

# DIABETES

QUALITY AREA 2 | ELAA version 1.2

Early Learning Association Australia (ELAA) acknowledges the contribution of Diabetes Victoria in review of this policy. If your service is considering changing any part of this model policy, please contact Diabetes Victoria to discuss your proposed changes (*refer to Sources*).



## PURPOSE

To ensure that enrolled children living with type 1 diabetes and their families are supported, while children are being educated and cared for by the service.

This Diabetes Policy should be read in conjunction with the Dealing with Medical Conditions Policy of Leslie Moorhead Pre-School Centre Inc.



## POLICY STATEMENT

### VALUES

Leslie Moorhead Pre-School Centre Inc. believes in ensuring the safety and wellbeing of children living with type 1 diabetes, and is committed to:

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

### SCOPE

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

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	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that a <i>Diabetes Policy</i> is developed, implemented and complied all staff, families, students and volunteers by at Leslie Moorhead Pre-School Centre Inc. <i>Regulation 90</i>	R	√	√	√	√
Ensuring that at least one ECT/educator with current approved first aid qualifications ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times that children are being educated and cared for by the service ( <i>Regulation 136(1) (a)</i> ). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	√			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, families, students and volunteers at the service are provided with a copy of the <i>Diabetes Policy</i> , including the section on management strategies ( <i>refer to Attachment 1</i> ), and the <i>Dealing with Medical Conditions Policy</i> ( <i>Regulation 91</i> )	R	√	√	√	√
Ensuring that all staff members and volunteers can identify the child living with diabetes, the child's medical management plan and the location of the child's medication are developed and implemented ( <i>Regulation 90</i> )	R	√	√		√
Ensuring that the programs delivered at the service are inclusive of children living with type 1 diabetes ( <i>refer to Inclusion and Equity Policy</i> ), and can participate in all activities safely and to their full potential	R	√	√		√
Ensuring that the nominated supervisor, staff and volunteers at the service are aware and have discussed the child's diabetes action and management plan with their families. This plan details the strategies to be implemented for the child's diabetes management at the service ( <i>refer to Attachment 1</i> )	R	√	√		√
Following and implementing the diabetes management strategies detailed on the child's diabetes action and management plan while at the service ( <i>refer to Attachment 1</i> )		√	√		√
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy</i> ( <i>Regulation 93</i> )	R	R	√		
Ensuring that staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families	√	√	√	√	√

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



## BACKGROUND AND LEGISLATION

### BACKGROUND

Services that are subject to the [National Quality Framework](#) must have a policy for managing medical conditions in accordance with the [Education and Care Services National Law Act 2010](#) and the [Education and Care Services National Regulations 2011](#). This policy must define practices in relation to:

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

Diabetes is considered a disability under the [Disability Standards for Education 2005 \(Cth\)](#) and the [Equal Opportunity Act 2010 \(Vic\)](#).

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

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

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

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

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

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009 (Vic)

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

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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

**Type 1 diabetes:** An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Type 1 diabetes is not linked to modifiable lifestyle factors. Currently there is no cure nor can be prevented. Type 1 diabetes can be life threatening. - [Type 1 diabetes - Diabetes Australia](http://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](http://Dealing with Medical Conditions Policy). For more information about type 2 diabetes visit: [Type 2 Diabetes - Diabetes Australia](http://Type 2 Diabetes - Diabetes Australia)

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

Causes of hypoglycaemia (hypo) are:

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

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and possibly convulsions. Never leave the child alone during a hypo episode.

The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo. - [Hypoglycaemia - Diabetes Australia](#)

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

- taking insufficient insulin/or missed insulin 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). - [Hyperglycaemia - Diabetes Australia](#)

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

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

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

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

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

**Insulin pump:** An insulin pump is a small battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump is Included more detail from the Diabetes Australia website to have a similar level of detail to other areas

worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it stays in place. - [Insulin pumps - Diabetes Australia](#)

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

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

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

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## SOURCES AND RELATED POLICIES

### 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](http://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=Left-Mega-Nav%2FSchools&content\\_id=a1R9000000HsgqyEAB&bdc=1](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R9000000HsgqyEAB&bdc=1)
- Diabetes in Schools - Resources and Information: <https://www.diabetesinschools.com.au/resources-and-information/>

