ADMINISTRATION OF MEDICATION POLICY & PROCEDURE

Policy Statement

Our OSHC Service is committed to supporting the health and wellbeing of all children by ensuring that the administration of medication is conducted safely, accurately, and in accordance with legal and regulatory requirements. We recognise that administering medication is a serious responsibility and will only be undertaken by authorised, trained educators following written consent from a parent or guardian. Our aim is to safeguard children's health by ensuring all medications are stored securely, administered correctly, and recorded accurately, while maintaining the privacy and dignity of every child.

Background

There are occasions when children attending our OSHC Service may require medication to manage short-term or ongoing health conditions. Administering medication in an education and care setting requires careful management to minimise risks and ensure compliance with the Education and Care Services National Law and Regulations.

This policy outlines the procedures and responsibilities for the safe storage, handling, administration, and documentation of medications at our Service. It supports educators in understanding their duty of care and ensures that all staff are informed, trained, and confident in following correct procedures to prevent errors.

By adhering to this policy, our Service aims to:

- Protect children from harm and promote their health and wellbeing.
- Ensure families are informed, involved, and confident in our medication practices.
- Comply with all relevant legislation, including the Education and Care Services National Regulations 168, National Quality Standard (Quality Area 2), and relevant health and safety guidelines.

Legislative Requirements and links to the National Quality Framework

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 167	Offence relating to protection of children from harm and hazard
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement – anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications
161	Authorisations to be kept in enrolment record
162 (c)&(d)	Health information to be kept in enrolment record

168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
175	Prescribed information to be notified to Regulatory Authority
183	Storage of records and other documents

Definitions of Key Terms used in the Policy

TERM	MEANING	SOURCE
ACECQA – Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	ACEQA
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations (Regulation 136)
Approved emergency asthma management training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. (Reg. 94)	National Regulations (Regulation 136)
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website with content such as: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device. (Reg. 137)	National Regulations (Regulation 136)
Communications plan	A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk minimisation plan for the child.	National Regulations (Regulation 90)
"Current"	To be considered current, the following qualifications are taken to be current if the qualification was attained or the training was undertaken within the previous three years: a. Approved first aid qualifications (except for a qualification that relates to emergency life support and cardio-pulmonary resuscitation which must be completed within the previous year) b. Approved anaphylaxis management training c. Approved emergency asthma management training Approved providers have until 1 April 2024 for any necessary training to be undertaken to ensure first aid qualifications and anaphylaxis and asthma management training is current, as per the above timeframes. Please check the legislation for commencement dates in Western Australia.	National Regulations (Regulation 136)
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety, or wellbeing of a person at the service. For example, a flood, fire, or a situation that requires the service premises to be locked down.	Guide-to-the-NQF-250901.pdf – Quality Area 7

Health information	Health information about each child must be kept in their enrolment record. This includes: • the contact details of their registered medical practitioner • their Medicare number (if available) • their specific healthcare needs and allergies (including anaphylaxis) • any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed • any dietary restrictions • their immunisation status • whether a child health record has been sighted.	National Regulations (Regulation 161 & 162)
Medical management plan	Individual medical management plans can be provided by a child's family and may be required by the service before the child is enrolled. It is best practice for the family to consult with the child's medical practitioner in the development of the plan and for the practitioner's advice to be documented.	Guide-to-the-NQF-250901.pdf – Quality Area 2
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website.	Education and Care Services National Regulations (2011 SI 653) - NSW Legislation - Definitions
Medication Record	A record to be kept for each child to whom medication is to be administered by the service. Details to be recorded: • the child's name • the authorisation to administer medication • the name of the medication • the date and time the medication was last administered • when the medication should be next administered • the dosage to be administered • the manner in which it is to be administered • details once it is administered.	National Regulations (Regulation 92)
Risk Minimisation Plan	A plan developed with a child's parents to ensure that: • the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised • practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented (if relevant) • 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 (if relevant) • practices and procedures ensuring that all educators, 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 • 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 (if relevant).	National Regulations (Regulation 90)

