



Nominated Supervisor

Law Section 51(1)(a) Conditions on service approval (safety, health and wellbeing of children)

A service approval is granted subject to the condition that the education and care service is operated in a way that—

(a) ensures the safety, health and wellbeing of the children being educated and cared for by the service

Regulation 77 Health, hygiene and safe food practices

(1)& (2) The approved provider and nominated supervisor... must ensure that nominated supervisors and staff members of, and volunteers at, the service implement—

(a) adequate health and hygiene practices; and

(b) safe practices for handling, preparing and storing food—

to minimise risks to children being educated and cared for by the service. Penalty: \$2000.

Regulation 85 Incident, injury, trauma and illness policies and procedures

The incident, injury, trauma and illness policies and procedures ...required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—

(a) is injured; or

(b) becomes ill; or

(c) suffers a trauma.

Regulation 86 Notification to parents of incident, injury, trauma and illness

The approved provider ... must ensure that a parent of a child ... is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared forPenalty: \$2000.

Regulation 87 Incident, injury, trauma and illness record

(1) The approved provider ... must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.

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(3) The incident, injury, trauma and illness record must include—

(a) details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for ..., including—

(i) the name and age of the child; and

(ii) the circumstances leading to the incident, injury or trauma; and

(iii) the time and date the incident occurred, the injury was received or the child was subjected to the trauma;

(b) details of any illness which becomes apparent ... including—

(i) the name and age of the child; and

(ii) the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and

(iii) the time and date of the apparent onset of the illness;

(c) details of the action taken ... in relation to any incident, injury, trauma or illness which a child has suffered ..., including—

(i) any medication administered or first aid provided; and

(ii) any medical personnel contacted;

(d) details of any person who witnessed the incident, injury or trauma;

(e) the name of any person—

(i) whom the ...service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered ...; and

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- (ii) the time and date of the notifications or attempted notifications;
- (f) the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- (4) The information referred to in subregulation (3) must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Regulation 88 Infectious diseases

- (1) If there is an occurrence of an infectious disease ..., the approved provider ... must ensure that reasonable steps are taken to prevent the spread of the infectious disease at the service. Penalty: \$2000.
- (2) If there is an occurrence of an infectious disease at a centre-based service, the approved provider of the service must ensure that a parent or an authorised emergency contact of each child ... is notified ...as soon as practicable. Penalty: \$2000.

Regulation 89 First aid kits

- (1) The approved provider ... must ensure that first aid kits are kept in accordance with this subregulation, wherever the service is providing education and care to children—
 - (a) an appropriate number of first aid kits must be kept having regard to the number of children being educated and cared for by the service; and
 - (b) the first aid kits must be suitably equipped; and
 the first aid kits must be easily recognisable and readily accessible to adults, having regard to the design of the ... premises. Penalty: \$2000.

Regulation 90 Medical conditions policy

- (1) The medical conditions policy ... must set out practices in relation to the following—
 - (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
 - (b) informing nominated supervisors and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
 - (c) the requirements arising if a child enrolled ...has a specific health care need, allergy or relevant medical condition, including—
 - (i) requiring a parent of the child to provide a medical management plan for the child; and
 - (ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
 - (iii) requiring the development of a risk-minimisation plan in consultation with the parents of a child—
 - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - (E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
 - (iv) requiring the development of a communications plan to ensure that—
 - (A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
 - (B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

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- (2) The medical conditions policy ... must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.
- (3) In subregulation (2), the practices must include any practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.

Regulation 91 Medical conditions policy to be provided to parents

The approved provider ... must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled ... if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.

Note— A compliance direction may be issued for failure to comply with this regulation.

Regulation 92 Medication record

(1) The approved provider ... must ensure that a medication record is kept that includes the details set out in subregulation (3) for each child to whom medication is or is to be administered ...

