public criticism of children and adults at Bayside ELC.

- Any issues or grievances should be raised as outlined in the Complaints Policy.

- Under NO circumstance should a child, parents/carers or member of staff be approached directly in a confrontational manner.

- Smoking is prohibited on Bayside Christian College property at all times.

In general

- Bayside ELC staff are responsible for the children that are enrolled and signed in, that is those children attending the children's program.

- Parents/carers, and other persons attending with children not enrolled in the program, are responsible for supervision of their children at all times. This is particularly important, for example, during outdoor time as the climbing equipment may be set-up for four to five year-olds and could be hazardous for younger siblings participating in the program.

- Adults are responsible for all children who accompany them, for example while on duty, drop off and pickup time, ensuring they do not inhibit or disrupt the program in any way

- Parents/carers must clean up after their children and leave all areas as they were found.

- Staff may ask parents/carers to remove children not enrolled and signed into the program if they are disturbing the program.

- Parents/carers will also be responsible for children's behaviour when attending other activities and the child is not signed into the program, for example working bees, family nights.

Relevant Policies

- Child Safe Environment and Wellbeing

- Code of Conduct

- Complaints

- Delivery and Collection of Children

- Determining Responsible Person

- Inclusion and Equity

- Interactions with Children

- Occupational Health and Safety

- Parental Access and Involvement

- Privacy and Confidentiality

- Staffing

- Supervision of Children

Related 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 unit, Department of Justice & Regulation – provides details of how to obtain a WWC Check: www.service.vic.gov.au

Relevant Legislation

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)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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PRIVACY AND CONFIDENTIALITY

Policy Statement

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 Bayside ELC
- 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.

Purpose

Bayside ELC 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.

Application

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-today charge, early childhood teachers, educators, staff, students, volunteers, parents/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

Definitions

Word/s	Definition
Child Information Sharing Scheme (CISS)	enables Information Sharing Entities (ISE) (s) 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
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

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Word/s	Definition
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.
Health information	Any information or an opinion about the physical, mental, or psychological health or ability (at any time) of an individual.
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 the 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 ISEs. All ISEs 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 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 or the new Australian Privacy Principles or any relevant code of practice
Risk Assessment Entity (RAE)	Under FVISS, there is also a subset of specialist ISEs known as Risk Assessment Entities that are able to receive and request information for a family violence assessment purpose. RAEs have specialised skills and authorisation to conduct family violence risk assessment, examples can include but not limited to Victorian Police, 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.

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Responsibilities

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R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring all records and documents are maintained and stored in accordance with Regulations 177, 181 and 183 of the Education and Care Services National Regulations 2011	R	X	X		x
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: • 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 and all relevant forms • 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 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	X			
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	X			

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Reading and acknowledging they have read the Privacy and Confidentiality Policy, including the Privacy Statement	R	X	X	X	X
Maintaining the management of privacy risks at each stage of the information lifecycle, including collection, use, disclosure, storage, destruction or de-identification	R	X	X		
Protecting personal information from misuse, interference, loss and unauthorised access, modification or disclosure, as well as unauthorised access, modification or disclosure.	R	X	X		
Identifying and responding to privacy breaches, handling access and correction requests, and receiving and responding to complaints and inquiries	R	X			
Providing regular staff training and information on how the privacy legislation applies to them and the service	R	X			
Ensuring appropriate supervision of staff who regularly handle personal, sensitive, and health information	R	X			
Ensuring that personal, sensitive, and health information is only collected by lawful and fair means, and is accurate and complete	R	X	X		
Ensuring parents/carers 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 and all relevant forms	R	X	X		
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	R	X	X	X	X
Ensuring written consent is obtained from authorised nominees (including the other parent) before any personal information about them is disclosed to a parent, including information that may be contained in the following documents: • the documentation of child assessments or evaluations for delivery of educational programs • an incident, injury, trauma and illness record • a medication record • a children's attendance record • a child's enrolment record					
Providing adequate and appropriate secure storage for personal, sensitive, and health information collected by the service, including electronic storage	R	X			

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Ensuring that records and documents are kept in accordance with Regulation 183	R	X	X		
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	X			
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	X			
Ensuring the unique identifiers are not adopted, used or disclosed unless lawfully required to	R	X			
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	R				
Complying with the Notifiable Data Breaches Scheme (s) which imposes an obligation to notify individual whose personal information is in a data breach that is likely to result in serious harm.	R	X			
Developing a data breach response plan that sets out the roles and responsibilities involved in managing a data breach, the steps taken if a data breach occurs and notifying the Office of the Australian Information Commission as appropriate.	R				
Promoting awareness and compliance with the Child Safe Standards (s), and disclosing information to promote the wellbeing and safety of a child or group of children	R	R	R		
Providing notice to children and parents/carers when photos/video recordings are going to be taken at the service	X	X	X		X
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	X	X	X	X	X
Being sensitive and respectful to parents/carers who do not want their child to be photographed or videoed	R	X	X	X	x

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Being sensitive and respectful of the privacy of other children and parent/carer in photographs/videos when using and disposing of these photographs/videos	R	X	X		
Establishing procedures to be implemented if parents/carers 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	X	X		
Including a confidentiality clause relating to appropriate information handling in the agreement or contract between a photographer and the service.	R	X			X
Ensuring information sharing procedures abide by the Child Information Sharing Scheme (CISS) Ministerial Guidelines and Family Violence Information Sharing (FVISS) Ministerial Guidelines and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it	R	R	R		
Identifying which staff should be authorised point of contact in relation to the CISS and the FVISS	R	X			
Ensuring the authorised point of contact undertakes appropriate training and is aware of their responsibilities under the CISS and FVISS	R	X			
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		R	R		
Communicating to staff about their obligations under the Information Sharing Schemes, and ensure they have read this policy	R	X			
Providing opportunities for identified ISE staff to undertake the appropriate Information Sharing and MARAM online learning system training	R	X			
Engaging in training about information sharing schemes and MARAM online Learning system training	X	X	X		
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	X	X	X		
Ensuring any requests from ISE's are responded to in a timely manner and provide relevant information if the requirements for sharing under the CISS or FVISS (s) are met	R	R	R		

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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	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	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	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	R	R	R		
Providing notice to children and parents/carers when photos/video recordings are going to be taken at the service	X	X	X		X
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	X	X	X	X	X

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Being sensitive and respectful to parents/carers who do not want their child to be photographed or videoed	R	X	X	X	X
Being sensitive and respectful of the privacy of other children and families in photographs/videos when using and disposing of these photographs/videos	R	X	X		
Establishing procedures to be implemented if parents/carers 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	X	X		
Including a confidentiality clause relating to appropriate information handling in the agreement or contract between a photographer and the service.	R	X			x

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 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. The MARAM Framework aims to establish a system-wide shared understanding of 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

Relevant Policies

- Child Safe Environment and Wellbeing
- Code of Conduct
- Complaints

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- Delivery and Collection of Children

- Enrolment and Orientation

- College Child and Family Violence Information Sharing Policy

- College Child and Family Violence Information Sharing Procedure

- Information, Communication and Technology

- College Privacy Policy

- College Privacy and Data Breach Manual

- Staffing

- Inclusion and Equity

Related Sources

- Child Care Service Handbook Version 2, 2019: www.dese.gov.au/resources-child-care-providers/resources/child-careprovider-handbook

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

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

- 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: https://www.education.vic.gov.au/Documents/school/teachers/health/V10_Info%20Sharing%20and%20Family%20Violence%20Reforms%20Contextualised%20Guidance.pdf

- Information Sharing and Family Violence Reforms Toolkit: www.vic.gov.au/guides-templates-tools-for-informationsharing

- 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

Relevant Legislation

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

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- Education and Care Services National Regulations 2011: Regulations 177, 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 Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013 (Cth)
- Public Records Act 1973 (Vic)

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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RECORD MANAGEMENT AND ARCHIVING

Policy Statement

Bayside ELC is committed to ensuring that all records are managed in an efficient, systematic and transparent way. It is our policy that records are kept up to date, indexed in a logical manner that facilitates easy location, retrieval and association of related information; and preserved in a suitable physical or digital environment that ensures records are not subject to degradation, loss, alteration or corruption.

Purpose

This policy provides a high level overview of the different categories of records Bayside ELC may retain and focuses on the retention of records which contain personal information. Records and personal information are terms defined by the Privacy Act 1988 (the Privacy Act).