Principles that inform the policy

Roles and Responsibilities

Approved Provider/ Nominated Supervisor/ Responsible Person	• Ensure all requirements of the Education and Care Services National Law and Regulations are met. • Make sure educators, staff, students, visitors, and volunteers are aware of and follow this policy and procedure. (Reg. 170) • Provide all new employees and families with copies of the *Medical Conditions Policy* and *Administration of Medication Policy* during induction. (Reg. 90 & 91) • Ensure that children with medical needs have a current Medical Management Plan completed by their medical practitioner, detailing required medication and dosage. • Confirm that medication is only given when written authorisation has been provided by a parent/guardian or an authorised nominee listed on the child's enrolment form [Reg. 92(3)(b)]. • Ensure prescription medication provided by families meets the following: o authorised in writing by a parent/guardian, o prescribed by a registered medical practitioner (with written instructions attached or supplied), o in its original container with the original pharmacy label, o clearly showing the child's name, o within the expiry/use-by date. • Ensure over-the-counter medication provided by families meets the following: o authorised in writing by a parent/guardian, o supplied in its original packaging, o clear instructions attached to the medication, o within the expiry/use-by date, o labelled with the child's name where possible. • Ensure parents/guardians complete the Administration of Medication Record with: o name of medication, o time/date medication was last given,

	○ time/date (or circumstances) medication is to be given, ○ dosage and method of administration, ○ period of authorisation, ○ parent/guardian name and signature. • Require a separate record for each medication if more than one is to be given. • Ensure medication is never left in a child's bag or locker — it must always be handed directly to an educator. • Notify families as soon as possible if medication is administered in an emergency with verbal or medical authorisation. • Notify families immediately if emergency asthma or anaphylaxis medication is given without prior consent. • Notify the regulatory authority within 24 hours if a serious incident occurs (e.g. ambulance attendance, incorrect medication, or an imminent risk to health or safety). (Reg. 175) • Maintain accurate medication records in a secure, confidential manner in line with record-keeping requirements. • Respect children's privacy in accordance with the Australian Privacy Principles (APP). • Ensure educators receive information about medical conditions, health needs, and medication procedures during induction. • Support educators to understand children's individual health needs and relevant Medical Management, Asthma or Anaphylaxis Action Plans. • Request written authorisation from families on enrolment to allow staff to administer emergency asthma, anaphylaxis, or other lifesaving medication when required. • Inform families of the Service's medical and medication policies. • Ensure safe practices are followed for the wellbeing of both children and educators. • Review procedures after any incident involving incorrect or unsafe administration of medication, identifying areas for improvement. • Ensure first aid procedures are followed in the event of incorrect administration, in line with the *First Aid Policy*.

	• Display the Poisons Information Centre phone number (13 11 26) clearly alongside emergency contacts. • Ensure families are notified (within 24 hours at the latest) if their child is involved in an incident, including incorrect medication administration, and that records are completed.
Educators	• Only administer medication with written authorisation from a parent/guardian or authorised nominee — except in an emergency, where verbal consent, medical practitioner advice, or emergency services authorisation is acceptable if parents cannot be contacted. • Store all medication securely: o refrigerated medication in a labelled, locked container, o other medication in a labelled, locked box (keys stored securely). • Keep adrenaline auto-injectors and asthma medication accessible but out of children's reach, stored at room temperature in a cool, dark place (never locked away). A copy of the child's Medical Management Plan must be stored with the medication. • Ensure two educators administer and witness all medication [Reg. 95]. One educator should hold a current First Aid qualification (best practice). Both educators must: o check the Administration of Medication Record, o check the child's name, medication name, dosage, method, and expiry date against the prescription label, o confirm the correct child is receiving the medication, o sign and date the record, o return the medication to locked storage immediately. • Follow strict handwashing procedures before and after administration. • Seek guidance from management if there are any concerns about the medication (e.g. allergies, dosage, unclear instructions). • Contact the parent/guardian, prescribing doctor, or Public Health Unit if clarification is needed. • Ensure medication is not administered if instructions are unclear or inconsistent.

	• Ask families to provide English translations for any instructions written in another language. • Record all details accurately in the Administration of Medication Record, including both educators' signatures, date, and time. • If a child refuses medication, contact the parent/guardian. Children will never be forced or restrained to take medication. • Observe the child after medication to monitor for side effects. • Contact parents immediately if unusual side effects occur. • Call emergency services (000) immediately if a child has difficulty breathing, becomes unresponsive, or shows severe symptoms.
Families	• Provide accurate and up-to-date health and medical information on enrolment. • Provide a Medical Management Plan prior to enrolment if their child has ongoing health needs. • Work with educators and management to develop a Medical Risk Minimisation Plan and a Medical Communication Plan where long-term medication is required. • Complete and sign the Administration of Medication Record whenever medication is required at the Service. • Update Medical Management Plans annually or whenever their child's health or medication changes. • Provide consent on enrolment forms for paracetamol/ibuprofen to be given if their child has a fever of 38°C or higher. • Sign consent for the use of first aid creams/lotions where required. • Supply medication in its original packaging with the pharmacy label. Expired medication will not be accepted. • Follow the Service's *Illness and Infectious Disease Policy* by keeping children home while unwell. • Keep children home for 24 hours after starting antibiotics (best practice). • Inform the Service if their child has been given medication before attending OSHC. • Complete medication records at drop-off and hand medication directly to an educator (never left in the child's bag).

