



DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Epilepsy Policy

Best Practice – Quality Area 2



PURPOSE

This policy will outline the procedures to:

- ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy to safely and fully participate in the program and activities of DNMK.
- ensure that all necessary information for the effective management of children with epilepsy enrolled at DNMK is collected and recorded so that these children receive appropriate attention when required.

[This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.](#)

POLICY STATEMENT

1. VALUES

DNMK is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of DNMK

3. BACKGROUND AND LEGISLATION

Background

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not.

“Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child’s abilities, learning and skills will be affected by seizures. Because the child’s brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan” (*Children with epilepsy: A Teacher’s Guide*, Epilepsy Foundation– refer to *Sources*).

Most people living with epilepsy have good control of their seizures through medication; however it is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

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

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

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic).

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to Attachment 4 :General Policy Definitions

Absence seizure: Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.

AEDs: Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

Approved First Aid Qualifications: First aid qualifications that meet the requirements of Regulation 136(1) and have been approved by the National Authority.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Emergency epilepsy medication: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past, but is not often

prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of midazolam can administer this medication.

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: www.epilepsyfoundation.org.au

Epilepsy: Recurrent seizures (abnormal burst of electrical activity in the brain that scrambles messages) that are unprovoked.

Epilepsy Management Plan (EMP): Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: www.epilepsyfoundaton.org.au

Focal (previously called simple or complex partial) seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

Generalised seizure: Both sides of the brain are involved and the person will lose consciousness. A Tonic Clonic seizure is one type of generalised seizure.

Ketogenic diet: A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the parents/guardians or carers.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Midazolam: Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of midazolam should occur rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer midazolam.

Midazolam kit: An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g. buccal, gloves, tissues, pen and paper, +/- stopwatch.

Seizure record: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

Seizure triggers: Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy.

Staff record: Must be kept by the service and include details of the Nominated Supervisor, the Educational Leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website:

www.acecqa.gov.au

Tonic Clonic seizure: A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

5. SOURCES AND RELATED POLICIES

Sources

- The Epilepsy Foundation: www.epilepsyfoundation.org.au or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Epilepsy Smart Schools initiative and resources*: www.epilepsysmartschools.org.au

Service policies

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

- *Staffing Policy*.

6.PROCEDURES

The Approved Provider or Persons with Management and Control is responsible for:

- providing all staff with a copy of the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy
- ensuring that all staff have current CPR training and are aware of seizure first aid procedures (refer to Attachment 1) when a child with epilepsy is enrolled at the service
- ensuring that all staff attend training conducted by The Epilepsy Foundation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the service
- providing parents/guardians of children with epilepsy with a copy of the service's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Epilepsy Policy*
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children living with epilepsy can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor or Persons in Day to Day Control is responsible for:

- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- compiling a list of children with epilepsy and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy, and the location of their medication and management plans
- organising epilepsy management information sessions for parents/guardians of children enrolled at the service, where appropriate

- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.

Educators and other staff are responsible for:

- ensuring that they are aware of the service's *Epilepsy Policy* and seizure first aid procedures (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- maintaining current approved first aid qualifications (refer to *Definitions*)
- identifying and, where possible, minimising possible seizure triggers (refer to *Definitions*) as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and to other offsite events
- administering prescribed medication in accordance with the service's *Administration of Medication Policy*
- ensuring that emergency medication is stored correctly and that it remains within its expiration date
- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation
- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- assisting parents/guardians to complete the enrolment form and medication record for their child
- consulting with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children with epilepsy can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Epilepsy Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy
- providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service. This plan should be reviewed and updated at least annually
- ensuring the medication record (refer to *Definitions*) is completed in accordance with the *Administration of Medication Policy* of the service
- working with staff to develop a risk minimisation plan for their child
- where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy
- encouraging their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

Volunteers and students, while at the service, are responsible for following this policy and its procedures

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Sample risk minimisation plan for children prescribed midazolam
- Attachment 4: General Policy Definitions

AUTHORISATION

This policy was adopted by the Approved Provider of DNMK on June 2022

REVIEW DATE: June 2024

Acknowledgement

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

ATTACHMENT 1

Seizure first aid

Tonic Clonic seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

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

Absence seizure

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

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

Focal seizure

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call an ambulance

Call an ambulance:

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

Emergency services: 000

Epilepsy Help Line: 1300 852 853

ATTACHMENT 2

Enrolment checklist for children prescribed midazolam

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Parents/guardians of a child prescribed midazolam have been provided with a copy of the service's *Epilepsy Policy* and *Dealing with Medical Conditions Policy*.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at: <https://www.epilepsyfoundation.org.au/epilepsy-management-plans/>).
- A copy of the child's EMMP is included in the child's midazolam kit (refer to *Definitions*).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Staff have undertaken The Epilepsy Foundation's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to *Definitions*).
- Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- Contact details of all parents/guardians and authorised nominees are current and accessible.