Records containing personal information, in particular sensitive information, will be retained as a matter of good risk management practice. These may include records of accidents, reportable conduct under child protection laws, litigious history, student/staff complaints or critical incident reports.

Creation

Records are maintained to enable Bayside ELC:

- to function efficiently (e.g. planning documents, employment files),
- for legal and compliance reasons (e.g. enrolment register, financial records),
- to provide a basis for future decision-making (e.g. performance management records), and
- for the historic record.

Particular attention will be paid to the creation of records that have heightened importance due to their requirements for business continuity, legal and financial accountability, confidentiality and sensitivity.

Bayside ELC will have a mix of electronic and hard copy records.

Capture

Information is captured in accordance with the College's Privacy Policy.

Control

Records within the College's systems are appropriately controlled to protect their integrity. In order to ensure the College-wide integrity of records, appropriate control procedures are implemented.

Storage

The College ensures that the storage and protection of records is planned. Regardless of format or location, the College ensures that all records are locatable, secure from unauthorised access and preserved. This includes the storage of physical records, electronic records, and physical devices and hardware used to store electronic records.

Records no longer in current use (inactive records) are generally stored as archived material wherever possible in electronic form. Archives will be catalogued so records can be easily retrieved when required. Archived records will be monitored against the record retention schedule to determine when the record is to be destroyed or whether it is to be retained as a permanent record.

Access

Records can only be used if they are appropriately accessible. Access to records must adhere to the College's Privacy Policy. The College will define access for each type of record, bearing in mind the commitments to both transparency and security (e.g. a parent would have access to their child's attendance records but not to those of other students; attendance data would be appropriately aggregated for all parents to have access to that information.

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Bayside ELC will retained the following records for the minimum specified time period as required by Education and Care Services National Law and National Regulations:

- Records related to chid sexual abuse the has or is alleged to have occurred, will be retained for at least 45 years from the date the record is created.

- Incident, injury, trauma and illness records, will be retained for at least until the child is 25 years old. However as per the recommendation from the Royal Commission into Institutional Reponses to Child Sexual Abuse, Bayside ELC will retain these records for 45 years from the date the record was created.

- Records relating to the death of a child that occurred whilst being educated and cared for by the service, or that may have occurred as a result of an incident while being educated and cared for by the service – until the end of 7 years after the child's death.

- All other records, including those relating to a staff member, volunteer or student will be retained in accordance with the General Retention & Disposal Authority for School Records and General Retention & Disposal Authority for Records of Common Administrative Functions.

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SAFE TRANPORT

Policy Statement

This policy defines the responsibilities of Bayside ELC 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

Purpose

Bayside ELC is committed to:

- the rights of children to travel safely as passengers, pedestrians and cyclists
- the role of families as who are children's first and most influential educators (EYLF V2.0, 2022)

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during excursions, regular outings, and transportation.

This policy must be read in conjunction with:

- Excursions and Service Events Policy
- Supervision of Children Policy
- Accident, Injury, Trauma and Illness Policy

Definitions

Word/s	Definition
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.
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

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Word/s	Definition
	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
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

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring the embedding in the curriculum of road safety education, based on the National Practices for Early Childhood Road Safety Education	X	X	X		
Working in collaboration to develop appropriate strategies to ensure that all children attending the service are included in road safety education	X	X	X		X
Ensuring early childhood teacher, educators and staff to participate in regular professional development	X	X			
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.		X	X		X

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Providing early childhood teachers and educators with access to a broad range of road safety education resources	X	X			
Ensuring the availability (in good condition) and use of bicycle helmets which meet Australian/New Zealand Standard 2063 for bicycles and wheeled toys	X	X	X		
Monitoring the correct use of bicycle helmets whenever bicycles or wheeled toys are used.		X	X		X
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.)	X	X	X		
Ensuring that parents/carers have access to this policy.	X	X	X		
Transportation of children for excursion					
Ensuring that a child is not transported without prior written authorisation by the parent/carer or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102 (4)	R	R	X		
Ensuring the risk assessment 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	X		
Ensuring all supervision requirements are met during transportation, including educator to child ratios Regulation 123	R	X	X		X
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	X	X		
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.	R	X	X		
Establishing agreed procedures for staff to follow where a child is observed being transported to or from the premises in an unsafe manner	X	X	X		X
Implementing the services-agreed procedures when notified or when there has been observation of child/ren being transported in an unsafe manner.	X	X	X		X

Relevant Policies

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- Acceptance and Refusal of Authorisations
- Child Safe Environment and Wellbeing
- Curriculum Development
- Delivery and Collection of Children
- Excursions and Service Events
- Inclusion and Equity
- Occupational Health and Safety
- Supervision of Children

Related 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: https://www.acecqa.gov.au/sites/default/files/202008/Infosheet-SafeTransportationOfChildren.pdf
- ACECQA, Changes to regular transportation of children commencing 1 March 2023 https://www.acecqa.gov.au/sites/default/files/2023-01/Info_Fact_Sheet_ChangesToRegularTransportationOfChildren_March2023_0.pdf

Relevant Legislation

Relevant legislation and standards include but are not limited to:
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 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)

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SERVICE CLOSURE: BUSHFIRE EMERGENCY MANAGEMENT

Policy Statement

This policy will:

● Provide guidelines as part of an Emergency Management Plan for the closure of service should a bushfire risk be imminent
● Outline a communication plan to disseminate information for parents and staff when the Centre will close due to imminent bushfire risk

Purpose

Bayside ELC is committed to:

● Providing a safe environment for all children, staff and persons participating in the program
● Ensuring that an appropriate response is provided, which meets the needs of children, their families and other users of the service during emergency incidents
● Providing effective procedures and communication to manage a service closure

Application

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/carers, children, and others attending the programs and activities of Bayside ELC.

Definitions

Word/s	Definition
Bushfire at-risk Register	Schools, kindergartens and child care facilities determined by the Department of Education and Training to be at high-risk of fire danger have been placed on a Bushfire At-Risk Register. Inclusion on this register is a trigger for the schools, kindergartens and child care facilities to close on days declared by fire authorities as being Code Red (Catastrophic).
Emergency management plan (EMP)	A written set of instructions to assist the staff and Approved Provider to deal with incidents or situations that could pose a threat to life, health or property
Fire Danger Ratings	A Fire Danger Rating is a prediction of fire behaviours, including how hard it would be to put out a fire once it starts. It provides information on: • the type of threat bushfires may pose to life and property on any day given the forecast weather conditions • the sort of bushfire Behaviour that could be experienced on that day (Country Fire Authority, 2009 Essential Information for the fire season, no matter where you live)
Pre-emptive closure	Closures which are pre-determined based on high risk register and the trigger of "Code- Red".
Voluntary Closures	The service decides to close voluntarily. A voluntary closure must consider their EMP and consider all criteria set out in this policy.

Bayside ELC is responsible for:

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- Ensuring the safety of all children, staff, parents and volunteers at the centre
- Providing support and advice to staff in order to determine the need for a closure

Staff are responsible for:

- Ensuring the safety of all children, staff, parents and volunteers at the centre

Parents are responsible for:

- The payment of fees (where applicable) including during periods of pre-emptive and voluntary closure
- Ensuring contact details including emergency contacts are up to date at all times

Emergency Management Plan

The College has an Emergency Management Plan that should be activated in of the following situations:

- Building Fire
- Bushfire/Grass fire
- Major External Emissions/Spills (includes gas leaks)
- Intruder/Personal Threat
- Bomb/Chemical Threat
- Bus Emergency while enroute
- Internal emission/spill
- Severe weather/storms and flooding
- Earthquake
- Influenza Pandemic

Relevant Policies

- Child Safe Environment and Wellbeing
- Emergency and Evacuation

Related Sources

- Australian Standards: Emergency control organisation for buildings, structures and workplaces (AS 3745–2002)
- Metropolitan Fire Brigade, Community Education Department
- Country Fire Authority, Community Infrastructure Section
- State Emergency Services, Emergency Management Consultancy Section
- WorkSafe Victoria

Relevant Legislation

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

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SAFE SLEEP, REST AND RELAXATION

Policy Statement

This policy will provide clear guidelines for the implementation of safe relaxation, rest and sleep practices that meet the individual needs of children attending Bayside ELC.

Purpose

Bayside ELC 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/carers about their child's individual rest, 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 (s) to all children at Bayside ELC, and ensuring that adequate supervision (s) 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.