	• Provide herbal/naturopathic or non-prescription medication only with written authorisation from a medical practitioner.

Self-Administration (Reg. 96)

Children of school age may self-administer medication when:

- Written authorisation is provided by a parent/guardian on the enrolment form,
- The medication is stored securely by an educator and only provided when required,
- An educator supervises and witnesses the self-administration,
- A record is made in the Administration of Medication Record,
- Parents sign the record at pick-up to acknowledge the time/dose given.

Guidelines for Paracetamol Use

- Paracetamol is not used as first aid or routine treatment. It may only be given if a child develops a fever of 38°C or higher and written authorisation has been provided.
- Parents will be contacted immediately to collect their child (usually within 30 minutes).
- Paracetamol will be stored securely and only administered as per label dosage.
- Only one dose will be given at the Service. Educators will first confirm that no other paracetamol has been given within the past 4 hours.
- Two educators must witness and record administration, signing the record.
- While waiting for collection, educators will:
    - keep the child cool and comfortable,
    - offer fluids,
    - encourage rest,
    - supervise closely, keeping them separated from other children.

Medication Kept at the Service

- Any medication stored at OSHC will be kept out of children's reach and checked monthly for expiry.
- Only authorised staff may purchase medication for the Service.
- Expired medication will be returned to a pharmacy for safe disposal.
- Families will be notified when their child's medication is running low or due to expire.
- Families must take home short-term medication (e.g. antibiotics) daily.
- Medication past its expiry date will never be administered.

Emergency Administration of Medication (Reg. 93(5))

- In an emergency, staff will attempt to gain verbal consent from a parent or authorised nominee.
- If they cannot be reached, staff will contact a medical practitioner or emergency services (000).
- Parents will be informed in writing as soon as practicable.
- The regulatory authority will be notified within 24 hours if urgent medical attention or hospitalisation occurs.
- The child will be comforted and supervised at all times.

Asthma or Anaphylaxis Emergencies (Reg. 94)

- In these emergencies, medication/treatment will be given immediately in line with the child's Action Plan (ASCIA/National Asthma Council) — even without prior authorisation.
- If a child without a diagnosis shows severe symptoms:
    - Asthma: call 000, sit child upright, administer 4 puffs of reliever (repeat every 4 mins until ambulance arrives).
    - Anaphylaxis: if symptoms such as swelling, difficulty breathing, collapse, or dizziness occur, an adrenaline auto-injector (EpiPen) will be administered immediately.
- Parents and regulatory authorities will be notified as soon as practicable.
- The child will be supervised, reassured, and cared for in a quiet, safe space until help arrives.

Incident, Injury, Trauma and Illness Record

All incidents, injuries, trauma, or illnesses that occur at Fun 4 U Helensburgh OSHC must be promptly recorded and stored appropriately (Reg. 85, 87 & 183). This includes all instances where first aid has been administered.

Each record must include the following details:

- The **name and age of the child** involved
- The **circumstances** leading to the incident, injury, trauma, or illness, including any symptoms observed
- The **time and date** the incident occurred
- **Actions taken** by the OSHC Service, including any medication administered, first aid provided, or medical personnel contacted
- The **details of any witnesses**
- The **names of persons notified** (or attempts made to notify them), along with the **time and date** of notification (Reg. 86)

- The **signature of the staff member** completing the record, including the **time and date** the entry was made

This documentation ensures transparency, compliance with regulations, and effective communication between educators, families, and regulatory authorities.

Administration of Medication Procedures (Reg. 93 & 95)

Our Service is committed to ensuring that children's health and safety is protected at all times. Medication will only be administered to a child where written authorisation has been provided by a parent/guardian or another authorised nominee listed on the child's enrolment form.

