DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Occupational Violence and Agression Policy

Best Practice– Quality Area 7

PURPOSE

DNMK is committed to the provision of a safe and healthy work environment and safe work procedures that protect staff and other persons at the service from the risk of occupational violence and aggression (OVA) *(refer to Definitions)*. This policy outlines the minimum requirements and responsibilities of DNMK in providing a safe workplace where staff members are not subjected to aggression and violence.

POLICY STATEMENT

VALUES

DNMKis committed to:

- promoting a no tolerance approach to any form of aggression or violence, including verbal abuse against staff members
- staff and other persons at DNMK will be protected as far as reasonably practicable from all forms of OVA *(refer to Definitions)*.
- following a risk management approach to eliminate or minimise the risks of OVA *(refer to Definitions)*
- regularly consulting with staff and the OHS committee, to discuss OVA *(refer to Definitions)*. concerns and the factors likely to increase the risk of OVA *(refer to Definitions)*.

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, parents/guardians, children, and others attending the programs and activities of DNMK, including during off-site excursions and activities and online (i.e. during an online meeting).

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	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Developing policies and procedures to prevent and manage aggressive and violent behaviours *(refer to Definitions)* in the service *(refer to Attachment 1)*	√	√			

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Building and maintaining a workplace environment and culture that supports a commitment to a workplace that is free from violence and aggression	√	√	√	√	√
Providing and promoting a safe work environment where staff members are not exposed to hazards and can work without risk of injury or harm *(refer to Attachment 1)*	R	√			
Identifying, assessing, and controlling environmental risks in each workplace to reduce the potential for harm to staff members *(refer to Attachment 2)*	R	√			
Implementing a risk assessment *(refer to Definitions)* approach in the management of workplace aggression and violence *(refer to Attachment 2)*	R	√			
Promoting a no tolerance approach to any form of aggression or violence, including verbal abuse against staff members *(refer to Code of Conduct Policy)*	√	√	√	√	√
Providing training programs specific to the needs of staff, relative to the degree of risk faced within the working environment	√	√			
Supporting staff members to actively report all incidents and hazards related to aggression and violence	R	√			
Informing staff and other persons at DNMK about unacceptable behaviours in the workplace	√	√			
Ensuring all incidents and near misses of violence or aggression are reported via an incident report form External reporting to WorkSafe may also be required, in the case of notifiable incidents *(refer to Definitions)*	R	√			
Ensuring all incidents and near misses reported are reviewed by the Director and Committee of Management and will be investigated to identity controls	√	√			
Ensuring all staff at DNMK are trained on the appropriate response to the types of violence or aggression they may be exposed to	√	√			
Taking appropriate action after any incidents of violence and aggression, in terms of support, counselling and follow-up	√	√			
Keeping a record of persons who have exhibited past behaviours of violence and aggression and sharing amongst appropriate staff	√	√			
Implementing appropriate security measures to protect the health and safety of staff from OVA *(refer to Definitions)*	√	√			
Ensuring that all allegations or acts of violence or aggression will be thoroughly investigated, and where appropriate may be referred to the Police	√	√			
Notifying Work Safe Victoria within 48 hours of a notifiable incident *(refer to Definitions)*	R	√			

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Notifying DET within 24 hours of becoming aware of a notifiable complaint *(refer to Definitions)* or allegation regarding the safety, health and/or welfare of a child at the service	R	√			
Evaluating the effectiveness of this policy to minimise violence and aggression	√	√			
Immediately reporting any incidents or near misses of occupational violence or aggression which affect their own health or safety, or that of others in the workplace		√	√	√	√

BACKGROUND AND LEGISLATION

BACKGROUND

The approved provider has a duty under the *Occupational Health and Safety Act 2004* to eliminate risks to health and safety of workers and other persons so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks, they must be minimised so far as is reasonably practicable.

This means the approved providers must do all that they reasonably can to manage the risk of violence and aggression occurring at the workplace.