Application

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/carers, children and others attending the programs and activities of Bayside ELC.

Definitions

Word/s	Definition
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.

Responsibilities

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that obligations under the Education and Care Services National Law and National Regulations (84A,B,C) are met	R	R	X	X	X
Conducting a Risk Assessment at least annually, and as soon a practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest (National Regulations 84C)	R	R	X		
Implementing the associated mitigation strategies, including any updates to policies and procedures, as a result of the risk assessment (National Regulations 84C)	R	R	X	X	X
Keeping records of all sleep and rest risk assessments that have been conducted (National Regulations 84C)	R	R	X		
Taking reasonable steps to ensure the sleep/rest needs of children at the service are met, with regard to the children's ages, developmental stages and individual needs (National Regulation 84B)	R	R	X		X
Ensuring the individual health care needs of children are met in relation to sleep and rest (National Regulation 84B)	R	R	X		X
Ensuring that requests from families about a child's sleep and rest and cultural preferences are considered (National Regulation 84B)	R	R	X		X
Ensuring children's sleep and rest is supervised, monitored and documented, including the completion of physical checks of sleeping children at least every 10 minutes, entailing checking the child's breathing (using touch, sight and sound), and the colour of the child's lips and skin tone (National Regulation 84B)	R	R	X		X

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Ensuring all educators, staff and volunteers comply with the recommendations of Red Nose in relation to best practices to adopt to ensure the safety of children during sleep and rest (National Regulation 84B)	R	R	X		X
Ensuring educators receive information, induction and training to have the required knowledge to effectively fulfil their roles, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time (National Regulation 84B)	R	R	X		X
Ensuring that the location and arrangement of sleep and rest areas meets the needs of the children at the service (National Regulation 84B)	R	R	X		X
Ensuring the safety and suitability of cots, bedding and bedding equipment, having regard to the ages and developmental stages of children who are using them (National Regulation 84B)	R	R	X		X
Managing hazards in sleep and rest areas and on a child during sleep and rest periods (National Regulation 84B)	R	R	X		X
Ensuring the physical safety and suitability of sleep and rest environments, including positioning within rooms, and appropriate temperature, lighting and ventilation (National Regulation 84B)	R	R	X		X
Communication of sleep and rest policies and procedures to parents/carers (National Regulation 84B)	R	R	X		X
Ensuring sleep and rest environments are free from cigarette, e-cigarette, or tobacco smoke (Regulation 82)	R	X	X		X
Developing relaxation and sleep practices that are responsive to: • 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	X	X		X
Ensuring cots (including evacuations cots) provided at the service comply with the most current Australian/New Zealand Standards	R	X			
Ensuring that hammocks, prams and strollers are not used to settle children to sleep	R	X	X		X

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Removing any hazards identified in the child's resting or sleeping environment and informing the approved provider, as soon as is practicable	R	X	X		X
Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping	R	X	X	X	X
Ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth		X	X		X
Ensuring that each child has their own bed linen (for services where children sleep), and that the Hygiene Policy and procedures are implemented for the cleaning and storage of cots, mattresses and linen		X	X		X
Ensuring that there is adequate space to store bedding in a hygienic manner	R	X	X		X
Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit, including in relation to staff lifting children into and out of cots	R	X	X		X
Providing information on (or authorisation to be kept with) their child's enrolment form if the child requires special items whilst resting or sleeping. E.g. a comforter or soft toy. Note: As per Red Nose Guidelines, such items are only for children aged 7 month or older				X	
Educating families about evidence-based safe sleeping practices	X	X	X	X	X
Assessing whether there are exceptional circumstances for alternative practices where medical needs or 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	X	X	X	X
Implementing the documented sleep regime and risk management strategies where in exceptional circumstances medical needs or family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices	R	X	X	X	
Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required	R	X	X	X	X
Ensuring that resting and sleeping practices are not used as a Behaviour Management strategy		X	X		X

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Providing a range of opportunities for relaxation throughout the day		X	X		X
Supervising children displaying symptoms of illness closely, especially when resting or sleeping		X	X		X
Documenting and communicating children's rest and sleep times to co-workers during shift changes (Early Learning Centres)		X	X		X
Developing communication strategies to inform parents/carers about their child's rest and sleep patterns, including times and length of sleep		X	X	X	X
Encouraging children's independence and assisting children with dressing as needed.		X	X		X

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, including the completion of a risk assessment.

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.

Relevant Policies

- Child Safe Environment and Wellbeing
- Hygiene
- Accident, Injury, Trauma and Illness
- Interactions with Children
- Occupational Health and Safety
- Supervision of Children

Related 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

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- Australian Competition & Consumer Commission (2016), Consumer product safety – a guide for businesses & legal practitioners: https://www.accc.gov.au/publications/consumer-product-safety-a-guide-forbusinesses-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: https://rednose.org.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-safetycompliance-kit

Relevant Legislation

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 (Vic)

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SAFE USE OF DIGITAL TECHNOLOGIES AND ONLINE ENVIRONMENTS

Policy Statement

Children's safety and wellbeing are paramount at Bayside ELC, including the safe use of digital technologies and online environments, including for children's learning and development and maintaining records..

Purpose

This policy provides guidelines to ensure that all users of digital technologies at Bayside ELC or on behalf of Bayside ELC:

● Understand and follow procedures to ensure the safe and appropriate use of digital technologies at Bayside ELC, including maintaining secure storage of information

● Take responsibility to protect and maintain privacy in accordance with the service's Privacy Policy

● Promote a child safe culture when it comes to taking, use, storage and destruction images of video of children

● Are aware that only those persons authorised by Approved Provider are permitted to access digital devices at the service

● Understand what constitutes illegal and inappropriate use of digital devices and avoid such activities

● Understand and follow professional use of interactive digital technologies platforms, such as social media (refer to Definitions) and other information sharing platforms (refer to Definitions).

Application

This policy applies to the Approved Provider or persons with management or control, Nominated Supervisor, persons in day-to-day charge, teachers, educators, staff, students, volunteers, parents/carers and others attending the programs and activities of Bayside ELC. This policy does not apply to children.

Principles to inform the policy

● All children attending our service are provided with a safe environment through the creation and maintenance of child safe culture, and this extends to the safe use of digital technologies and online environments

● Children's wellbeing is paramount and children will be actively involved in decision-making about the safe use of digital technologies and online environment at the service, including taking, using and sharing an image or video of them on a digital device, whether by an adult or a child.

● Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at risk of child abuse or maltreatment, including abuse or maltreatment that may occur through digital technologies and online environments

● Procedures to effectively manage incidents and disclosures are in place and regularly rehearsed

● Bayside ELC considers the purpose and use of electronic and digital devices across the service and communicates clear expectations of educators, other staff and volunteers, to ensure child safe practices are implemented for the use of electronic and digital devices while providing early childhood education and care.

Consideration for active supervision

Supervising children when they use digital devices, particularly when accessing an online environment, is very important to keep them safe. Even if an adult is in the same room, they need to actively supervise the child.

High-risk behaviours for children online include:

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- Uploading private information or images
- Engaging with inappropriate content (both inadvertently and purposefully)
- Making in-app purchases
- Interacting with unsafe individuals

Active supervision helps prevent incidents and enables educataors to step in if something goes wrong. It also creates a supportive environment where children feel comfortable making a disclosure or asking for help to learn how to use online programs, apps, etc, safely and appropriately, without fear or reprisal.

