

Manual:	Early Years Services
Scope:	This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of The Early Years Services, including during offsite excursions and activities.
Responsible Position:	Director of Community Services
1. STATEMENT	<p>An approved service must have a policy for managing medical conditions that includes the practices to be followed:</p> <ul style="list-style-type: none"> • In the management of medical conditions. • When parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition. • When developing a risk minimisation plan in consultation with the child's parents/guardians. • When developing a communication plan for staff members and parents/guardians. <p>Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.</p> <p>The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum.</p> <p>The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.</p> <p>Medication and medical procedures can only be administered to a child:</p> <ul style="list-style-type: none"> • With written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b)). • With two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure. • If the medication is in its original container bearing the child's name, dose and frequency of administration. <p>Refer to the Administration of Medication Policy for more information.</p> <p>Staff may need additional information from a Medical Practitioner where the child requires:</p> <ul style="list-style-type: none"> • Multiple medications simultaneously. • A specific medical procedure to be followed. <p>If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's Medical Practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.</p> <p>Self-administration by a child over preschool age:</p>

	<p>Services who provide education and care to a child over preschool age (as defined in the <i>Education and Care Services National Regulations 2011</i>) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted:</p> <ul style="list-style-type: none"> Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian. Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist Medical Practitioner(s). The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.
2.	<p>OBJECTIVES</p> <p>This policy will provide guidelines for the Early Years Services to ensure that:</p> <ul style="list-style-type: none"> Clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service. Service practices support the enrolment of children and families with specific health care requirements. All educators can effectively respond to and manage medical conditions to ensure the safety and wellbeing of children, staff and visitors. <p>The Early Years Service are committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices.</p> <p>This will be achieved through:</p> <ul style="list-style-type: none"> Fulfilling the service's duty of care requirement under the <i>Occupational Health and Safety Act 2004</i>, the <i>Education and Care Services National Law Act 2010</i> and the <i>Education and Care Services National Regulations 2011</i> to ensure that those involved in the programs and activities of the Early Years Services are protected from harm. Informing educators, staff, volunteers, children and families of the importance of adhering to the <i>Dealing with Medical Conditions Policy</i> to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service. Ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.
3.	RESPONSIBILITIES
3.1	<p>The Approved Provider or Persons with Management and Control is responsible for:</p> <ul style="list-style-type: none"> Ensuring that all staff and volunteers/students are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within. Ensuring that all staff, students, volunteers and parents follow the policies and procedures of the service. Ensuring that each service where a child is enrolled will communicate with parents to develop and implement a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation.

	<ul style="list-style-type: none"> Ensuring educators/staff receive regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing. Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. Establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy. Ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines. Ensuring families provide information on their child's health, medications, allergies, their Medical Practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their Medical Practitioner, following enrolment and prior to the child commencing at the service. Ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually. Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies and have a clear understanding of the procedures and practices outlined within. Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> 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.
3.2	<p>The Nominated Supervisor or Persons in Day to day Charge is responsible for:</p> <ul style="list-style-type: none"> Implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within. Informing the Approved Provider of any issues that impact on the implementation of this policy. Implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation. Ensuring that the <i>AV How to Call Card</i> (refer to <i>Definitions</i>) is displayed near all telephones. Identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training. Ensuring children do not swap or share food, food utensils or food containers. Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis. Ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to <i>Privacy and Confidentiality Policy</i>).

	<ul style="list-style-type: none"> Ensuring educators and other staff follow each child's risk minimisation plan and medical management plan. Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan. Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service. Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy</i>. Maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.
3.3	<p>Educators and other staff are responsible for:</p> <ul style="list-style-type: none"> Ensuring that children do not swap or share food, food utensils or food containers. Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current. Undertaking relevant training to assist with the management of specific medical conditions of children at the service. Being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan. Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor. Adequately supervising all children, including those with specific medical conditions. Informing the Nominated Supervisor of any issues that impact on the implementation of this policy.
3.4	<p>Parents/guardians are responsible for:</p> <ul style="list-style-type: none"> Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition. Developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service. Providing a medical management plan signed by a Medical Practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs. Notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes. Informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.
3.5	Volunteers and students, while at the service, are responsible for following this policy and its procedures.
4.	DEFINITIONS