They must also, so far as is reasonably practicable:

- provide and maintain a work environment that is without risk to the health and safety of staff
- provide adequate and accessible facilities for the welfare of staff to carry out their work
- give staff the necessary information, instruction, training or supervision to do their job safely and without risks to health, and
- consult with staff, and health and safety representatives, if you have them, about health and safety issues that may directly affect them.

Workplace violence and aggression is any incident where a person is abused, threatened or assaulted at work or while they are carrying out work. The approved provider has occupational health and safety duties to ensure staff and others are not exposed to risks to their health and safety, including violence.

Workplace violence and aggression can be:

- physical assault – such as biting, scratching, hitting, choking, kicking, pushing, grabbing, and throwing objects
- coughing or spitting on someone on purpose
- sexual assault or any other forms of indecent physical contact
- harassment or aggressive behaviour that creates a fear of violence, such as stalking, sexual harassment, verbal threats and abuse, yelling and swearing
- hazing or initiation practices for new or young workers

violence from a family or domestic relationship when this occurs at the workplace, including if the person's workplace is their home. Violence may come from anyone in the workplace, including any other staff member, parent/guardian, authorised nominee, Authorised Provider, visitor, student on placement, service provider, allied health provider or child.

Violence and aggression can have significant short- and long- term impacts on a person's physical and psychological (mental) health. It's not just violent incidents like physical assault which can cause harm - being exposed to lower level but frequent forms of aggression, like

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yelling, name calling and challenging behaviours, can also have a lasting effect on a person's health.

Violence and aggression can lead to:

- feelings of isolation, social isolation or family dislocation
- loss of confidence and withdrawal
- physical injuries
- stress, depression, anxiety or post-traumatic stress disorder (PTSD)
- illness such as cardiovascular disease, musculoskeletal disorders, immune deficiency and gastrointestinal disorders e.g. as a result of stress, and
- suicidal thoughts.

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
- National Quality Framework: Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017

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

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: 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 Attachment 4

Notifiable Incident: (In the context of this policy) An incident that is required, under the Occupational Health and Safety Act 2004, employers must notify WorkSafe immediately after becoming aware a notifiable incident has occurred. Failure to report an incident to WorkSafe is an offence and may result in prosecution.

Employers must report incidents resulting in

- death of a person
- a person needing medical treatment within 48 hours of being exposed to a substance
- a person needing immediate treatment as an in-patient in a hospital
- a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment)

For more information about obligation to notify visit: https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents

Occupational Violence and Aggression: OVA involves incidents in which a person is abused, threatened or assaulted in circumstances relating to their work. This definition covers a broad range of actions and behaviours that can create a risk to the health and safety of employees and other persons at work.

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Examples of work-related violence can include:

- biting, spitting, scratching, hitting, kicking, choking
- pushing, shoving, tripping, grabbing
- throwing objects
- verbal threats
- threatening someone with a weapon
- armed robbery
- sexual assault
- emotional abuse

SOURCES AND RELATED POLICIES

SOURCES

- 1800Repect: www.1800respect.org.au
- Fair Work Ombudsman: www.fairwork.gov.au
- Our Watch: www.ourwatch.org.au
- Safe Work Australia: www.safeworkaustralia.gov.au
- Work Safe Victoria: www.worksafe.vic.gov.au

RELATED POLICIES

- Code of Conduct
- Occupational Health and Safety

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, particularly in relation to identifying and responding to child safety concerns
- 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
- 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: Steps to Prevent Violence and Aggression
- Attachment 2: Managing Risks
- Attachment 3: Responding to Incidents
- Attachment 4: General definitions

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AUTHORISATION

This policy was adopted by the approved provider of DNMK on April 2025

REVIEW DATE: April 2028

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ATTACHMENT 1. STEPS TO PREVENT VIOLENCE AND AGGRESSION

As an approved provider, there are a number of steps you can take to manage the risk of violence and aggression and meet your Occupational Health and Safety duties. Here are some ideas to help you start thinking about what you can reasonably do to prevent violence and aggression at your workplace.