Definitions

Word/s	Definition
Artificial intelligence (AI)	An engineered system that generates predictive outputs such as content, forecasts, recommendations, or decisions for a given set of human-defined objectives or parameters without explicit programming. AI systems are designed to operate with varying levels of automation
Chain email	An email instructing recipients to send out multiple copies of the same email so that circulation increases exponentially.
Cyberbullying	When someone uses the internet to be mean to a child or young person so they feel bad or upset.
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.
Disclosure	A process by which a child conveys or attempts to convey that they are being or have been sexually abused, or by which an adult conveys or attempts to convey that they were sexually abused as a child. This may take many forms, and might be verbal or non-verbal. Nonverbal disclosures using painting or drawing, gesticulating, or through behavioural changes, are more common among young children and children with cognitive or communication impairments. Children, in particular, may also seek to disclose sexual abuse through emotional or behavioural cues, such as heightened anxiety, withdrawal or aggression.
Endpoint data storage devices	Devices capable of storing information/data. New devices are continually being developed, and current devices include: • Laptops • USB sticks, external or removable hard drives, flash drives, pen drives • iPods or other similar devices • Cameras with USB drive connection • iPhones/smartphones

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Word/s	Definition
	- PCI/PC Card/PCMCIA storage cards - PDAs (Personal Digital Assistants) - Other data-storage devices (CD-ROM and DVD)
Generative artificial intelligence (AI)	A branch of AI that develops generative models with the capability of learning to generate novel content such as images, text, and other media with similar properties as their training data.
Harmful content	Harmful content includes: - sexually explicit material - false or misleading information - violence - extremism or terrorism - hateful or offensive material.
Illegal content	Illegal content includes: - images and videos of child sexual abuse - content that advocates terrorist acts - content that promotes, incites or instructs in crime or violence - footage of real violence, cruelty and criminal activity.
Information sharing platforms	Describes the exchange of data between various organisations, people and technologies. This can include but not limited to Dropbox, Google Drive, Sharepoint, Skype for Business, One Drive
Online hate	Any hateful posts about a person or group based on their race, religion, ethnicity, sexual orientation, disability or gender
PDAs (Personal Digital Assistants)	A handheld computer for managing contacts, appointments and tasks. PDAs typically include a name and address database, calendar, to-do list and note taker. Wireless PDAs may also offer email and web browsing and data can be synchronised between a PDA and a desktop computer via a USB or wireless connection.
Sexting	Sending a sexual message or text, with or without a photo or video. It can be done using a phone service or any platform that allows people to connect via an online message or chat function.
Smart toys	Smart toys generally require an internet connection to operate as the computing task is on a central server
Unwanted contact	Any type of online communication that makes you feel uncomfortable, unsafe or harassed. It can be with a stranger or someone you/the child knows.

Roles and Responsibilities

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Approved Provider	• ensure that obligations under the Education and Care Services National Law and National Regulations are met
	• ensure that the Safe use of digital technologies and online environments policy and procedures are implemented, the appropriate risk assessments and action plans are completed, and all identified actions are taken to minimise the risks to children's health and safety
	• promote a culture of child safety and wellbeing that underpins all aspects of the service's operations (including online learning environments), to reduce risk to children (including the risk of abuse)
	• ensure the safe use of digital technologies, including smart toys, and online environments at the service
	• ensure nominated supervisors, educators and staff implement practices that align with the National Model Code and the service's child safe practices for the use of electronic and digital devices for taking images or videos of children
	• ensure policies and procedures promote equity and respect diversity for the safety and wellbeing of children and young people
	• take reasonable steps to ensure that nominated supervisors, educators and staff follow the Safe use of digital technologies and online environments policy and procedures
	• ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, families, and are available for inspection
	• notify families at least 14 days before changing the policy or procedures if the changes will:
	• » affect the fees charged or the way they are collected or
	• » significantly impact the service's education and care of children or
	• » significantly impact the family's ability to utilise the service.
Nominated supervisor	• implement the Safe use of digital technologies and online environments policy and procedures and ensure that any plans developed from risk assessments are in place for individual children and are carried out
	• ensure staff understand how to actively supervise children while using digital technologies
	• meeting staff to child ratios to ensure adequate supervision
	• ensure all educators and staff know where to access the Safe use of digital technologies and online environments policy and procedures
	• have ongoing communication with educators and staff about their responsibilities and any changes to policies, procedures and legislation, particularly as digital technologies evolve quickly
	• support educators and staff to uphold the service's culture of child safety and wellbeing, including when accessing digital technologies and online learning environments
	• support educators and staff to understand the National Model Code and manage the use of electronic and digital devices at the service, including

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		the service's expectations around the use of personal and service issued devices
		• when required, work collaboratively with appropriate services and/or professionals to support children's access, inclusion and participation in the program, including their safe access to online learning environments..
Educators		• implement the Safe use of digital technologies and online environments policy and procedures and ensure that any action plans for individual children are carried out
		• implement the service's culture of child safety and wellbeing, including when accessing digital technologies and online learning environments
		• know the individual needs and action plans for the children in your care, and understand how they relate to the safe use of digital technologies and online environments
		• ensure active supervision of children when they are using digital technologies, including by monitoring and maintaining staff to child ratios
		• recognise and respond effectively to children and young people when discussing the use of digital technologies and online environments, considering diverse needs and interests
		• ensure children and young people participate in decision-making in matters affecting them regarding the safe use of digital technologies and online environments at the service
		• ensure you understand the National Model Code and the service's expectations around the use of personal and service issued devices while at the service, and seek guidance when needed from the nominated supervisor or approved provider.

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that the use of the service's digital technologies complies with all relevant state and federal legislation and all service policies	R	X	X	X	X

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Ensuring staff understand how to actively supervise children while using digital technologies	R	R			
Undertaking risk assessments. Identifying the service's digital technologies practices, identify strengths and areas of improvement	R	X	X		X
Obtaining parent/guardian consent before taking, retaining or sharing images and videos of children	R	X	X		X
Asking children for permission before taking photos or videos and explain how these will be used.	X	X	X		X
Regularly monitoring use of service-issued electronic devices to ensure that they are being used appropriately	R	X			
Ensuring capturing, using, storing, and disposing of images, videos, and audio recordings of children are in line with privacy requirements (refer to Privacy and Confidentiality)	R	X	X		X
Ensuring oversight and control of who has access to images (digital and hard copy) of children, including the movement of these onto devices and platforms.	R	R			
Ensuring staff do not transfer images of children to their own account or device either directly or via the cloud, for example, to post images or videos on social media or other applications/software platforms that were not its intended purposes.	R	R			
Ensuring that the 'Safe use of digital technologies and online environment policy' and procedures are implemented, the appropriate risk assessments and action plans are completed, and all identified actions are taken to minimise the risks to children's health and safety.	R	R	X		X
Promoting a culture of child safety and wellbeing that underpins all aspects of the service's operations (including online learning environments), to reduce risk to children (including the risk of abuse)	R	X	X		X
Ensuring the safe use of digital technologies, including wearable devices, networks, platforms, apps, and networked toys within the service	R	R	X		X
Ensuring that person who is providing education and care working directly with children don't carry their personal electronic devices while providing education and care to children, except for authorised essential purposes	R	X	X		X

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Ensuring authorisation is documented for when a person who is providing education and care and working directly with children may need to continue to carry their personal electronic device while educating and care for the children (example: medical conditions)	R	X			
Ensuring a suitable log is maintained to record all essential purpose authorisations forms, that all logs are stored securely and available at the service for authorised officers to inspect	R	X			
Providing a secure place for persons who are providing education and care and working directly with children to store their personal digital devices while they are working with children.	X	X			
Ensuring that personal devices are only accessed by teachers, educators and other staff when they are not providing education and care or working directly with children. Examples could include: ● While taking a scheduled break from work, such as a lunch or tea break ● During planning time ● During administrative activities Staff can also carry and use personal electronic devices that: ● Cannot take images or videos, and ● Are not storage and file transfer media	R	R	R		R
Undertaking risk assessments identifying whether personal devices (including wearable devices) can be used at the service and in what circumstances	R	R	X		X
Managing inappropriate use of digital technologies	R	X			
Providing suitable digital technologies facilities to enable early childhood teachers, educators and staff to effectively manage and operate the service.	R	X			
Ensuring there are sufficient service-issued devices available when programs are delivered outside the approved service premises	R	R			
Ensuring staff do not use their devices to record images of children.	R	X			
Authorising the access of early childhood teachers, educators, staff, volunteers and students to the service's digital technologies facilities, as appropriate	R	R			

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Providing clear procedures and protocols that outline parameters for use of the service's digital technologies facilities both at the service and when working from home.	X	X			
Embedding a culture of awareness and understanding of security issues at the service.	R	X	X	X	X
Never posting online photos or videos of children who: • Are subject to child protection, family court or criminal proceedings • Are experiencing family violence or need to remain anonymous • Have parents concerned about their child's digital footprint	R	X	X		X
Ensuring that effective financial procedures and security measures are implemented where transactions are made using the service's digital technologies facilities, e.g. handling fees, invoice payments, and use online banking.	R	X			
Ensuring that the service's computer software and hardware are purchased from an appropriate and reputable supplier	X	X			
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.	X	X			
Removing access for staff or others who leave the service.	R	R			
Identifying the training needs of early childhood teachers, educators and staff in relation to digital technologies, and providing recommendations for the inclusion of training in digital technologies in professional development activities.	X	X			
Ensuring secure storage of all information (including images and videos of children) at the service, including backup files.	R	X	X		
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		
Ensuring that reputable anti-virus and firewall software are installed on service computers, and that software is kept up to date	X	X			