	<p>The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the Glossary of Terms – Early Years.</p> <p>AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from www.ambulance.vic.gov.au/Education/Calling-000-TripleZero.html</p> <p>Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service (refer to Medical Conditions and Communication Plan form).</p> <p>Hygiene: The principle of maintaining health and the practices put in place to achieve this.</p> <p>Medical condition: In accordance with the <i>Education and Care Services National Regulations 2011</i>, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.</p> <p>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. (Also available, refer to Anaphylaxis Plan, Allergy Plan and Medical Conditions and Health Care Needs Management Plan form)</p> <p>Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.</p> <p>Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition (refer to the Medical Conditions and Communication Plan form).</p>
5.	PROCEDURE
5.1	<p>Communicating with Parents:</p> <p>Along with parents, educators are also responsible for raising any concerns with a child's parents about any medical condition known to the service, or any suspected medical condition that arises. Where a child has a medical condition for Asthma or Anaphylaxis, a risk minimisation and communication plan will be developed and a copy provided to the parents.</p> <p>The service's Medical Conditions and Communication Plan is to:</p> <ul style="list-style-type: none"> • Communicate with parents about triggers, risks and control measures. • Remind parents about notifying the service of any changes to their child's details including medical conditions. <p>Methods of communication include but not limited to:</p> <ul style="list-style-type: none"> • Notices displayed at the centre. • Periodic reminders in the service newsletter. • Facebook /Messenger/Text and/or StoryPark. • In person or telephone.

	<ul style="list-style-type: none"> • By request where a change is suspected or otherwise known. • Any changes should be advised to the service by completing an Enrolment Form Change of Details form and Action Plan if applicable. <p>Information to be shared:</p> <ul style="list-style-type: none"> • Families are responsible for updating the service on: <ul style="list-style-type: none"> ○ any new medication ○ ceasing of medication ○ any changes to their child's prescription ○ or any new medical conditions • Services are responsible for updating families on: <ul style="list-style-type: none"> ○ when medication is administered ○ when medication is getting close to expiry date ○ when medication is running low ○ when a Medical Conditions and Health Care Needs form is to be completed
5.2	<p>Child Attendance with Medication:</p> <p>Medications prescribed for but not limited to Asthma, Anaphylaxis, Allergies, Diabetes, Epilepsy or any other life threatening condition:</p> <ul style="list-style-type: none"> • Must have their medication prescribed by their Medical Practitioner to attend the service.
5.3	<p>Information that must be provided on Enrolment Form:</p> <p>The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition.</p> <p>The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service:</p> <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy • Allergies • Anaphylaxis • Diagnosed at risk of anaphylaxis • Any other specific medical condition(s) mentioned by a child's parents or registered Medical Practitioner. • Any other specific medical condition(s) mentioned by a child's parents or registered Medical Practitioner at any point during the child's education and care at the service. • Any other supporting documentation <p>Any Medical Management Plan put forward by a child's parents and/or registered Medical Practitioner will be used to inform the Medical Conditions and Communication Plan.</p> <p>Parents are responsible for updating their child's Medical Management Plan as necessary and will be regularly reminded by the service as per the Medical Conditions and Communication Plan.</p>
5.4	<p>Identifying Children with Medical Conditions:</p>

	<p>Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators, volunteers and any other staff member at the service.</p> <p>Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.</p> <p>Information relating to a child's medical conditions, including the child's:</p> <ul style="list-style-type: none"> • Medical Management Plan; • Medical Conditions and Communication Plan; • Medical Conditions & Healthcare Needs Management Plan; and • The location of the child's medication will be shared with all educators and volunteers and will be available in a clearly marked folder located at the following areas of prominence to ensure all practices and procedures are followed accordingly: 			
	Service	Medical Management Plan	Medication	Medical Conditions Folder
	MMCCC Ouyen Over 3	Children's Bathroom in own display pocket Medical Conditions Folder	Children's Bathroom in own display pocket Children's bathroom shelf Or Kitchen fridge	Locked cupboard in children's room
	MMCCC Ouyen Under 3	Children's Bathroom in own display pocket or Medical Conditions Folder	Children's Bathroom in own display pocket Children's bathroom shelf Or Kitchen fridge	Locked cupboard in children's room
	MMCCC Underbool	Office wall in own display pocket, or Medical Conditions Folder	Office wall in own display pocket Children's bathroom shelf Or Kitchen fridge	Office shelf
	MMCCC Murrayville	Office wall in own display pocket, or Medical Conditions Folder	Office, Children's bathroom shelf or Kitchen fridge	Office shelf
	MMCCC Sea Lake	Kitchen wall in own display pocket or Medical Conditions Folder	Kitchen wall in own display pocket First aid cabinet Kitchen fridge or Children's bathroom shelf	Office cabinet
	MMCCC Vacation Care Program	At the sign in station in the Medical Conditions Folder	Kitchen shelf or Kitchen fridge	At the Sign in station
	Sea Lake Preschool	Kitchen wall in own display pocket or Medical Conditions Folder	Kitchen wall in own display pocket, First aid cabinet, Kitchen fridge	Office cabinet