### RELATED POLICIES

- Administration of First Aid
  - Administration of Medication
  - Child Safe Environment and Wellbeing
  - Dealing with Medical Conditions
  - 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
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## EVALUATION

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

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



## ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the service
- Attachment 2: National Law and National Regulations relating to this policy



## AUTHORISATION

This revised policy was adopted by the approved provider of Leslie Moorhead Pre-School Centre Inc. on 26<sup>th</sup> April 2023

Reviewed by : Sallie McCarthy

Ratified Date: 11<sup>th</sup> June 2025

Next review date: May 2028



## ATTACHMENT 1. STRATEGIES FOR THE MANAGEMENT OF DIABETES IN CHILDREN AT THE SERVICE

Strategy	Action
<b>Monitoring of glucose levels</b>	<ul style="list-style-type: none"> <li>• Checking of glucose levels is performed using either a fingerpick blood glucose monitor, continuous glucose monitoring or a flash glucose monitoring (refer to Definitions). The child's diabetes action and management plan should state the times that glucose levels should be checked, the method of relaying information to families about glucose levels and any intervention required if the glucose level is found to be below or above the child's target glucose range. A communication book can be used to provide information about the child's glucose levels between families and the service at the end of each session.</li> <li>• Children will need assistance with checking their glucose levels and if required to do a fingerpick blood glucose check.</li> <li>• Families should be asked to teach service staff about glucose checking procedures.</li> <li>• Families are responsible for supplying a fingerpick blood glucose monitor and in-date test strips if required for their child while at the service.</li> </ul>
<b>Managing hypoglycaemia (hypos)</b>	<ul style="list-style-type: none"> <li>• Hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan.</li> <li>• Families are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</li> <li>• This hypo container must be securely stored and readily accessible to all staff.</li> </ul>
<b>Administering insulin</b>	<ul style="list-style-type: none"> <li>• Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan.</li> <li>• As a guide, insulin for service-aged children may be administered via: <ul style="list-style-type: none"> <li>○ Twice daily injections: before breakfast and dinner at home</li> <li>○ multiple daily injections: either before meals or other specified times as indicated on the child's diabetes management plan</li> <li>○ by a small insulin pump worn by the child</li> <li>○ If insulin is required to be administered by the staff, then it is recommended that they receive skills-based training from the child's diabetes treating team.</li> </ul> </li> </ul>
<b>Managing ketones</b>	<ul style="list-style-type: none"> <li>• Fingerpick blood ketone checking may be required when their blood glucose level is greater than or equals 15.0 mmol/L.</li> <li>• Refer to the child's diabetes action and management plan.</li> </ul>
<b>Off-site excursions and activities</b>	<ul style="list-style-type: none"> <li>• With good planning, children should be able to participate fully in all service activities, including attending excursions.</li> <li>• The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's families, as required.</li> </ul>
<b>Infection control</b>	<ul style="list-style-type: none"> <li>• Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking fingerpick blood glucose levels ensure child's hands are washed and dried prior to check</li> </ul> <p>Ensure staff checking fingerpick blood glucose level:</p> <ul style="list-style-type: none"> <li>• wear disposable gloves</li> <li>• use the child's own lancet device</li> <li>• ensure it is stored safely so it cannot be used by other children; if more than one child living with type 1 diabetes at the service, never share lancet devices; staff should not remove the lancet from the device</li> <li>• safely disposing of all medical waste.</li> </ul>

	<ul style="list-style-type: none"> <li>• if insulin injections are administered at the service, staff should be instructed on the safe removal of the pen needle (without manually handling it) by the child's diabetes treating team, to avoid a possible needlestick injury.</li> <li>• a sharps' container to be supplied by families if insulin injections are administered at the service, for the disposal of used pen needles.</li> </ul>
<b>Timing meals</b>	<ul style="list-style-type: none"> <li>• Most meal requirements will fit into regular service routines.</li> <li>• Children living with type 1 diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes <u>cannot have delayed mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u></li> </ul>
<b>Physical activity</b>	<ul style="list-style-type: none"> <li>• Some children living with diabetes may require carbohydrate food before planned extra physical activity. Their diabetes management plan will provide specific guidance</li> <li>• Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.</li> </ul>
<b>Participation in special events</b>	<ul style="list-style-type: none"> <li>• The service should seek families' advice regarding foods for special events such as parties/celebrations</li> </ul>
<b>Communicating with parents</b>	<ul style="list-style-type: none"> <li>• Services should communicate directly and regularly with families to ensure that their child's individual diabetes action and management plan is current.</li> <li>• Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</li> <li>• Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</li> </ul>