Create a safe physical and online work environment.

Workplace violence is commonly committed by people such as parents/guardians, contractors, volunteers and students or members of the public, but it may also happen between staff. Keeping workplaces safe, well-lit, and under strong natural observation can help reduce the likelihood of violence and improve the ability to react if it does occur. Avoid having items like furniture, walls, or partitions that can limit staff's visibility and freedom of movement. If staff are working alone or after hours, think about security measures including security personnel, video surveillance, communication, and alarm systems. Think about segregating staff from the public by utilising security doors. People with a history of violence or aggressive behaviour should be banned from the service where possible.

Implement safe work systems and procedures.

Manage the expectations of parents/guardians, contractors, volunteers and students by clearly communicating the service that is being provided. Avoid the need to handle a lot of cash or valuables, and staff working alone or outside of standard business hours. If staff work at other places such as a family's house, provide training in how to do a situational risk assessment, regularly check in with staff throughout their shift and have processes to assess and manage client behaviours.

Create a positive and respectful workplace culture.

As an approved provider, it is your responsibility to set the behaviour standards that provide a safe workplace for all staff. Foster a safe and respectful workplace culture where violence and aggression are not tolerated, and all matters can be discussed openly and routinely. Make sure everyone at the workplace understands what violence and aggression is and that it will not be tolerated, including from customers and clients.

Implement workplace policies.

How the service will prevent, and address workplace violence should be outlined in a workplace policy. It should make clear to everyone who enters—staff, parents/guardians, contractors, volunteers, students, and visitors —that violence and aggressiveness have no place at the service. The policy can outline the duties of every employee (including the approved provider, nominated supervisor and persons in day-to-day charge), the protocols for handling violent or aggressive occurrences (both during the incident and afterwards), how to report incidents, and the available support services. To make sure that staff are aware of the policies at induction, distribute pamphlets, hang posters, or have casual conversations with them.

Provide information and training.

Inform staff about where, when and how violence may happen at the workplace and prevention. Staff should receive training on dealing with challenging people, resolving conflicts, knowing when to escalate problems to more senior employees, and reporting events. Consider hiring staff who may come from culturally or linguistically varied backgrounds. Everyone at the service needs to understand the workplace standards and behaviours required of them. Additionally, staff should be made aware of the support resources that are available to them in the event that they encounter hostility or violence at work.

Address violence within the workplace.

Early intervention is crucial when dealing with inappropriate behaviour. Review workloads and time constraints frequently, make sure that jobs are clearly defined for staff, and offer training so that staff can carry out their responsibilities with assurance and competence. Young and inexperienced staff may require extra guidance and oversight.

Encourage workers to report violence and aggression.

Offer a variety of reporting options to staff, including informal, formal, anonymous, and confidential. Make sure staff are aware of the resources for assistance, protection, and advice when reporting acts of violence or hostility.

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ATTACHMENT 2. MANAGING RISKS

Risk Management

Risk management of OVA is an approach that involves:

1. identifying OVA risks;
2. assessing the likelihood of those risks causing injury or illness;
3. implementing risk control measures to eliminate the risk/s (or, where that is not reasonably practicable, reducing the risk so far as is reasonably practicable); and
4. reviewing and improving the effectiveness of risk control measures over time.

This need to be done in consultation with staff and any Occupational Health and Safety representatives.

Identifying hazards and assessing risk

To identify the potential for violence or aggression gather information about the hazards in the service and assess the associated risk.