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- (3) The details to be recorded are—
- (a) the name of the child;
 - (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
 - (c) the name of the medication to be administered;
 - (d) the time and date the medication was last administered;
 - (e) the time and date, or the circumstances under which, the medication should be next administered;
 - (f) the dosage of the medication to be administered;
 - (g) the manner in which the medication is to be administered;
 - (h) if the medication is administered to the child—
 - (i) the dosage that was administered; and
 - (ii) the manner in which the medication was administered; and
 - (iii) the time and date the medication was administered; and
 - (iv) the name and signature of the person who administered the medication; and
 - (v) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.

Regulation 93 Administration of medication

(1) & (3) The approved provider and nominated supervisor... must ensure that medication is not administered to a child ... unless—

- (a) that administration is authorised; and
- (b) the medication is administered in accordance with regulation 95 or 96. Penalty: \$2000.

(2) The approved provider ... must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b).

Penalty: \$1000.

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- (5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—
- (a) is recorded in the medication record for that child under regulation 92; or
 - (b) in the case of an emergency, is given verbally by—
 - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency

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- (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- (2) If medication is administered under this regulation, the approved provider or a nominated supervisor ... must ensure that the following are notified as soon as practicable—
 - (a) a parent of the child;
 - (b) emergency services.

Regulation 95 Procedure for administration of medication

Subject to regulation 96, if medication is administered to a child ...—

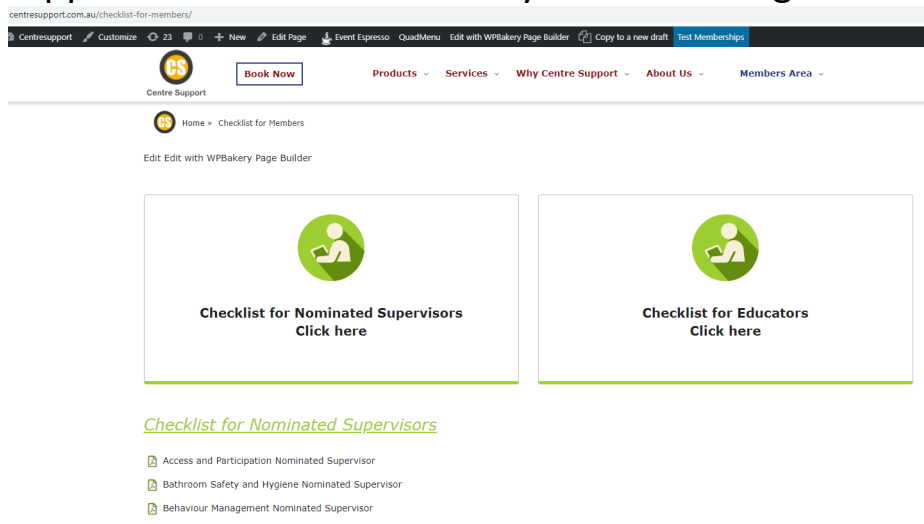
- (a) the medication must be administered—
 - (i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or
 - (ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and
- (b) the medication must be administered in accordance with any instructions—
 - (i) attached to the medication; or
 - (ii) any written or verbal instructions provided by a registered medical practitioner; and
- (c) ... the following must be checked by a person other than the person administering the medication—
 - (i) the dosage of the medication to be administered;
 - (ii) the identity of the child to whom the medication is to be administered.

Regulation 96 Self-administration of medication

The approved provider ... may permit a child over preschool age to self-administer medication if—

- (a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and
- (b) the medical conditions policy of the service includes practices for self-administration of medication.

Remember: If you need to use a checklist go to the members area of Centre Support's website where every checklist imaginable is available.



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Answers from last week - Compliance test for educators

Instructions: Nominated Supervisor is to conduct the test. Ask one educator at a time in a location that other educators cannot hear or provide support to the educators being asked the question. Record the responses then analyse to see if the educators' responses would place you at risk of a fine. Finally, train the educators that fail to meet the regulations.