Step 1: Authorisation of Medication
1. The **Approved Provider/Nominated Supervisor** will ensure that the *Administration of Medication Policy* is reviewed annually and that all educators are familiar with it. 2. All new educators will be informed of this policy during induction, and reminded that medication can only be administered with written authority signed by a parent/guardian or authorised nominee. 3. An educator will assist parents/guardians to complete the **Administration of Medication Record** when required, ensuring all details are accurate before the child is left in care. 4. Medication will be handed directly to an educator and stored securely: o Refrigerated medication will be placed in a locked, labelled container in the fridge. o Non-refrigerated medication will be stored in a locked, labelled medication box (key stored securely, inaccessible to children). 5. Children at risk of **anaphylaxis** cannot attend the Service without their adrenaline auto-injector (EpiPen®/AnaPen®) as listed on their Medical Management Plan. 6. Adrenaline auto-injectors must be kept in a cool, dark place at room temperature, readily accessible in an emergency but never locked away. A copy of the child's Medical Management Plan must be stored with the auto-injector. 7. Where an auto-injector (or other medication) must move between school and OSHC, an educator will deliver/collect the medication to/from the school office or classroom. 8. Children at risk of **asthma** cannot attend the Service without their prescribed reliever medication as per their Medical Management Plan. 9. Asthma reliever medication will be stored in the same way as auto-injectors—accessible in an emergency, but not in children's reach.

10. Parents must complete a written request for a child to carry their own asthma reliever. Approval will be granted by the Nominated Supervisor/Approved Provider and recorded in the child's Medical Management Plan.
11. Children requiring medication as per their Medical Management Plan will not be permitted to attend the Service without that medication

Step 2: Requirements for Medication

1. **Prescription medication** must:
    a. be authorised in writing by a parent/guardian,
    b. be in its original container/packaging with the child's name clearly shown,
    c. include the prescribing doctor's details and instructions (dosage, method, frequency),
    d. show the expiry or use-by date.
2. **Non-prescription (over-the-counter) medication** must:
    a. be authorised in writing by a parent/guardian,
    b. be in its original container/packaging,
    c. include clear instructions for dosage, method, and timing,
    d. show the expiry date,
    e. where possible, have the child's name labelled on the container.

Step 3: Administering Medication

1. Educators will set a reminder/alert for scheduled medication times.
2. Medication will only be administered to one child at a time.
3. At the time of administration, the educator will collect:
    - the medication,
    - the Administration of Medication Record, and
    - the required measuring device (syringe, plunger, measuring cup).
4. The child will be brought from their activity to a safe, quiet space.
5. A second educator will act as a witness. Where possible, one educator will hold a current First Aid qualification.
6. Both educators will check the following before medication is given:
    - the authorisation record is signed by a parent/guardian,
    - the child's identity matches the label on the medication,
    - the medication name, dosage, and instructions match both the label and the record,
    - the medication is in its original packaging and within expiry date.

7. If there are **any inconsistencies**, medication will not be given. The Nominated Supervisor and parent/guardian will be contacted immediately.
8. Once confirmed, the administering educator will:
    - wash hands,
    - measure the correct dosage,
    - administer the medication as instructed.
9. Both educators will complete the **Administration of Medication Record** in full, including signatures, date, and time.
10. If a child refuses medication despite encouragement, parents will be contacted. **Restrictive practices will never be used.**

Step 4: After Administration

1. The child will be redirected back to their program activity.
2. The educator will wash hands and clean any equipment used.
3. Medication will be returned immediately to the locked storage or designated secure area.
4. Educators will observe the child for side effects and act immediately if symptoms appear.
5. If serious symptoms occur (difficulty breathing, loss of consciousness, sudden deterioration, Reg. 12), an ambulance will be called immediately. Parents will be notified as soon as practicable.
6. Any post-medication concerns will be recorded on an **Incident, Injury, Trauma and Illness Record**.
7. The regulatory authority will be notified within **24 hours** of any serious incident.
8. If incorrect administration occurs, the Approved Provider/Nominated Supervisor will review practices and implement improvements.
9. At the end of the day, medication will be returned to the parent/guardian. The parent may be asked to sign the medication record to confirm collection.
10. All medication records will be stored securely in line with our **Record Keeping and Retention Policy**.

Step 5: Minor Illness, Injury or Incident

1. Educators will provide immediate first aid and monitor the child closely.
2. If symptoms of contagious illness appear (vomiting, diarrhoea, fever, rashes), the child will be cared for in a quiet supervised space until collected by a parent.
3. Families will be contacted if:
    - The child is not well enough to participate in normal activities, or
    - Medical attention is advised.

4. Records of all minor injuries or illnesses will be completed and signed by families on collection.
5. Any serious illness or injury will be reported to the parent and Regulatory Authority within 24 hours.

Step 6: Emergency Medication

In an emergency, if written authorisation has not been provided:

1. Staff will attempt to obtain **verbal authorisation** from the parent or authorised nominee.
2. If not available, verbal consent will be sought from another emergency contact listed on the child's enrolment form.
3. If no authorised person can be contacted, the Service will seek instructions from a registered medical practitioner or call **000**.
4. Parents/guardians will be notified in writing within 24 hours of the emergency.
5. The child will be supervised, comforted, and moved to a safe space.
6. The regulatory authority will be notified within **24 hours** if urgent medical treatment or hospital attendance occurs.