Factors that can increase the likelihood and risks of staff being exposed to violence or aggression include:

- providing care or services to people who are distressed, confused, afraid, ill, affected by drugs or alcohol, or receiving unwelcome or coercive treatment
- enforcement activities e.g. the activities of Police, prison officers or parking inspectors
- working in high crime areas
- handling valuable or restricted items e.g. cash or medicines
- the physical work environment e.g. poor lighting or visibility
- working alone, in isolation or in a remote area with the inability to call for assistance
- working offsite or in the community
- working in unpredictable environments e.g. where other people may pose a risk to workers' safety such as at a client's home
- interacting with customers including face-to-face, on the phone or online
- in relation to gendered violence, low worker diversity, power imbalances along gendered lines, and a workplace culture which accepts and tolerates gendered violence, and
- service methods or policies that cause or escalate frustration, anger, misunderstanding or conflict e.g. low staffing levels, customer service policies, setting unreasonable expectations of the services an organisation or workers can provide.

It is important to consider that staff may be more likely to experience violence and aggression, and/or be differently or more severely affected by it, because of their sex, gender, sexuality, age, migration status, disability and literacy - the risk of experiencing harm rises when a person faces multiple forms of discrimination.

Also less serious, but still unacceptable behaviour such as eye rolling, sneering, swearing and name-calling. This conduct can sometimes escalate to more serious forms of aggression and may be an indication of a risk of violence.

Violence and aggression may happen between staff within the service, but it may also come from third parties such as parents/guardians, contractors, volunteers, students or members of the public. Although it may be difficult to control the actions of third parties, as far as it is practically possible, the approved provide must eliminate or significantly reduce the chances of third-party violence and hostility occurring at the service.

To identify hazards at the service, it may be useful to:

- observe work practices to identify risks of exposure e.g., working alone, or working after hours
- walk-through and inspect the service e.g., low visibility in service areas, entries and exits for staff after hours
- observe parents/guardians, contractors, volunteers and students' behaviour and how they interact with staff, including lower level but more frequent behaviours like incivility from parents/guardians, contractors, volunteers and students
- identify whether issues already identified between co-workers, parents/guardians, contractors, volunteers and students could escalate to violence

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- observe the culture of the service to see whether violence or aggression is accepted as normal behaviour - staff may take on this behaviour to participate in the service culture without thinking about the consequences to others e.g. name calling, swearing, sexual or gendered jokes, or hazing new or young workers is seen as a workplace norm
- identify the physical, psychological and emotional demands involved in the work
- observe how nominated supervisor/persons in day-to-day charge and others interact with one another e.g. poor relationships, cultural or community issues leading to workplace tension, or workers avoiding being around certain people
- conduct confidential staff surveys about incidents or behaviours that have caused discomfort and situations that had the potential to become more violent
- conduct surveys of parents/guardians, contractors, volunteers and students to identify problems with service delivery
- identify factors external to the service which may lead to violence or aggressive behaviour impacting the staff e.g. gatherings of people like protests or people affected by drugs or alcohol
- monitor information like hazard and incident reports and workers' compensation claims

After identifying the hazards, assess the risks in consultation with the staff. To do this, think about the following:

- Do particular tasks increase or decrease the likelihood of violence and aggression? How often are particular tasks done? Do particular tasks increase or decrease the severity of potential harm?
- Has violence happened before, either in this workplace or somewhere else? If it has happened, how often does it happen?
- What are the potential impacts? Will it cause harm to the health of the worker?

Controlling the risks

The risk of violence can be affected by a number of factors, for example the:

- nature and location of work
- interactions with clients, customers and members of the public, and frequency of interaction, and
- staffing levels and skills.

As these factors will vary between workplaces, the control measures that are put in place need to be tailored to context of the service and the staff. When deciding what control measures are reasonably practicable for the service consider and weigh up all relevant matters, including (but not limited to):

- the likelihood of staff and other people at the workplace being exposed to violence
- the degree of harm that might result e.g., physical assault can result in serious injury or death, which means the degree of harm is very high; violence can also result in serious psychological injuries like PTSD
- what you know about how to eliminate or minimise risks e.g., securing access to the service after hours or when staff are alone
- availability and suitability of ways to eliminate or minimise the risk, and
- costs associated with the available ways of eliminating or minimising the risk.