Name of educator:

Questions	Response	Pass or Fail
Miss Soraya asks what 'adequate supervision' means. What's the answer?	<p>ACECQA FAQ 'What is adequate supervision says you should consider:</p> <ul style="list-style-type: none"> • the number, age, ability and individual needs of children • the number and positioning of educators • each child's current activity • areas where children are playing, in particular the visibility and accessibility • risks in the environment and of experiences provided to children • the educators' knowledge of each child and each group of children • the experience, knowledge and skill of each educator <p>and that meeting educator-to-child ratios may not always mean there is adequate supervision. At times services may need to provide additional educators to ensure children are adequately supervised eg when going on an excursion or when children are engaged in a water activity.</p>	
Miss Sian asks what the term 'authorised nominee' means. What's your response?	'Authorised nominee is a person who has been given permission by a parent on the child's enrolment record to collect the child (Law section 170)	
Mr Jordan asks if risk assessments for excursions and authorisations parents give for excursions need to say specific things. Do they?	Yes. These are covered in Regs 101 and 102, and contained in the Excursion Policy.	
Miss Halimah asks which Reg relates to children's safety when visitors are present. Please respond.	There are no Regs about this (other than for Family Day Care). It's Law Section 170 'Offence relating to unauthorised persons on education and care service premises' which says that 'unauthorised persons' must be "under the direct supervision of an educator or other staff member of the service."	
Miss Sofia asks why Element 2.2.1 covers supervision AND risk management. Why do you think this is?	When we actively supervise children we're always on the lookout for potential dangers and can take action to remove or minimise the danger hopefully before the child is injured or has a preventable accident .	

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Compliance test for educators

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Name of educator:

Questions	Response	Pass or Fail
Miss Heike asks what medical plans are needed if a child has a medical condition or health care need, and who is supposed to prepare them. What's the answer?		
Miss Luella asks what you need to check before giving a child medication. What's your response?		
Mr Drew asks how old children have to be before they can self-administer their medication. Please respond?		
Miss Katy asks what happens in a medical emergency. Does she need to get authorisation before giving a child medication? Does she?		
Miss Nikki asks how long she has to notify a child's parents about an injury the child suffered? What's the answer?		

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The Federal Government's [Fair Work](#) and [Business support](#) websites have a lot of simple, easy to understand information about employee entitlements as well as some useful templates. Each week we'll share information from the websites.

This week we're looking at the Commonwealth Government's '[Business Continuity Payments](#)' for ECEC services in lockdown, gap fee waivers and additional allowable absences. Business continuity payments will be made to services in [Commonwealth-declared COVID-19 Hotspots](#) if:

- the Commonwealth hotspot runs for more than 7 days and the state or territory government has limited who can access child care, or
- the Commonwealth hotspot extends beyond 28 days.

Payments

Business continuity payments will be based on the service type:

- Centre Based Day Care and Family Day Care will get fortnightly payments of 25% of their pre-lockdown revenue calculated up to the hourly cap
- Outside School Hours Care (OSHC) and vacation care services will get separate fortnightly payments of 40% of their pre-lockdown revenue calculated up to the hourly cap.

Payments will be based on revenue in a specified fortnight before the lockdown.

[Business continuity payments are contingent on services:](#)

- having reasonable expectations attendance will drop below 50%
- not accessing other Commonwealth Government-funded business supports
- waiving gap fees for all families whose children are not attending
- maintaining staffing levels, and
- agreeing to a fee freeze for the duration of business continuity payments.

Eligibility

This support is now available for services in affected areas of Greater Sydney, Australian Capital Territory, and OSHC services in metropolitan Melbourne. If current lockdowns continue, all other services in metropolitan Melbourne, regional Victoria and regional NSW will become eligible.

Payments for services in these locations will be backdated to 23 August.

The Commonwealth Government will write to services if they become eligible for a business continuity payment.

[Check dates for business continuity payments in eligible regions.](#)

Gap fee waivers, additional allowable absences

Services in [Commonwealth-declared COVID-19 Hotspots](#) that run for more than seven days can waive gap fees for families who keep their children at home. The decision to waive gap fees is one for the individual service. Services directed to close by a local authority because of COVID-19 can also waive gap fees until 31 December 2021.

Services in [Commonwealth-declared COVID-19 Hotspots](#) that run for more than seven days can access additional allowable absences. Families can use these absences even if they have not used up their 42 days of allowable absences.

[Visit DESE website for information](#) on the conditions for payments, gap fee waivers and additional allowable absences.

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