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Developing procedures to minimise unauthorised access, use and disclosures of information and data, which may include limiting access, passwords, multifactor authentication and encryption.	R	X			
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 management.	R	X			
Complying with all relevant legislation and service policies, protocols and procedures.	R	R	R	R	R
Obtaining approval from the approved provider before purchasing licensed computer software and hardware		X	X		
Ensuring no illegal material is transmitted at any time via any digital technology medium	R	X	X	X	X
Using the service's email, apps and social media facilities for service-related and lawful activities only	X	X	X	X	X
Notifying the approved provider and/or nominated supervisor immediately if they observe any inappropriate use of personal or service issued electronic devices at the service			X	X	X
Notifying the approved provider of any damage, faults or loss of endpoint data storage devices		R	R		R
Responding only to emergency phone calls when responsible for supervising children to ensure adequate supervision of children at all times	X	X	X		X
Responding to a privacy breach in accordance with Privacy and Confidentiality Policy.	R	X			
Complying with this policy at all times to protect the privacy, confidentiality and interests of Bayside ELC employees, children and families.	R	R	R		R

Background

The digital technology landscape is constantly evolving, with early childhood services increasingly using fixed, wireless, and mobile devices to support research, communication, and service management. While these technologies offer cost-effective and efficient tools, they also come with significant legal and ethical responsibilities regarding information privacy, security, and the protection of employees, families, and children.

Approved providers and their staff must remain informed about emerging technologies and proactively manage associated risks, including exposure to harmful content, cyberbullying, and risks amplified by Artificial Intelligence (AI) tools. For example, digital toys connected to apps on phones or tablets can create cybersecurity vulnerabilities, enabling hackers to access Wi-Fi networks, track device locations, and potentially use audio and video functions, posing serious safety risks for children.

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State and federal legislation covering information privacy, copyright, occupational health and safety, anti-discrimination, and sexual harassment applies to the use of digital technologies. Inappropriate or unlawful use includes accessing pornography, engaging in fraud, defamation, copyright infringement, unlawful discrimination or vilification, harassment (including sexual harassment, stalking, and privacy breaches), and illegal activities such as peer-to-peer file sharing. Continuous improvement in online safety practices is essential to safeguard all members of the service community. This policy applies to all aspects of the use of digital technologies including:

- desktop computers, laptops/notebooks, tablets, iPads, smartphones and smart devices
- copying, saving or distributing files
- Electronic mail (email)
- File sharing
- File storage (including the use of end point dad storage devices - refer to Definitions)
- File transfer/cloud
- Instant messaging
- Internet usage
- 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
- Weblogs (blogs)

Relevant Policies

- Child Safety and Wellbeing
- Child Safety Code of Conduct
- Mandatory Reporting
- Responding to Reported and Suspected abuse procedure
- Privacy
- 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 Bayside ELC 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))

Legislative requirements

Section 162A	Child protection training

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Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazards
Regulation 84	Awareness of child protection law
Regulation 115	Premises designed to facilitate supervision
Regulation 122	Educators must be working directly with children to be included in ratios
Regulation 123	Educator to child ratios - centre-based services
Regulation 166	Record of visitors
Regulation 166	Children not to be alone with visitors
Regulation 168	Education and care services must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 175	Prescribed information to be notified to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority

Relevant Legislation

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 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)

Procedures for use of digital technologies at Bayside ELC

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.
- Use an email signature that identifies employee name, title, service name, service phone number and address
- Be cautious about opening files or launching programs that have been received as an attachment via email from the email itself. Instead, save an attachment to disk and scan with anti-virus software before opening, and keep an eye out for unusual filenames.
- Never open emails if unsure of the sender.
- Check email accounts on a regular basis and forward relevant emails to the Approved Provider or appropriate staff.
- Remove correspondence that is no longer required from the computer regularly.

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- Respond to emails as soon as is practicable.
- Never send unauthorised marketing content or solicitation emails
- Be suspicious of phishing titles.

Digital storage of personal and health information

- Digital records containing personal, sensitive and/or health information, or images of children must be password protected and stored securely on the school's management system 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 Policy).
- Digital records containing personal, sensitive and/or health information, or images of children may need to be removed from the service from time-to-time for various reasons, including for:
    - excursions and service events
    - 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.
- Digital technology 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.
- Not permit material to be stored on endpoint data storage devices unless approved by the Approved Provider. All access should be directly from the school's management system. Approved

Password management

Passwords are to be changed in line with the ICT Department password management policy and more frequently where there may be a risk that a password has been compromised. Multifactor Authentication is to be used in conjunction with passwords.

- 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. ~!@#$%^&*()_-+=)
- 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.

Breaches of this policy

- Individuals who use digital technologies 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 digital technology facilities for an unlawful purpose.
- Management, educators, staff, volunteers and students who fail to adhere to this policy may have their access to the school's digital technology facilities restricted/denied and face disciplinary action or dismissal.

STAFFING

Policy Statement

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This policy will provide guidelines for engaging staff at Bayside ELC, 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.

Purpose

Bayside ELC 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.

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities..

Definitions

Word/s	Definition
Criminal history record check	A full-disclosure, Australia-wide criminal history record check issued by Victoria Police, 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

Responsibilities

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	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
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	X	X	X	X	
Appointing nominated supervisor who are aged 18 years or older, fit and proper and have suitable skills, as required under the National Law, Section 161 (Regulations 117C)	R	R			
Ensuring that there is a person in day-to-day charge 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 and the attendance patterns of children	X	X			
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	X			
Ensuring that children being educated and cared for by the service are adequately supervised at all times they are in the care of that service (National Law: Section 165(1))	R	R	X	X	

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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 at all times the service is in operation	R	X			
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	X			
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	X			
Following the guidelines for the recruitment, selection and ongoing management of staff as outlined in the Child Safe Environment and Wellbeing Policy	R	X			
Employing the relevant number of appropriately -qualified educators with ACECQA approved qualifications (Regulations 126)	R	X			
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	X			
Ensuring an early childhood teacher 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	X			
Maintaining a record of early childhood teachers and educators working directly with children in accordance with Regulation 151	R	X			
Appointing an appropriately -qualified and experienced educator to be the educational leader , and ensuring this is documented on the staff record (Regulations 118, 148)	R	X			
Ensuring that educators and other staff are provided with a current position description that relates to their role at the service	X	X			

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Ensuring all early childhood teachers have a Victorian Institute of Teaching (VIT) certificate of registration.	R				
Maintaining a staff record 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	X			
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 or a Victorian Institute of Teaching (VIT) certificate of registration (applicable to ECT only)	R	X			
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	X			
Confirming the WWC Clearance of all volunteers prior to their being permitted to be a volunteer at the service	R	X			
Ensuring that a register of the WWC Clearance or VIT registrations is maintained and the details kept on each staff record (Regulations 145, 146, 147, 149)	R	X	X	X	
Determining who will cover the costs of WWC Clearance or criminal history record checks	X	X			
Ensuring that volunteers/students and parents/carers 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	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	X	X	X	
Ensuring that there is at least one educator with current approved first aid qualifications, anaphylaxis management training and emergency asthma management training 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)	R	X			

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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	X	X				
Ensuring that staff records and a record of ECT and educators working directly with children are updated annually, as new information is provided or when rostered hours of work are changed (Regulations 145 –151)	R	X				
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	X				
Reviewing staff qualifications as required under current legislation and funding requirements on an annual basis	X	X				
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)	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	X				
Ensuring 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)	R	X				
Informing parents/carers of the name/s of casual or relief staff where the regular educator is absent	X	X				
Developing and maintaining a list of casual and relief staff to ensure consistency of service provision	X	X				
Ensuring that the procedures for the appointment of casual and relief staff are compliant with all regulatory and funding requirements	X	X				
Ensuring that Educators with children enrolled at the service where they are employed, are working in a different room/group to their child. Exceptions to this are to be managed on a case -by - case basis in consultation with and approval of the Area Manager.	X	X				

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Emergency relief teachers

If a teacher with an approved early childhood teaching qualification cannot be found the Deputy Principal will:

- Cancel the session; or

- Engage a qualified person, in accordance with the Regulations; or

- Engage a person with a primary teaching qualification in accordance with the qualified staff exemption in emergency periods (DHS Children's Services Guide,

- A sign will be displayed in the main entrance informing parents/carers that the kindergarten program will not operate but a qualified person has been employed which meets the requirements of The Education and Care Services National Regulations 2011 and The Education and Care Services National Law 2011 to operate a licensed children's centre.