## ATTACHMENT 2: NATIONAL LAW AND NATIONAL REGULATIONS RELATING TO THIS POLICY

Education and Care Services National Law	
Section	
167	<p><b>Offence relating to protection of children from harm and hazards</b></p> <p>(1) The approved provider of an education and care service 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.</p> <p>(2) A nominated supervisor of an education and care service 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.</p>
169	<p><b>169 Offence relating to staffing arrangements</b></p> <p>(1) An approved provider of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.</p> <p>(2) An approved provider of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national Regulations.</p> <p>(3) A nominated supervisor of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.</p> <p>(4) A nominated supervisor of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national Regulations.</p>
Education and Care Services National Regulations (Regulation)	
Section	
90	<p><b>Medical conditions policy</b></p> <p>(1) The medical conditions policy of the education and care service must set out practices in relation to the following—</p> <ul style="list-style-type: none"> <li>(a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;</li> <li>(b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;</li> <li>(c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including— <ul style="list-style-type: none"> <li>(i) requiring a parent of the child to provide a medical management plan for the child; and</li> <li>(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</li> <li>(iii) requiring the development of a risk-minimisation plan in consultation with the parents of a child— <ul style="list-style-type: none"> <li>(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</li> <li>(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</li> <li>(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</li> <li>(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</li> <li>(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</li> </ul> </li> <li>(iv) requiring the development of a communications plan to ensure that— <ul style="list-style-type: none"> <li>(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</li> <li>(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.</li> </ul> </li> </ul> <p>(2) The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.</p> <p>(3) In Sub-Regulation (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.</p> </li></ul>
91	<p><b>Medical conditions policy to be provided to parents</b></p> <p>The approved provider of an education and care service must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.</p> <p><b>Note:</b> A compliance direction may be issued for failure to comply with this Regulation.</p>

92	<p><b>Medication record</b></p> <p>(1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in Sub-Regulation (3) for each child to whom medication is or is to be administered by the service.</p> <p>(2) A family day care educator must keep a medication record that includes the details set out in Sub-Regulation (3) for each child being educated and cared for by the educator as part of a family day care service to whom medication is or is to be administered.</p> <p>(3) The details to be recorded are—</p> <ul style="list-style-type: none"> <li>(a) the name of the child;</li> <li>(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;</li> <li>(c) the name of the medication to be administered;</li> <li>(d) the time and date the medication was last administered;</li> <li>(e) the time and date, or the circumstances under which, the medication should be next administered;</li> <li>(f) the dosage of the medication to be administered;</li> <li>(g) the manner in which the medication is to be administered;</li> <li>(h) if the medication is administered to the child—</li> <li>(i) the dosage that was administered; and</li> <li>(ii) the manner in which the medication was administered; and</li> <li>(iii) the time and date the medication was administered; and</li> <li>(iv) the name and signature of the person who administered the medication; and</li> <li>(v) if another person is required under Regulation 95 to check the dosage and administration, the name and signature of that person.</li> </ul>
93	<p><b>Administration of medication</b></p> <p>(1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <ul style="list-style-type: none"> <li>(a) that administration is authorised; and</li> <li>(b) the medication is administered in accordance with Regulation 95 or 96.</li> </ul> <p>(2) The approved provider of an education and care service 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 Sub-Regulation (5)(b).</p> <p>(3) The nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <ul style="list-style-type: none"> <li>(a) that administration is authorised; and</li> <li>(b) the medication is administered in accordance with Regulation 95 or 96.</li> </ul> <p>(4) Refers to Family Daycare</p> <p>(5) In this Regulation the administration of medication to a child is authorised if an authorisation to administer the medication—</p> <ul style="list-style-type: none"> <li>(a) is recorded in the medication record for that child under Regulation 92; or</li> <li>(b) in the case of an emergency, is given verbally by—</li> <li>(i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or</li> <li>(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.</li> </ul>
94	<p><b>Exception to authorisation requirement—anaphylaxis or asthma emergency</b></p> <p>(1) Despite Regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.</p> <p>(2) If medication is administered under this Regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—</p> <ul style="list-style-type: none"> <li>(a) a parent of the child;</li> <li>(b) emergency services.</li> </ul>
95	<p><b>Procedure for administration of medication</b></p> <p>Subject to Regulation 96, if medication is administered to a child being educated and cared for by an education and care service—</p> <ul style="list-style-type: none"> <li>(a) the medication must be administered—</li> <li>(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</li> <li>(ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and</li> <li>(b) the medication must be administered in accordance with any instructions—</li> <li>(i) attached to the medication; or</li> <li>(ii) any written or verbal instructions provided by a registered medical practitioner</li> </ul>