		Or Children's bathroom shelf		
Manangatang Preschool	Children's room wall before the kitchen in own display pocket	Children's room wall before the kitchen in own display pocket or Kitchen fridge	Children's room wall before the kitchen	
Ouyen Preschool	On the kitchen door, On the inside of the office door, First Aid and Evacuation kits	On "locker" unit at side entrance to playroom, or Kitchen fridge	Office cabinet	
<ul style="list-style-type: none"> • All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific medical conditions requirements. • All educators and volunteers at the service must be able to identify a child with medical conditions easily. • All educators and volunteers at the service must be able to locate a child's medication easily. 				
5.5	<p>Medical Management Plans:</p> <p>Any child enrolled at the Early Years Services with a medical condition including cultural or personal choice, must have a completed Medical Management plan. The Medical Management Plan must be developed with the child's parents and medical professionals if applicable.</p> <p>These medical management plans can be in the form of:</p> <ul style="list-style-type: none"> • Asthma Action Plan • Anaphylaxis Action Plan • Allergies Action Plan • Diabetes Action Plan • Medical Condition and Health Care Needs Management Plan <p>All Medical Management Plans should:</p> <ul style="list-style-type: none"> • Include a photo of the child; • Include what triggers are; • Include first aid needed; • Include contact details of the Doctor who has signed the plan if applicable; • Be kept on the child's enrolment file; • Be displayed in the service, in an area where all educators can easily access; • Be near a telephone, or have a telephone available; • Be kept where the child's medication is stored if applicable; and • Be taken on an excursion (or evacuation) if the child is taken on an excursion, medication should also be taken where the child goes. <p>Using a child's Medical Management Plan, the service will develop a Medical Conditions and Communication Plan.</p> <p>The Medical Conditions and Communication Plan must:</p>			

	<ul style="list-style-type: none"> • Be in consultation with a child's parents; • Ensure that any risks are addressed and minimised; • Promote consistency; • Ensure the welfare of all children using the service; and • Follow all health, hygiene and safe food policies and procedures.
5.6	<p>Privacy:</p> <p>If displaying personal information about children's or staff member's medical conditions:</p> <ul style="list-style-type: none"> • Do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. • Explain to families the need to do so for purpose of safety of the child. • Obtain parental consent.
5.7	<p>Strategies:</p> <ul style="list-style-type: none"> • The service will use non-food rewards with children. For example, stickers for appropriate behaviour. • Families are requested to label all bottles, drinks and lunchboxes etc. with the child's name. • The use of food products in craft, science experiments and cooking classes may need to be changed/substituted in order to allow children with allergies to participate. • Food preparation staff will be instructed on the necessity to prevent cross contamination and the importance of careful cleaning of food preparation areas and utensils. • If appropriate, a child with allergies may have to sit at a different table if food is being served that he/she is allergic to. <ul style="list-style-type: none"> ○ This will always be done in a sensitive manner so that the child with the allergy does not feel excluded. ○ If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection. • When the child diagnosed at risk of anaphylaxis is allergic to milk, non-allergic babies will be held when they drink formula/milk. • Always follow correct health, hygiene and safe food policies and procedures. • All children need to be closely supervised at meal and snack times and consume food in specified areas. <ul style="list-style-type: none"> ○ Staff will monitor lunchboxes to be aware of any foods that may pose a risk to other children. ○ To minimise risk children will not be permitted to 'wander around' the service with food. • The service will ensure that body lotions, creams and sprays used on allergic and asthmatic children have been approved by their parent. • All Services are Allergy Aware as opposed to Allergy Free. <ul style="list-style-type: none"> ○ Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the services will ask that staff, children or other individuals visiting the service to avoid if possible or reduce/restrict bringing any of the items that will trigger an attack. ○ Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and should take precedence.