Relevant Policies

- Administration of First Aid Policy

- Anaphylaxis Policy

- Asthma Management Policy

- Child Safe Environment Policy

- Code of Conduct Policy

- Complaints and Grievances Policy

- Curriculum Development Policy

- Delivery and Collection of Children Policy

- Determining Responsible Person Policy

- Inclusion and Equity Policy

- Interactions with Children Policy

- Participation of Volunteers and Students Policy

- Privacy and Confidentiality Policy

- Supervision of Children Policy

Related 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 and Training , The Kindergarten Funding Guide: https://www.vic.gov.au/kindergarten-funding-guide

- 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/freeresources/employee-management-development-resource/

- The Commission for Children and Young People (2023), A Guide for Creating a Child Safe Organisations https://ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-for-creating-a-Child-Safe-Organisation27.04.23.pdf

- The Early Years Learning Framework for Australia: Belonging, Being, Becoming: www.acecqa.gov.au

- Victoria Police – National Police Record Check: https://www.police.vic.gov.au/apply-national-police-check

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- Victorian Early Years Learning and Development Framework: www.acecqa.gov.au
- Working with Children Check unit, Department of Justice and Regulation – provides details of how to obtain a WWC Check: www.workingwithchildren.vic.gov.au

Relevant Legislation

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)

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SUN PROTECTION

Policy Statement

This policy will provide:

- guidelines for the protection of children, staff and other participants at Bayside ELC from the harmful effects of too much exposure to ultraviolet radiation from the sun.
- Educative information for parents/carers, staff, participants, and children attending the Early Learning Centre regarding the harmful effects of too much exposure to ultraviolet radiation from the sun
- guidance to the use of outdoor spaces including adequate shading

Purpose

Bayside ELC is committed to:

- providing all Early Learning Centre children with protection from the harmful effects caused by too much exposure to the sun's ultraviolet radiation, during all aspects of the program.
- Educating children, parents/carers and other participants at Bayside ELC on the harmful effects of too much exposure to the sun's ultraviolet radiation

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during excursions, regular outings, and transportation.

This policy will apply during the daily local sun protection times or 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.

Definitions

Word/s	Definition
Sun protection time	The sun protection times are a forecast from the Bureau of Meteorology for the times of the day when UV levels are forecast to be 3 and above. At these levels there is a risk of skin damage for all skin types. In Victoria, UV levels regularly reach 3 and above from mid-August to the end of April. You can find the sun protection times for your location on the free SunSmart Global UV widget or app, at sunsmart.com.au, at myuv.com.au or in the weather section of the daily newspaper
Sun protective clothing	If you can see skin, UV can reach it. Clothing can be a great barrier between the sun's UV and your skin. Cover as much skin as possible with cool, loose-fitting clothing made from densely woven fabric like cotton. This includes tops that cover the chest, shoulders and arms, with elbow length sleeves and collars and longer style shorts or skirts. If a child is wearing a singlet top or dress with thin straps, they must add a t-shirt or shirt before outdoor play. Singlet tops and shoestring tops/dresses do not provide adequate protection in the sun
Sun protective hat	A hat should shade the face, neck and ears such as a wide-brimmed or bucket hat (at least 5cm brim for young children) or legionnaire hat (make sure the front peak and back flap overlap at the sides). Caps and visors offer little

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	protection to the cheeks, ears and neck, and are not considered a suitable alternative and should be swapped for a sun 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 up to 50%.
Sunscreen	should be labelled SPF30, SPF50 or SPF50+ and be broad-spectrum and water-resistant. 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.
UV Index	The World Health Organization's Global Solar UV Index measures UV levels on a scale from 0 (Low) to 11+ (Extreme). Sun protection is recommended whenever UV levels are 3 (Moderate) or higher. The UV level is affected by a number of factors including the time of day, time of year, cloud cover, altitude, location and surrounding surfaces

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that obligations under the Education and Care Services National Law and National Regulations are met	R	R			
Taking reasonable steps to ensure that all staff follow the sun protection policy and procedures	R				
Ensuring that copies of the Sun Protection Policy is readily accessible and available to all staff, volunteers and families	R	X			
Meeting the standards and requirements of the SunSmart early childhood program	R	X			

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	1	2	3	4	5
Ensuring that this policy is up to date with current SunSmart recommendations: www.sunsmart.com.au	R	X			
Ensuring parents/carers 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 for their child when attending the service	R	X	X		
Applying sunscreen to their child before the commencement of each session during the sun protection times				X	
Providing, at their own expense, an alternative sunscreen that meets our sunscreen requirements, to be left at the service if their child has a particular sensitivity to the sunscreen provided by the service				X	
Providing a supply of sunscreen for use on all persons to whom this policy applies	R	X			
Obtaining parents/carers provide an authority for staff to apply sunscreen prior to their child commencing at the service and that this is stored with each child's enrolment record	R	X	X		
Applying sunscreen to children's exposed skin – except in cases where parents/carers 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)		X	X		X
Storing sunscreen in a cool place and monitoring the expiry date – including for sunscreen supplied by parents/carers		X	X		X
Ensuring each child, and any other participant at the service, wears an appropriate sun protective hat , sun protective clothing and sunscreen for all outdoor activities during the sun protection times		X	X		X
Wearing a sun protective hat, sun protective clothing and sunglasses (optional) when outside, applying sunscreen and seeking shade during sun protection times	X	X	X		X
Co-operating with their employer with respect to any action taken by the employer to comply with the Occupational Health and Safety Act 2004		X	X		X
Providing a named, SunSmart approved sunhat for their child's use at the service				X	

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Checking that all sun protective hats brought to the service meet the SunSmart recommendation for adequate protection, are named and are stored individually	X	X	X		
Providing appropriate spare sun protective hats for children and adults that will be laundered after each use	X	X			
Ensuring that children without appropriate sun protective hats or sun protective clothing play in the shade or in a suitable area protected from the sun	X	X	X		X
Encouraging children to wear sun protective hats when travelling to and from the service	X	X	X	X	
Ensuring that program planning includes the application of a combination of sun protection measures for outdoor activities during sun protection times	X	X	X		
Ensuring the sun protection times on the SunSmart website or the SunSmart app are accessed daily to assist with the implementation of this policy	X	X	X		X
Ensuring there is adequate shade in the service grounds to protect children from over exposure to UV radiation (Regulation 114)	R	X			
Ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events (Regulations 100, 101)	R	X	X		
Encouraging children to seek shade when playing outside and utilise shaded areas for outdoor equipment that is not fixed during the sun protection times		X	X		X
Ensuring that information on sun protection is incorporated into the educational program (refer to the SunSmart website)	X	X	X		
Ensuring that sun protection strategies are a priority when planning excursions	X	X	X		
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 using hats and cool, covering clothing when outside. With parental consent small amounts of a suitable SPF30 (or higher) broad-spectrum water-resistant sunscreen may be applied to babies over 6 months	X	X	X		X
Communicating with families about SunSmart practices in general and specific expectations	X	X	X		X

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within the service (e.g., wearing protective clothing, sun protective hat styles)					
Reinforcing this policy by providing information on sun protection (available on the SunSmart website) to service users via newsletters, noticeboards, meetings and websites etc	X	X			

The ELC Director is responsible for:

- Membership with the SunSmart early childhood program.

- Requesting children to bring an appropriate sun protective hat when attending the Early Learning Centre

- Requesting children wear appropriate sun protective clothing when attending the Early Learning Centre.

- Requesting staff to act as role models by wearing sun protective hats, clothing and sunglasses when outside, applying sunscreen and seeking shade whenever possible.

- Providing appropriate spare hats for the children and adults that will be laundered after each use.

- Ensuring there are Early Learning Centre hats available for purchase at the centre.

- Providing a supply of sunscreen for use on all persons to whom this policy applies.

- Reinforcing this policy through providing information to new users of the Early Learning Centre, and through newsletters, notice board displays and meetings.

- Ensuring there is a sufficient number of shelters and trees providing shade in the Early Learning Centre grounds.

- Considering the availability of shade when planning excursions and other outdoor events.