Step 7: Calling for an Ambulance

1. Educators have a **duty of care** to call an ambulance immediately if a child requires urgent medical attention.
2. When calling **000**, educators will provide:
    - The Service address and nearest cross street
    - Details of the incident
    - Number of people injured
    - The child/person's age, gender, consciousness and breathing status
3. The Responsible Person will:
    - Arrange for a staff member to meet paramedics and escort them to the child.
    - Ensure any medical plans, medication, or relevant health information is available for paramedics.
    - Notify families as soon as practical.
    - Complete all required records, ensuring the parent signs the report within 24 hours.
4. The Approved Provider/Nominated Supervisor will notify the Regulatory Authority within 24 hours via **NQA ITS** if the incident is categorised as a serious injury, illness, trauma, or medical emergency.

Step 8: Self-Administration (School Age Children)

1. Parents/guardians must complete a Self-Administration of Medication Authorisation Record.
2. The Nominated Supervisor must approve the arrangement before a child self-administers.
3. All medication must still be handed to an educator upon arrival and stored securely. Children cannot keep medication in their bags.
4. An educator will supervise and witness the child self-administering, checking dosage, expiry date, and instructions.
5. Both the child and educator will sign the record after each dose.
6. Parents/guardians will be informed at collection and may be asked to sign the record to acknowledge administration.

Induction and Ongoing training

The approved provider and nominated supervisor will ensure all educators and staff are informed, trained, and competent in administering medication safely and in accordance with this policy and the Education and Care Services National Regulations.

Induction Training:

- All new educators and staff will be introduced to the Administration of Medication Policy and Procedure during their induction process.
- Induction will include:
    - Understanding the legal requirements for administering medication.
    - Procedures for obtaining and recording parental authorisation.
    - Correct storage, handling, and labelling of medications.
    - Accurate completion of the Administration of Medication Record.
    - Procedures for managing medication errors, adverse reactions, or emergencies.
    - Awareness of privacy and confidentiality requirements when handling medical information.
- New staff will shadow a qualified educator during their induction to observe safe medication administration practices before being approved to administer medication independently.

Ongoing Training and Information Sharing:

- Educators will receive refresher training annually or when significant updates occur to regulations, policy, or best practice standards.
- Training may include first aid updates, anaphylaxis and asthma management, and specific procedures related to children's medical action plans.

- Regular staff meetings will include discussions on medication management, record-keeping accuracy, and any incidents or improvements identified.
- The nominated supervisor will ensure all staff are aware of any changes to a child's medical management plan or medication requirements.
- Records of all training, including induction and refresher sessions, will be maintained on the staff training register.

This approach ensures all educators maintain up-to-date knowledge and skills, promoting consistent, safe, and compliant medication practices across the Service.

Monitoring Evaluation and Review

At Fun 4 U, we proactively monitor updates from ACECQA and Childcare Centre Desktop to ensure our *Administration of Medication Policy & Procedure* remains current and compliant. The policy is reviewed at least annually, in consultation with families, staff, educators, and management, to reflect best practices and evolving regulatory requirements. In addition to this, our policies are made readily available to families on our Facebook page and next to our sign in and out register we have a poster with a QR code that links to all of our policies. (Reg 171 & 172)

Links to other policies/ resources

Related Polices	Child Care Centre Desktop Polices
Acceptance and Refusal of Authorisations Policy Administration of First Aid Policy Dealing with Infectious Diseases Policy Dealing with Medical Conditions Policy Emergency and Evacuation Policy Enrolment and Orientation Policy Excursions and incursions Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy Providing a Child Safe Environment Policy Supervision Policy Sun Protection Policy Water Safety Policy	Administration of First Aid Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Diabetes Management Policy Emergency and Evacuation Policy Enrolment Policy Epilepsy Management Policy Family Communication Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Responsible Person Policy Record Keeping and Retention Policy Safe Transportation Policy Sun Safety Policy Supervision Policy Water Safety Policy Work Health and Safety Policy

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- Education and Care Services National Law Act 2010. (Amended 2023).
- Education and Care Services National Regulations. (Amended 2023).
- National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early*
- *childhood education and care services* (6th Ed.). NHMRC. Canberra.
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Record of services' compliance (Reg 167)

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Childcare Centre Desktop Policy Update: April 2025

This Policy Follows ACEQA: ACECQA