ATTACHMENT 3

Sample risk minimisation plan for children prescribed midazolam

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?	
Who are the children?	<input type="checkbox"/> List the name and room location of each child diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying these names to non-staff.
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the children? <input type="checkbox"/> List strategies that will minimise these triggers occurring (e.g. flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.).
Do staff know what the child's seizures look like and how to support the child?	<input type="checkbox"/> List the strategies for ensuring that all staff, including casual and relief staff, recognise what the child's seizures look like and what support the child may need. <input type="checkbox"/> If the child is prescribed midazolam for emergency use, ensure that trained staff know where the midazolam kit is located.
Do staff know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> All staff have read and understood the child's Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none">• what constitutes an emergency and when to call an ambulance• how to provide support to the child during and after a seizure.

<p>If midazolam is prescribed, how does the service ensure its safe administration and storage?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's <i>Epilepsy Policy</i>. <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete midazolam kit. <input type="checkbox"/> Record the date and name of staff who have attended child-specific training in the administration of midazolam. <input type="checkbox"/> Test that all trained staff know the location of the midazolam kit and Emergency Medication Management Plan (EMMP) for each child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule. <input type="checkbox"/> Ensure the midazolam kit is maintained according to the instructions in this <i>Epilepsy Policy</i> (refer to <i>Definitions: midazolam kit</i>). <input type="checkbox"/> Display the Epilepsy First Aid poster in staff areas. <input type="checkbox"/> The midazolam kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g. for excursions.
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<p>Do trained people know <i>when</i> and <i>how</i> to administer midazolam to a child who is prescribed it?</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Know the contents of each child's EMMP and EMP, and implement the procedures. <input type="checkbox"/> Know: <ul style="list-style-type: none"> • who will administer the midazolam and stay with the child • who will telephone the ambulance and the parents/guardians of the child • who will ensure the supervision of other children at the service • who will let the ambulance officers into the service and take them to the child. <input type="checkbox"/> Ensure that all staff have undertaken training by The Epilepsy Foundation. 	

Potential scenarios and strategies

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan of each child living with epilepsy with parents/guardians at least annually, but always on enrolment and after any seizures occur.

A child with epilepsy should not be overprotected – many of the risk strategies apply universally to ensure the health, safety and wellbeing of all children in early childhood environments.

Scenario	Strategy	Who is responsible?
Scooters and tricycles are provided by the service for outside play	<p>If the child has Tonic Clonic (convulsive) seizures, bicycle safety is particularly important.</p> <p>As part of a whole-of-service safe bicycle education program, helmets (with children wearing their own sunhats underneath) are used by all children at the service.</p> <p>Alternatively, parents/guardians may provide a specific helmet for their child.</p>	Staff
Water activities (e.g. play troughs, excursions)	Ensure the child with epilepsy is never left unattended near water.	Staff
	On excursions, ensure that there is no opportunity for a child with epilepsy to approach a body of water unsupervised.	Staff
	All sink plugs are placed at a height that is inaccessible to children.	Staff
Individual seizure triggers	<p>For example, if a child's seizures are triggered by heat, outdoor activities are undertaken in the cooler part of day, in accordance with parents/guardians consultation on temperature monitoring.</p> <p>An air conditioner is thermostated to maintain constant room temperature.</p>	Staff/parents/guardians

General Policy Definitions

Approved Provider: An individual or organisation that has completed an application and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control (see definition below) of that organisation must complete a separate application form. (Note: Under the Education and Care Services National Law Act 2010, Section 5, Definitions: "person with management or control, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service".)

Australian Children's Education and Care Quality Authority (ACECQA): The national authority established to oversee the National Quality Framework and guide its implementation in a consistent way throughout Australia.

Department of Education and Training (DET): The Victorian State Government department with Primary responsibility for the approval, monitoring and quality assessment of services in Victoria in accordance with the national legislative framework and in relation to the *National Quality Standards*

Early childhood teacher: A person with an approved early childhood teaching qualification as listed on the ACECQA website www.acecqa.gov.au

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, coordinator or other individual to lead the development and implementation of education programs at the service (Regulation 118). This person must have a thorough understanding of the Early Years Learning Framework (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.

Educator: An individual who is qualified to provide education and care for children as part of an education and care service.