- Ensuring the policy is up to date with current SunSmart recommendations.

The staff are responsible for:

- Collecting from the parent/carer of each child, the authority to apply sunscreen, prior to the child commencing at the Early Learning Centre.

- Ensuring a combination of sun protection measures are applied during outdoor time with particular care taken between 10 am and 2 pm (11 am and 3 pm daylight saving time) when UV levels reach their peak.

- Applying sunscreen to all children's exposed skin at least 20 minutes before going outdoors (subject to appropriate permissions being gained from parents – See forms). Children will be encouraged to apply the sunscreen with the assistance of a staff member. Sunscreen is to be reapplied every 2 –2 ½ hours (ie. at least once per session).

- Encouraging other adult participants in the program to apply sunscreen and to wear a sun protective hat.

- Ensuring each child and any other participant at the Early Learning Centre, wears a centre sun hat or an appropriate sun hat for all outdoor activities during their attendance at the centre from the start of September to the end of April.

- Checking that all hats brought to the centre are named and meet the SunSmart recommendation for adequate protection.

- If the child does not bring their sun hat and there are insufficient spare hats available, or they are not wearing appropriate sun protective clothing, children will be asked to play in the shade or indoors.

- Ensuring that the children's sun hats are stored in their bags, individual pegs, or in individual lockers.

- Encouraging children to seek shade when playing outside.

- Including education in the children's program on the sun, skin and ways to protect our skin using SunSmart's recommended "Outside 5".

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- Encouraging children to wear their hats when traveling to and leaving Bayside ELC from the start of September to the end of April.

- Ensuring the spare hats are laundered after each use.

The parents/carers are responsible for:

- Applying SPF 30+, broad spectrum, water resistant sunscreen to their child before attendance at the centre, from the beginning of September until the end of April and whenever the UV Index level reaches 3 and above.

- Providing an authority for the staff to apply sunscreen to their child.

- Providing a named ELC sun hat that provides adequate sun protection for their child to use at the Learning Centre.

- Ensuring that their child wears appropriate sun protective clothing. Tops with elbow length sleeves, and if possible, collars and knee length or longer style shorts and skirts are best. (Please note: singlet tops do not offer enough protection and are therefore not recommended.)

- If their child has a particular sensitivity to the sunscreen provided by Bayside ELC, to provide, at their own expense, an alternative sunscreen, to be left at the centre for application under staff supervision.

- Acting as role models when on duty or participating in the program by wearing a sun protective hat, clothing and sunglasses (if possible) when outside; applying sunscreen and seeking shade whenever possible

Background

It is good to teach children to apply SPF 30+ broad spectrum, water-resistant sunscreen 20 minutes before going outside and to reapply it every 2 - 2 ½ hours.

Sunscreen screens out UV radiation but does not completely block it out so some UV radiation still reaches our skin. It is recommended that you inform families of the brand/type. Some children may be sensitive to some sunscreens, so families may wish to supply an alternative for their child. However, even if all families are asked to provide SPF 30+ broad spectrum, water-resistant sunscreen, the Early Learning Centre should still have a supply available.

Children often copy those around them and learn by imitation. If you adopt sun protection behaviours the children in your care are more likely to do the same.

Sun exposure for staff is also an Occupational Health & Safety issue. For information on sun protection in the workplace contact SunSmart on 9635 5148.

Relevant Policies

- Child Safe Environment and Wellbeing

- Enrolment and Orientation

- Excursions and Service Events

- Interactions with children

- Nutrition, Oral Health and Active Play

- Occupational Health and Safety

- Supervision of Children

Related 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

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- 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: www.health.gov.au
- 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
- Australian Radiation Protection and Nuclear Safety Agency: Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation (2006)
- Belonging, Being & Becoming – The Early Years Learning Framework for Australia (EYLF): www.acecqa.gov.au
- Victorian Early Years Learning and Development Framework (VEYLDF): www.acecqa.gov.au
- 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 1067.1:2016, 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

Relevant Legislation

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: Section 167
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2024

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WATER SAFETY

Policy Statement

This policy will outline the procedures that apply to managing water safety, including safety during any water-based activities at Bayside ELC.

Purpose

Bayside ELC 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/carers, volunteers and others at the service about water safety.

Application

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/carers, children, and others attending the programs and activities of Bayside ELC, including during offsite excursions and activities.

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Word/s	Definition
Adequate supervision	Supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, 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 / umber and positioning of educators / current activity of each child / areas in which the children are engaged in an activity (visibility and accessibility) / developmental profile of each child and of the group of children / experience, knowledge and skill of each educator / need for educators to move between areas (effective communication strategies).
Approved first aid qualification	A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au
Hazard	A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.
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.

Responsibilities

	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/carers	Contactors, volunteers and students
R indicates legislation requirement, and should not be deleted. X indicates others responsible.					
Ensuring that every reasonable precaution is taken to protect children, staff and others at the service	R	R	X		

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from harm and hazards that are likely to cause injury (National Law: Section 167)					
Assessing the first aid requirements for the service. A first aid risk assessment can assist with this process	R	X	X		
Ensuring that at least one early childhood teacher /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 (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	X			
Ensuring that the prescribed educator-to-child ratios are always met	R	X	X		
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	X			
Advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request	X	X	X	X	
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits, with in-date products that meet Australian Standards . 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	R	X	X		
Ensuring procedures are developed for the regular monitoring of all first aid kits	R	X	X		
Ensuring defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications	X	X	X		
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).	R	X	X		
Ensuring that the Ambulance Victoria AV How to Call Card is displayed near all telephones or in a visible location.		X	X		

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Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities	R	X	X		
Ensuring that first aid training details, and renewal dates are recorded on each staff member's record	R	X			
Ensuring safety signs showing the location of first aid kits are clearly displayed	R	X	X		
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	X			
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	R	X	X		
Notifying DET within 24 hours of a serious incident occurring at the service	R	X			
Ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid	X	X			
Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the service	X	X	X		
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	X			
Implementing appropriate first aid procedures when necessary		X	X		
Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required		R	R		
Practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)	R	X	X		
Ensuring that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma	R	X	X		
Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record no later than 24 hours after the occurrence	R	X	X		

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Ensuring the parent/carer reads and signs the Incident, Injury, Trauma and Illness Record		X	X		
Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training		X	X		
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 & Disposal of Unwanted Medicines Limited: https://returnmed.com.au/	X	X	X		
Providing the required information on the service's medication record when child requires administration of medication				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, anaphylaxis). Providing any required medication.				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				X	

Background

The supervision and safety of children with and around water is of paramount importance.

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory rich, open-ended experiences that engage children's curiosity and imagination.

Children may encounter these resources in the service environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults.

Water safety relates to access to water in the building, the playground or on excursions, and also to the availability of drinking water for children.

It is imperative that educators remain vigilant in their supervision of children in and around water, and are alert to potential risks in everyday practice in the learning environment.

Drowning is a leading cause of death for children in Victoria, with infants and toddlers the group most at risk. Non-fatal drowning incidents can result in permanent brain damage and disability. Knowledge of potential hazards associated with water will assist educators to provide a safe, stimulating environment for preschool children.

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Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including 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. Civic Kindergarten Water Safety Policy 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.

Relevant Policies

- Administration of First Aid
- Child Safe Environment and Wellbeing
- Emergency and Evacuation
- Excursions and Service Events
- Nutrition, Oral Health and Active Play
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety
- Supervision of Children

Related 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/watersafety

Relevant Legislation

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
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety

Monitoring, evaluation and review

This policy will be reviewed annually or as required due to:

- feedback from people affected by the policy
- complaints and incidents in relation to this policy
- changes in legislation
- changes with operations of Bayside ELC.
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Child Protection Risk Assessment

A child protection risk assessment process helps in the identification of the potential for child abuse in the service, and enables appropriate strategies to be developed to minimise risk.

It is important to create awareness among employees, contractors, visitors and volunteers of possible risks to children from abuse, and how to implement a range of strategies to protect children from these risks.