96	<p><b>Self-administration of medication</b></p> <p>The approved provider of an education and care service may permit a child over preschool age to self-administer medication if—</p> <p>an authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92; and</p> <p>the medical conditions policy of the service includes practices for self-administration of medication.</p>
102	<p><b>Authorisation for excursions</b></p> <p>(1) The approved provider of an education and care service must ensure that a child being educated and cared for by the service is not taken outside the education and care service premises on an excursion unless written authorisation has been provided under Sub-Regulation (4).</p> <p>(2) The nominated supervisor of an education and care service must ensure that a child being educated and cared for by the service is not taken outside the education and care service premises on an excursion unless written authorisation has been provided under Sub-Regulation (4). (3) Refers to a family day care</p> <p>(4) The authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the education and care service premises by an educator and must state—</p> <p>(a) the child's name; and</p> <p>(b) the reason the child is to be taken outside the premises; and</p> <p>(c) the date the child is to be taken on the excursion (unless the authorisation is for a regular outing); and</p> <p>(d) a description of the proposed destination for the excursion; and</p> <p>(e) the method of transport to be used for the excursion; and</p> <p>(f) the proposed activities to be undertaken by the child during the excursion; and</p> <p>(g) the period the child will be away from the premises; and</p> <p>(h) the anticipated number of children likely to be attending the excursion; and</p> <p>(i) the anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion; and</p> <p>(j) the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion; and</p> <p>(k) that a risk assessment has been prepared and is available at the service.</p> <p>(5) If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period.</p>
136	<p><b>First aid qualifications</b></p> <p>(1) The approved provider of a centre-based service must ensure that the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—</p> <p>(a) at least one educator who holds a current approved first aid qualification;</p> <p>(b) at least one educator who has undertaken current approved anaphylaxis management training;</p> <p>(c) at least one educator who has undertaken current approved emergency asthma management training.</p> <p>(2) If children are being educated and cared for at service premises on the site of a school, it is sufficient for the purposes of Sub-Regulation (1) if the educators referred to in that Sub-Regulation are in attendance at the school site and immediately available in an emergency.</p> <p>(3) Refers to a family day care</p> <p>(4) The same person may hold one or more of the qualifications set out in Sub-Regulation (1).</p> <p>(5) In this Regulation—</p> <p><b>approved anaphylaxis management training</b> means anaphylaxis management training approved by the National Authority in accordance with Division 7;</p> <p><b>approved emergency asthma management training</b> means emergency asthma management training approved by the National Authority in accordance with Division 7;</p> <p><b>approved first aid qualification</b> means a qualification that—</p> <p>(a) includes training in the following that relates to and is appropriate to children—</p> <p>(i) emergency life support and cardio-pulmonary resuscitation;</p> <p>(ii) convulsions;</p> <p>(iii) poisoning;</p> <p>(iv) respiratory difficulties;</p> <p>(v) management of severe bleeding;</p> <p>(vi) injury and basic wound care;</p> <p>(vii) administration of an auto-immune adrenalin device; and</p> <p>(b) has been approved by the National Authority in accordance with Division 7.</p> <p><b>Note</b></p> <p>A compliance direction may be issued for failure to comply with Sub-Regulation (1).</p>
137	<p><b>137 Approval of qualifications</b></p> <p>(1) The National Authority must publish on its website lists of qualifications it has approved for the purposes of the Law including—</p> <p>(a) a list of approved early childhood teaching qualifications; and</p>