5.8	Emergency Situations
5.8.1	<p>Allergies/Anaphylaxis</p> <p>In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, staff will:</p> <ul style="list-style-type: none"> • Call an Ambulance immediately by dialling triple zero (000). • Commence first aid measures. • Contact the parent/guardian. <p>Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.</p>
5.8.2	<p>Asthma</p> <p>In situations where a child who has not been diagnosed as asthmatic, but is exhibiting signs and symptoms of asthma, staff will:</p> <ul style="list-style-type: none"> • Call an Ambulance immediately by dialling triple zero (000). • Administer blue reliever puffer as first aid. • Contact the parent/guardian • Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
5.8.3	<p>Educators should be educated to recognise how serious anaphylaxis and asthma are and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis and asthma:</p> <ul style="list-style-type: none"> • The service will ensure that all educators have completed first aid, anaphylaxis and asthma management training with an update at least every 3 years from the date their qualification was issued. • The service will ensure that educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio - pulmonary resuscitation every 12 months.
5.8.4	<p>Emergency Evacuation</p> <p>There are times when staff and children leave the grounds of their service for scheduled or unscheduled purposes. When these events occur, the Services will ONLY if safe to do so:</p> <ul style="list-style-type: none"> • For the children with a Medical Management Plan for Asthma, Anaphylaxis, Diabetes and Epilepsy or other life threatening medical conditions participating in the event, collect their Emergency Medical Bags from their designated location that contains the child's medication and Medical Management Plans. • For children who have a Medical Management Plan for conditions such as eczema, nappy rash, teething or other dietary or cultural conditions participating in the event, <ul style="list-style-type: none"> ○ Any medication not contained in an Emergency Medical Bag will stay on site. ○ Collect and take the Medical Conditions Folder containing the Medical Management Plans.

<p>5.8.5</p>	<p>Excursions including Practice Emergency Drills</p> <p>There are times when staff and children leave the grounds of their service for scheduled purposes. When these events occur, the Services will:</p> <ul style="list-style-type: none"> For the children with a Medical Management Plan for Asthma, Anaphylaxis, Diabetes and Epilepsy or other life threatening medical conditions participating in the event, collect their Emergency Medical Bags from their designated location that contains the child's medication and Medical Management Plans. For children who have a Medical Management Plan for conditions such as eczema, nappy rash, teething or other dietary or cultural conditions participating in the event, the child's Medical Management Plan will accompany the child. <ul style="list-style-type: none"> If all children at the service are attending the event, collect and take the Medical Conditions Folder containing the Medical Management Plans. If only some children attending the event, copy the appropriate children's Medical Management Plans from the Medical Conditions Folder or the child's enrolment records and take. For children who have a Medical Management Plan for conditions such as eczema, nappy rash, teething or other dietary or cultural conditions participating in the event, the child's Medical Management Plan and Medical Conditions and Communication Plan will be considered during any excursion risk assessment process to ascertain the necessity of including the medication to accompany the child. Factors include but not limited to: <ul style="list-style-type: none"> The duration of the excursion and the likely hood of requiring the administration/application of the medication. The venue of the excursion and the likely hood of requiring the administration/application of the medication. Family requests and preference.
<p>5.9</p>	<p>Supervised Self-Administration of Medication by Children over Preschool Age:</p> <ul style="list-style-type: none"> Services managed by Mallee Track Health and Community Service do not support self-administration of medication. All medication must be notified to staff along with appropriate consent form to administer medication and staff will be responsible for the administration.
<p>6.</p>	<p>EVALUATION</p> <p>In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:</p> <ul style="list-style-type: none"> Regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness. Monitor the implementation, compliance, complaints and incidents in relation to this policy. Ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current. Keep the policy up to date with current legislation, research, policy and best practice. Revise the policy and procedures as part of the service's policy review cycle, or as required. Notify staff, parents/guardians at least 14 days before making any change to this policy or its procedures.

Forms & Records:	Medical Conditions and Health Care Needs Management Plan Medical Conditions Risk Management and Communication Plan
Related MTHCS Policy / Procedure:	This policy should be read in conjunction with: Administration of Medication Policy Anaphylaxis Policy Asthma Policy Administration of First Aid Policy Dealing with Infectious Diseases Policy Diabetes Policy Epilepsy Policy Incident, Injury, Trauma and Illness Policy Privacy and Confidentiality Policy Supervision of Children Policy
References:	<i>Staying Healthy: Preventing infectious diseases in early childhood education and care services</i> (5 th edition, 2013) National Health and Medical Research Council: https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, p 62: http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf
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) The most current amendments to listed legislation can be found at: Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/ Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/
Standards:	National Quality Standard – QA2 ISO 9001:2015 – 7.5, 8.5.3

MTHCS Early Years Services operate over two different regulatory requirements, Education and Care National Regulations 2011 and Children's Services Regulations 2020, differentiating Kindergarten services from Child Care Subsidy services. To reduce the list of Policies and Procedures produced, MTHCS Early Years Services have combined these documents. Designations will only be referenced under the Education and Care National Regulations 2011, however this would be equivalent to the same delegation as the Children's Services Regulations 2020 as needed but not stated.

Education and Care National Regulations 2011

Children's Services Regulations 2020

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Responsible Person	The Licensee
The Approved Provider	
Persons with Management and Control	
The Nominated Supervisor or Persons in Day to Day Charge	Primary Nominee
Certified Supervisors	Approved Nominee or Accepted Nominee