Risk factors	Level of risk to children	Strategies to reduce risk	Evaluation
e.g. Appointment of a sex offender	High	Recruitment processes	Recruitment processes have been developed that include running all relevant criminal history and working with children related checks.
Opportunities for a child to be isolated within the program/premises			
Opportunities for a child to be taken away from the program/premises			
Close physical contact with an adult other than an educator			
Physical environment			
High staff turnover			
Limited staff turnover (with little outside scrutiny of the program)			
Unauthorised access by other people to the service (such as strangers or non custodial parents)			
Staff not recognising signs of abusive behaviour			
Staff not raising concerns/suspicions of abuse			
Low levels of awareness of child protection issues			
Low levels of commitment to preventing abuse by management/staff			
Lack of appropriate incident management procedures			

Child Safety Review Checklist

This checklist will assist organisations to identify risks and issues in relation to the protection of children, and the requirements for appropriate amendments to be made to a service's policy and practices, or training and support for staff.

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	Child safe standard question	Yes, describe how	No or only partly, describe what needs to be done	Person responsible for any action required	Timeline and review date
Clear and public commitment to child safety	Is there a child protection policy (such as this Child Safe Environment Policy) for the service?				
	Have employees, contractors and volunteers read and understood the policy?				
	Are parents/carers made aware of this policy on enrolment of their child at the service?				
Children's rights to safety and participation	Are children welcomed, consulted and respected at the service?				
	Are the indoor and outdoor environments physically safe?				
	Is a safety assessment conducted for all activities?				
	Do service programs stimulate children and meet their physical, emotional, intellectual, social and recreational needs?				
	Are children with additional needs and different backgrounds encourages to participate? If so, do they actually participate?				
Employment of Staff and volunteers	Are there adequate screening procedures for staff, volunteers and students on placement?				
Support for staff and volunteers	Is there a code of conduct policy that explains the acceptable and unacceptable behaviours of parents/carers,				

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	volunteers and students at the service?				
	Are employees aware of the risk of harm to children and the different types of harm?				
Reporting a child safety concern	Do staff understand and feel confident about the process for reporting and acting on concerns about child safety?				
	Have staff identified other support, assistance and resources they feel they need to assist in providing a child safe environment?				

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Code of Conduct Acknowledgement

I acknowledge that I have read and agree to comply with the Bayside ELC Code of Conduct. I understand that I also have a duty that is specific to Bayside ELC and I agree to creating an environment at Bayside ELC 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 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/carers, families, volunteers, students and community members to support and participate in the program and activities of the service

In my relationships with children, I agree 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 and in the vicinity of children, in a respectful, 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
- not providing toileting/bathroom/changeroom assistance to any child/children other than my own.
- being mindful about the presence of children when taking phone calls, and moving the phone call away from children when appropriate
- limiting photographs, films and other recordings at the service to that of my own child/children.

In relation to photographs, video and other recordings of children at the service:

- I understand that they are protected by privacy law.
- I will not take any photographs or videos unless directed by the ELC Director.
- I will disclose all photographs and videos to the ELC Director to gain approval that they meet the privacy requirements.
- I will keep photographs and videos of my child without vision of any other child as I realise I do not have parental permission of other children.
- I will not upload any photograph and video that shows other children.

In my relationships with the Bayside ELC, I agree to:

- reading and abiding by Bayside ELC policies
- developing relationships based on mutual respect
- working in partnership in a courteous, respectful and encouraging manner

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- 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 and all those present with respect

- raising any concerns, including concerns about safety, as soon as possible with staff to ensure that they can be resolved efficiently

- raising any complaints or grievances in accordance with the Complaints Policy

I _____have read, acknowledge and agree that I will comply with the above statements.

Signature: _____ Date: _____

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Infection Disease Exclusion Periods Table

Conditions	Exclusion of cases	Exclusion of contacts
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness	In an outbreak of gastroenteritis, exclude until there has not been vomiting or a loose bowel motion for 48 hours, and for all other diarrhoeal illnesses exclude until there has not been vomiting or a lose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immunodeficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded

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Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliovirus infection	Exclude for at least 14 days from onset. Re admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded

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Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

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Enrolment checklist for children prescribed midazolam

A risk minimisation plan is completed in consultation with parents/carers prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.	
Parents/carers of a child prescribed midazolam have been provided with a copy of the service's Epilepsy Policy and other relevant Medical policies	
The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at www.epinet.org.au)	
A copy of the child's EMMP is included in the child's midazolam kit	
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.	
All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP	
Staff have undertaken The Epilepsy Foundation of Victoria's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record	
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	
A procedure for first aid treatment for seizures is in place and all staff understand requirements	
Contact details of all parents/carers and authorised nominees are current and accessible.	

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Orientation Survey

At Bayside ELC, we are continually committed to improving the early childhood experience for you and your child/children. To do this properly, we need to know how you feel and then respond swiftly to your suggestions.

When convenient please complete the following survey.

The information will be used to critique Bayside ELC's initial orientation process.

A rating of '1' meaning, needs improvement and a rating of '5' meaning, outstanding					
Relevance of information provided in the orientation package	1	2	3	4	5
Relevance of information provided verbally	1	2	3	4	5
Employees friendliness	1	2	3	4	5
Employees punctuality	1	2	3	4	5
Please answer Yes or No to the following:			Comments:		
Were you provided with sufficient information prior to orientation?	Yes	No			
Did you receive a detailed tour of your child's room?	Yes	No			
Did the Service/room feel welcoming?	Yes	No			
Was there adequate time made for you and your child for orientation?	Yes	No			
Were you introduced to all employees?	Yes	No			
Were you given an opportunity to ask questions?	Yes	No			
Were your questions adequately answered?	Yes	No			
Were you shown the location of the room's program and the reflective learning journal?	Yes	No			
Were you given adequate suggestions on settling your child?	Yes	No			
Did educators support you when leaving your child?	Yes	No			
Were you shown the singing in and out requirements?	Yes	No			
Were you provided with a Family Handbook?	Yes	No			
Were you provided with information on Bayside ELC fees?	Yes	No			
Ded you feel safe when visiting our Service (sign in/out. WHS, COVID safe practices)	Yes	No			
Overall rating of the orientation and transition experience:	1	2	3	4	5

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Advice for families: Free Kinder in sessional services

Free Kinder is available for all children enrolled in funded kindergarten programs at services participating in Free Kinder.

Savings for families

Children enrolled in sessional kindergarten services receive a free program, saving families up to $2,563:

- For 3-year-old children, Free Kinder means a free kindergarten program between 5 and 15 hours per week (200-600 hours per year)
- For 4-year-old children, Free Kinder means a free kindergarten program of 15 hours per week (600 hours per year).

Eligibility

Free Kinder is for everyone. You do not need to be an Australian citizen to be eligible to access Free Kinder.

Your child can receive one year of Free Kinder in a Three-Year-Old Kindergarten program and one year in a Four-Year-Old Kindergarten program. Your child can only receive Free Kinder at one service at a time. Your kindergarten service will ask you to sign a form to confirm that your child is receiving their funded kindergarten program at their service.

Sessional kindergarten services that offer more than 15 hours each week

Some sessional kindergarten services participating in Free Kinder offer extra kindergarten hours or care hours for a fee. These extra hours are optional. If you don't want the extra hours, your child can attend the 15-hour program free of charge.

For information on fees or hours provided, please ask your kindergarten service.

Other allowable charges

You may be charged the following:

- a registration fee when you enrol your child for kindergarten. This fee is allowable as it is not related to the delivery of the kindergarten program.

- an enrolment deposit, but this is refunded if your child starts attending the service.

- the cost of one-off excursions (e.g. entry and transport costs).

Children from a refugee background, children known to child protection, Aboriginal children and those holding Commonwealth concession cards will not be charged for excursions.

Some services may request payment for excursions at the beginning of the year. In these cases, services should refund any surplus funds that have not been used for the cost recovery of excursions at the end of the year.

Your service may ask you for a voluntary donation or to participate in fundraising. You can choose if you want to donate or take part in fundraising.

You will not be charged:

- for incursions or regular excursions (e.g., Bush Kinder, weekly music sessions) that are a core part of the kindergarten program.

- compulsory out-of-pocket fees or levies, e.g, maintenance fees, membership fees.

If your child changes kindergarten services during the year

If your child moves to a different sessional (standalone) service that is participating in Free Kinder during the kindergarten year, the service that you are moving from will stop receiving the Free Kinder payment and your new sessional service will receive the Free Kinder funding so you can continue to receive a free program.

If your child moves from a sessional kindergarten program to a kindergarten program in a long day care service during their kindergarten year, the service will stop receiving the Free Kinder payment and your new service will receive the Free Kinder funding so they can pass the savings on to you.

More information about Free Kinder in long day care services is available at **vic.gov.au/kinder**

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