When thinking about control measures, it is important that staff and Occupational Health and Safety representatives are consulted. Engaging staff and others in developing controls will likely result in measures that are more effective and more widely used. Considering the views of staff into account when making decisions and advise them of decisions. Also consider whether the control measures introduced create new hazards or risks to health and safety.

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ATTACHMENT 3: RESPONDING TO INCIDENTS

If a staff member or anyone at the service is in immediate danger, call 000.

Responses to violence will vary depending on the nature and severity of the incident.

Ensuring there is a response system in place to address what to do at the time of an incident and after an incident, including internal reporting and notifications required by external agencies such as Police and Occupational Health and Safety regulator.

Staff should be trained in these procedures, for example (but not limited to):

- using calm verbal and non-verbal communication, de-escalation and distraction techniques
- seeking support from other staff
- asking the aggressor to leave the premises or disconnecting the aggressor from the phone call
- activating alarms, or alerting security personnel or Police, and
- retreating to a safe location.

Immediately after an incident occurs at the service:

- address immediate safety issues and ensure that everyone is safe
- provide first aid or urgent medical attention where necessary
- provide individual support where required, including psychological support to the victim and other workers
- report criminal acts such as physical assault, sexual assault and threats to harm someone to Police on 131 444, and
- record what happened, who was affected and who was involved.

Depending on the circumstances, even if a matter has been referred to Police or another agency, the Occupational Health and Safety Regulator may still be involved. For example, notifying Occupational Health and Safety regulator and if the incident is a notifiable incident *(refer to Definitions)*.

After an incident, review the risk management systems to identify and address factors that may have increased the risk of violence and aggression, evaluate what worked and what could be improved.

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Attachment 4: General Policy Definitions

Term	Definition
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.
Additional needs	The term used for children who require or will benefit from specific considerations or adaptations and who: • are Aboriginal or Torres Strait Islander • are recent arrivals in Australia • have culturally and linguistically diverse backgrounds • live in isolated geographic locations • are experiencing difficult family circumstances or stress • are at risk of abuse or neglect • are experiencing language and communication difficulties • have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder • have a medical or health condition • demonstrate challenging behaviours and behavioural or psychological disorders • have developmental delays • have learning difficulties • are gifted or have special talents • have other extra support needs. It is important to note that: • additional needs arise from different causes, and that causes require different responses • any child may have additional needs from time to time. Adapted from the Guide to the National Quality Framework, 2020.
Adequate supervision	Supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used. Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include: • number, age and abilities of children • number and positioning of educators • current activity of each child • areas in which the children are engaged in an activity (visibility and accessibility) • developmental profile of each child and of the group of children

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Term	Definition
	• experience, knowledge and skill of each educator • need for educators to move between areas (effective communication strategies).
Approved first aid qualification	A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training are published on the ACECQA website: www.acecqa.gov.au
Approved provider	The approved provider is the legal entity that is approved to operate an education and care service and is legally responsible for managing the service and holds a provider approval (National Law). A provider approval authorises a person or organisation to apply for one or more service approvals and is valid in all jurisdictions.
Attendance record	Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the nominated supervisor or educator *(National Regulation 158(1))*.
Authorised officer	A person authorised to be an authorised officer under Part 9 (National Law). Authorised officers are appointed by the regulatory authority under the provisions of the National Law to carry out the functions of monitoring, assessing and rating licensed approved education and care services in their jurisdiction.
Authorised person	An authorised person means a person who belongs to one of the below groups: • a person who holds a current working with children check or working with children card; or • a parent or family member of a child who is being educated and cared for by the education and care service or the family day care educator; or • an authorised nominee of a parent or family member of a child who is being educated and cared for by the education and care service or the family day care educator; or • in the case of an emergency, medical personnel or emergency service personnel • a person who is permitted under the working with children law of a jurisdiction to remain at the education and care service premises without • holding a working with children check or a working with children card (National Law).
Authorised nominee	A person who has been given written authority by the parent/guardian of a child to collect that child from the education and care service. These details will be on the child's enrolment form. The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service will need to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.
Children	Refers to each baby, toddler, three- to five-year-old and school age child and means children as individuals and as members of a group in the education and care setting, unless otherwise stated. It is inclusive of children from all social, cultural and linguistic backgrounds and of their learning styles, abilities, disabilities, gender, family circumstances and geographic locations (adapted from the Early Years Learning Framework, p. 45).