Learning frameworks: Under the National Quality Framework (NQF), education and care services are required to ensure that the program delivered to all children being cared for and educated by the service is based on and delivered in a manner that accords with an approved learning framework. In Victoria, the approved frameworks are:

- Early Years Learning Framework (EYLF)*
- Victorian Early Years Learning and Development Framework (VEYLDF)*
- My Time, Our Place: Framework for School Age Care in Australia.*

National Law: Refers to the *Education and Care Services National Law Act 2010*: the national law regulating education and care services for children.

National Quality Framework (NQF): This framework for the early childhood education and care sector helps providers to improve the quality of services in areas that impact on a child's development. The framework includes:

- a National Law – the Education and Care Services National Law Act 2010
- National Regulations – the Education and Care Services National Regulations 2011 (please check online to ensure the most current version is being used)
- the National Quality Standard
- an assessment and rating system
- a Regulatory Authority in each state and territory with primary responsibility for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard
- the Australian Children's Education and Care Quality Authority (ACECQA). The national body responsible for providing oversight of the system and ensuring consistency of approach.

National Quality Standard (NQS): The NQS sets a National benchmark for the quality of children's education and care services. The NQS is comprised of guiding principles, quality areas, standards and elements. There are seven quality areas which capture aspects critical to the provision of quality education and care.

National Regulations: Refers to the *Education and Care Services National Regulations 2011*: the regulations or rules under which education and care services must operate. The regulations are the way in which the law is applied.

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in accordance with the National Regulations. The Approved Provider must take reasonable steps to ensure that the Nominated Supervisor is a fit and proper person (in accordance with Sections 12, 13 and 14 of the National Law), with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes, or is no longer employed at the service.

Person with management or control: Means— (a) if the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the Corporations Act 2001 of the Commonwealth who is responsible for managing the delivery of the education and care service; or (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or (c) if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or (d) in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service (Note: Under the *Education and Care Services National Law Act 2010*, Section 5).

Person in day-to-day charge: A person is in day-to-day charge if (a) the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the education and care service after meeting the definition for a service supervisor certificate; and (b) the person consents to the placement in writing (Regulation 54)

Policy: A formal statement of principles which provides a framework for decision-making and indicates the course of action to be taken in specific circumstances. Policies provide services with an approved way of operating in relation to particular matters and improve the management of risk. They reflect the values and beliefs of a service, current thinking, national standards and community expectations, and are relevant in terms of current laws and regulations.

Procedures: The steps required to implement and comply with a policy. Procedures specify how to achieve the necessary result by outlining who does what and when. Procedures are succinct, factual and to the point, and are generally expressed as a list.

Program: The group/activity in which a child is enrolled and which has specific hours of attendance.

Regulatory Authority: see definition for the Department of Education and Training.

Responsible Person: The Approved Provider (if that person is an individual, and in any other case the person with management or control of the service operated by the Approved Provider) or a Nominated Supervisor or person who has been placed in day-to-day charge of the service in accordance with the National Regulations.

Service Supervisor Certificates: On 1st November 2016 the National Regulations were amended to expand the classes of people who may be covered by a prescribed class supervisor certificate. The new prescribed classes are set out in regulation 238A, and include a person who is:

- responsible for day to day management of the service, or*
- exercising supervisory and leadership responsibilities for part of the service, or*

a family day care coordinator

Certificates issued for people working in one of these roles are referred to as “*service supervisor certificates*”.

Service supervisor certificates will not be issued to a particular person. Instead they may apply to any person working at the service who has been identified by the approved provider as working in one of the above roles.

For example, if the service director is responsible for day to day management of the service, they can be covered under the service supervisor certificate. Similarly, a room leader who is responsible for supervising part of the service can also be covered by the service supervisor certificate.

With this new flexibility, most individuals do not need to apply to the regulatory authority for a supervisor certificate.

Under these arrangements, a person is covered under the service supervisor certificate and may be a nominated supervisor if:

- the approved provider identifies that they meet the definition for a service supervisor certificate and
- they give their written consent to be the nominated supervisor (required under sections 35, 44 and regulation 56).

Nominated supervisors have specific obligations under the National Law (See Nominated Supervisors above).

A person is covered and may be placed in day to day charge of the service if:

- the approved provider or the nominated supervisor identifies that they meet the definition for a service supervisor certificate and
- they give their written consent to be placed in day to day charge of the service (required under regulation 54).

These arrangements apply for centre based and family day care services, and make it easier for providers to meet the requirements to ensure that:

- for centre based services, either the approved provider, nominated supervisor or certified supervisor in day to day charge is present at the service at all times the service is educating and caring for children (section 162) and
- for family day care services, either the approved provider, nominated supervisor or a certified supervisor in day to day charge is available at all times to support family day care educators

Staff: Any individual (other than the Nominated Supervisor or a volunteer) employed, appointed or engaged to work in or as part of an education and care service.