	<p>(b) a list of approved diploma level education and care qualifications; and</p> <p>(c) a list of approved certificate III level education and care qualifications; and</p> <p>(d) a list of approved qualifications for suitably qualified persons; and</p> <p>(e) a list of approved first aid qualifications and anaphylaxis management and emergency asthma management training.</p> <p>2) The National Authority must also publish on its website lists of qualifications it has approved for the purposes of Chapter 7 including—</p> <p>(a) a list of former qualifications approved as any of the following—</p> <p>(i) early childhood teaching qualifications;</p> <p>(ii) diploma level education and care qualifications;</p> <p>(iii) certificate III level education and care qualifications; and</p> <p>(b) for Queensland, a list of former qualifications approved as either of the following—</p> <p>(i) diploma level education and care qualifications;</p> <p>(ii) certificate III level education and care qualifications; and</p> <p>(c) a list of qualifications for working with children over preschool age for each participating jurisdiction; and</p> <p>(d) refers only to Queensland.</p> <p>(3) The National Authority may publish on its website qualifications and training that it has approved as equivalent to an approved qualification or training for the purposes of the Law.</p> <p>(4) The National Authority may publish on its website units of approved certificate III level education and care qualifications for the purposes of the definition of <b>actively working towards</b> a qualification.</p>
146	<p><b>Nominated supervisor</b></p> <p>The staff record must include the following information in relation to the nominated supervisor—</p> <p>(a) the full name, address and date of birth of the nominated supervisor;</p> <p>(b) evidence—</p> <p>(i) of any relevant qualifications held by the supervisor; or</p> <p>(ii) if applicable, that the supervisor is actively working towards that qualification as provided under Regulation 10;</p> <p>(c) evidence of any approved training (including first aid training) completed by the supervisor;</p> <p>(d) if the education and care service is located in a jurisdiction with a working with children law or a working with vulnerable people law, a record of the identifying number of the current check conducted under that law and the expiry date of that check (if applicable).</p>
147	<p><b>Staff members</b></p> <p>The staff record must include the following information in relation to staff members—</p> <p>(a) the full name, address and date of birth of the staff member;</p> <p>(b) evidence—</p> <p>(i) of any relevant qualifications held by the staff member; or</p> <p>(ii) if applicable, that the staff member is actively working towards that qualification as provided under Regulation 10;</p> <p>(c) evidence of any approved training (including first aid training) completed by the staff member;</p> <p>(d) if the education and care service is located in a jurisdiction with a working with children law or a working with vulnerable people law, a record of the identifying number of the current check conducted under that law and the expiry date of that check (if applicable).</p>
160	<p><b>Child enrolment records to be kept by approved provider and family day care educator</b></p> <p>(1) The approved provider of an education and care service must ensure that an enrolment record is kept that includes the information set out in Sub-Regulation (3) for each child enrolled at the education and care service.</p> <p>(2) A family day care educator must keep an enrolment record that includes the information set out in Sub-Regulation (3) for each child educated and cared for by the educator.</p> <p>(3) An enrolment record must include the following information for each child—</p> <p>(a) the full name, date of birth and address of the child;</p> <p>(b) the name, address and contact details of—</p> <p>(i) each known parent of the child; and</p> <p>(ii) any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and</p> <p>(iii) any person who is an authorised nominee; and</p> <p><b>Note</b></p> <p><b>Authorised nominee</b> means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.</p> <p>(iv) any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and</p> <p>(v) any person who is authorised to authorise an educator to take the child outside the education and care service premises;</p> <p>(c) details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child;</p>



	<p>(d) details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person;</p> <p>(e) the gender of the child;</p> <p>(f) the language used in the child's home;</p> <p>(g) the cultural background of the child and, if applicable, the child's parents;</p> <p>(h) any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs;</p> <p>(i) the relevant authorisations set out in Regulation 161;</p> <p>(j) the relevant health information set out in Regulation 162.</p> <p>(4) In this Regulation—</p> <p><b>parenting order</b> means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;</p> <p><b>Parenting plan</b> means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.</p>
161	<p><b>Authorisations to be kept in enrolment record</b></p> <p>(1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—</p> <p>(a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, nominated supervisor or an educator to seek—</p> <p>(i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and</p> <p>(ii) transportation of the child by an ambulance service; and</p> <p>(b) if relevant, an authorisation given under Regulation 102 for the education and care service to take the child on regular outings.</p>
162	<p><b>Health information to be kept in enrolment record</b></p> <p>The health information to be kept in the enrolment record for each child enrolled at the education and care service is—</p> <p>(a) the name, address and telephone number of the child's registered medical practitioner or medical service; and</p> <p>(b) if available, the child's Medicare number; and</p> <p>(c) details of any—</p> <p>(i) specific healthcare needs of the child, including any medical condition; and</p> <p>(ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and</p> <p>(d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c); and</p> <p>(e) details of any dietary restrictions for the child; and</p> <p>(f) the immunisation status of the child; and</p> <p>(g) if the approved provider or a staff member or family day care educator has sighted a child health record for the child, a notation to that effect.</p>
168(2)(d)	<p><b>Education and care service must have policies and procedures</b></p> <p>(2) Policies and procedures are required in relation to the following—</p> <p>(d) dealing with medical conditions in children, including the matters set out in Regulation 90;</p>
173	<p><b>Prescribed information to be displayed</b></p> <p>(1) For the purposes of section 172 of the Law, the following information is prescribed in respect of the matters in paragraphs (a) to (e) of that section—</p> <p>(a) in relation to the provider approval—</p> <p>(i) the name of the approved provider;</p> <p>(ii) the provider approval number;</p> <p>(iii) any conditions on the provider approval;</p> <p>(b) in relation to the service approval—</p> <p>(i) the name of the education and care service;</p> <p>(ii) the service approval number;</p> <p>(iii) any conditions on the service approval;</p> <p>(c) in relation to the nominated supervisor or the prescribed class of persons to which the nominated supervisor belongs—</p> <p>(i) the name of the nominated supervisor; or</p> <p>(ii) if the nominated supervisor is a member of a prescribed class, the class;</p> <p>in relation to the rating of the service—</p> <p>(i) the current rating levels for each quality area stated in the National Quality Standard; and</p> <p>(ii) the overall rating of the service;</p> <p>(e) in relation to any service waivers or temporary waivers held by the service, the details of the waivers including—</p> <p>(i) the elements of the National Quality Standard and the Regulations that have been waived; and</p> <p>(ii) the duration of the waiver; and</p> <p>(iii) whether the waiver is a service waiver or a temporary waiver.</p> <p>(2) For the purposes of section 172(f) of the Law, the following matters and information are prescribed—</p>

	<p>(a) the hours and days of operation of the education and care service;</p> <p>(b) the name and telephone number of the person at the education and care service to whom complaints may be addressed;</p> <p>(c) except in the case of a family day care residence or approved family day care venue, the name and position of the responsible person in charge of the education and care service at any given time;</p> <p>(d) the name of the educational leader at the service;</p> <p>(e) the contact details of the Regulatory Authority;</p> <p>(f) if applicable, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service;</p> <p>(g) if applicable, a notice of an occurrence of an infectious disease at the education and care service.</p>
177	<p><b>Prescribed enrolment and other documents to be kept by approved provider</b></p> <p>(1) For the purposes of section 175(1) of the Law, the following documents are prescribed in relation to each education and care service operated by the approved provider—</p> <p>(a) the documentation of child assessments or evaluations for delivery of the educational program as set out in Regulation 74;</p> <p>(b) an incident, injury, trauma and illness record as set out in Regulation 87;</p> <p>(c) a medication record as set out in Regulation 92;</p> <p>(d) a record of assessments of family day care residences and approved family day care venues conducted under Regulation 116;</p> <p>(e) in the case of a centre-based service, a staff record as set out in Regulation 145;</p> <p>(f) a record of volunteers and students as set out in Regulation 149; (g) the records of the responsible person at the service as set out in Regulation 150;</p> <p>(h) in the case of a centre-based service, a record of educators working directly with children as set out in Regulation 151;</p> <p>(i) a record of access to early childhood teachers as set out in Regulation 152;</p> <p>(j) in the case of a family day care service, a record of staff, family day care co-ordinators engaged by the service and family day care educator assistants approved by the service, kept under Regulation 154;</p> <p>(k) a children's attendance record as set out in Regulation 158;</p> <p>(l) child enrolment records as set out in Regulation 160;</p> <p>(m) a record of the service's compliance with the Law as set out in Regulation 167;</p> <p>(n) a record of certified supervisors placed in day to day charge of the education and care service under section 162 of the Law.</p> <p>(2) The approved provider of the education and care service must take reasonable steps to ensure the documents referred to in subregulation (1) are accurate.</p> <p>(3) Subject to Subdivision 4, the approved provider of the education and care service must ensure that—</p> <p>(a) subject to Sub-Regulation (4), the documents referred to in Sub-Regulation (1) in relation to a child enrolled at the service are made available to a parent of the child on request;</p> <p>(b) the record of compliance referred to in Sub-Regulation (1)(m) is able to be accessed on request by any person.</p> <p>(4) If a parent's access to information of the kind in the documents referred to in Sub-Regulation (1) is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.</p> <p>(5) An approved provider of a family day care service is not required to keep a document set out in Sub-Regulation (1) if an equivalent record is kept by a family day care educator under Regulation 178.</p> <p><b>Note</b></p> <p>A compliance direction may be issued for failure to comply with Sub-Regulation (2) or (3).</p>
181	<p><b>Confidentiality of records kept by approved provider</b></p> <p>The approved provider of an education and care service must ensure that information kept in a record under these Regulations is not divulged or communicated, directly or indirectly, to another person other than—</p> <p>(a) to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or</p> <p>(b) a parent of the child to whom the information relates, except in the case of information kept in a staff record; or</p> <p>(c) the Regulatory Authority or an authorised officer; or</p> <p>(d) as expressly authorised, permitted or required to be given by or under any Act or law; or</p> <p>(e) with the written consent of the person who provided the information.</p>
183	<p><b>Storage of records and other documents</b></p> <p>(1) The approved provider of an education and care service must ensure that records and documents set out in Regulation 177 are stored—</p> <p>(a) in a safe and secure place; and</p> <p>(b) for the relevant period set out in Sub-Regulation (2).</p> <p>(2) The records must be kept—</p> <p>(a) if the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the education and care service, until the child is aged 25 years;</p>



	<p>(b) if the record relates to an incident, illness, injury or trauma suffered by a child that may have occurred following an incident while being educated and cared for by the education and care service, until the child is aged 25 years;</p> <p>(c) if the record relates to the death of a child while being educated and cared for by the education and care service or that may have occurred as a result of an incident while being educated and cared for, until the end of 7 years after the death;</p> <p>(d) in the case of any other record relating to a child enrolled at the education and care service, until the end of 3 years after the last date on which the child was educated and cared for by the service;</p> <p>(e) if the record relates to the approved provider, until the end of 3 years after the last date on which the approved provider operated the education and care service;</p> <p>(f) if the record relates to the nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service;</p> <p>(g) in case of any other record, until the end of 3 years after the date on which the record was made.</p> <p><b>Note:</b> A compliance direction may be issued for failure to comply with this Regulation.</p>
184	<p><b>Storage of records after service approval transferred</b></p> <p>(1) Subject to Sub-Regulation (2), if a service approval is transferred under the Law, the transferring approved provider must transfer the documents referred to in Regulation 177 relating to children currently enrolled with the service to the receiving approved provider on the date that the transfer takes effect.</p> <p>(2) The transferring approved provider must not transfer the documents relating to a child under Sub-Regulation (1) unless a parent of the child has first consented to that transfer.</p>
246	<p><b>Anaphylaxis training</b></p> <p>(1) This Regulation applies in a participating jurisdiction if, immediately before the scheme commencement day, the former education and care services law or the education law of that jurisdiction did not require the attendance at an education and care service of an educator trained in anaphylaxis management.</p> <p>(2) Regulations 136(1)(b) and 136(3)(b) do not apply in relation to that service before 1 January 2013.</p>