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Term	Definition
Communication plan	A written plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.
Culture	The values and traditions of groups of people that are passed from one generation to another.
Culturally and linguistically diverse (CALD)	Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds.
Curriculum	All interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development (Early Years Learning Framework; adapted from Te Whariki).
Department of Education	A government department in Victoria, responsible for: • granting approvals, including provider approval and service approvals • assessing and rating services against the National Quality Standard • working with ACECQA to promote continuous quality improvement and educating the sector and community about the National Quality Framework.
Diversity	Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.
Duty of care	A common law concept that refers to your responsibility to adequately protect children in your care from harm. It applies to all staff members within any Victorian early childhood service, and it is usually expressed as a duty to take reasonable steps to protect children from injury that is reasonably foreseeable.
Each child	As defined in the *Guide to the National Quality Framework*, a phrase used in the *National Quality Standard* when an individualised approach is warranted, and educators are required to modify their response to meet the needs of an individual child. An example is 'each child's current knowledge, ideas, culture and interests provide the foundation for the program'.
Early childhood teacher (ECT)	A person with an approved early childhood teaching qualification as listed on the ACECQA website: www.acecqa.gov.au
Education and care service	Any service providing or intended to provide education and care on a regular basis to children under 13 years of age (National Law). See Section 5 of the National Law for services that are excluded from this definition.
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 *(National 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.
Educational program	A program that *(National Law: Section 168)*:

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Term	Definition
	• is based on an approved learning framework; and • is delivered in a manner that accords with the approved learning framework; and • is based on the developmental needs, interests and experiences of each child; and • is designed to take into account the individual differences of each child
Educator	An individual who is qualified to provide education and care for children as part of an education and care service.
Enrolment record	Contains information on each child, as required under legislation, including contact details; names of authorised nominees; names of persons authorised to consent to medical treatment or to authorise administration of medication; names of persons authorised to take the child outside the service; details of any court orders; personal and health information including specific healthcare needs, medical management plans and dietary restrictions etc.
Emergency	In relation to an education and care service, includes an incident, situation or event where there is an imminent or severe risk to the health, safety and wellbeing of a person at the education and care service premises e.g. flood, fire, a situation that requires the service to be shut down.
Excursion	An outing organised by an education and care service where the child or children leave the education and care service premises in the company of an educator.
Families	The term families used within PolicyWorks is defined as a group of people who are connected by love, support, and commitment to each other, regardless of their biological or legal ties. The National Law defines families as (a) a parent, grandparent, brother, sister, uncle, aunt, or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or (b) a relative of the child according to Aboriginal or Torres Strait Islander tradition; or (c) a person with whom the child resides in a family-like relationship; or (d) a person who is recognised in the child's community as having a familial role in respect of the child
Governance	Refers to the systems in place to support effective management and operation of the service, consistent with the service's statement of philosophy. Good governance requires effective management systems and clearly delineated roles and responsibilities to support the effective operation of a quality service.
Guardian	In relation to a child, means the legal guardian of the child *(National Law definition pg. 20)*. Legal guardians have custody of the children and the authority to make decisions concerning the child(ren)'s protection, education, care, etc. Legal guardianship is assigned by a court, such as the family court, according to state laws
In attendance at a centre-based service	An early childhood teacher or suitably qualified person is in attendance at a centre-based service if the teacher or qualified person *(National Regulations 118)*:

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Term	Definition
	(a) is physically present at the service; and (b) carries out education and care activities at the service including one or more of the following: • working directly with children; • planning programs; • mentoring, coaching or supporting educators; • facilitating education and care research; • performing the role of educational leader of the service referred to in
Incident, Injury, Trauma and Illness Record:	Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the: • name and age of the child • circumstances leading to the incident, injury, trauma or illness (including any symptoms) • time and date • details of action taken by the service including any medication administered, first aid provided or medical personnel contacted • details of any witnesses • names of any person the service notified or attempted to notify, and the time and date of this • signature of the person making the entry, and time and date of this. These details need to be kept for the period of time specified in *National Regulation 183*.
Kindergarten Funding Guide	Provides detailed information from the Department of Education and Training (DET) about the types of kindergarten funding available, eligibility criteria, how to apply for funding and how to comply with operational requirements once funding has been granted.
Learning	A natural process of exploration that children engage in from birth, as they expand their intellectual, physical, social, emotional and creative capacities. Early learning is closely linked to early development.
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). 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 (tga.gov.au).
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
Medical management plans	A medical management plan must be in place for every child enrolled who has a diagnosed health care need, allergy or relevant medical condition, and kept with the child's enrolment record. It must be followed at all times. The child's medical practitioner must prepare the plan, and the parent must then provide it to the service. It should include:

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	• details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition • any current medication prescribed for the child • the response required from the service in relation to the emergence of symptoms • any medication required to be administered in an emergency • the response required if the child does not respond to initial treatment • when to call an ambulance for assistance.
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.
National Law	Unless otherwise specified, the *Education and Care Services National Law Act 2010*. This applied law system sets a national standard for children's education and care across Australia.
National Quality Agenda IT System	A web-based information system to assist state and territory regulatory authorities and ACECQA to manage the approval, monitoring and quality assessment of children's education and care services. The system also enables services, providers and educators to submit application and notification forms online to regulatory authorities and ACECQA.
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	*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 can be the nominated supervisor. All services must have a nominated supervisor with responsibility for the service in accordance with the *National*

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	Regulations. The approved provider must take reasonable steps to ensure the nominated supervisor is a fit and proper person 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 within 14 days.
Notifiable incident	An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the Guide to Incident Notification on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au
Notifiable complaints	A complaint alleging that a serious incident has occurred while the child is educated and cared for or complaints alleging that the Law has been contravened *(National Law: Section 174(2)(b))*. Any complaint of this nature must be reported by the approved provider to DET *(refer to Definition)* within 24 hours of the complaint being made. The approved provider to notify DET *(refer to Definition)* within the specified timeframes below *(National Law: Section 174(2) (b), National Regulation 176(2) (b))* • serious incidents *(refer to Definition)* in writing within 24 hours of the incident or the time the person becomes aware of the incident • any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service - Within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information • any incident where the approved provider reasonably believes that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service - Within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information. • any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the service. In addition, approved providers must take reasonable steps to ensure that these incidents and complaints are adequately addressed. Notifications should be made to the regulatory authority (DET) through the NQA IT System. If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.
Parent	In relation to a child, includes: • a guardian of the child • a person who has parental responsibility for the child under a decision or order of a court (National Law).
Person in day-to-day charge	A person is in day-to-day charge of an education and care service if: • the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the service; and • the person consents to the placement in writing *(National Regulations 117A (b))*. There are minimum requirements for the person in day-to-day charge *(National Regulations 117B)*.

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Term	Definition
Person with management or control (PMC)	The persons within or outside the approved provider who are responsible for managing the delivery of the provider's service(s) or who have significant influence over the activities or delivery of the service. A PMC has the same legal responsibility for the safety, health and wellbeing of children at their service as an approved provider. A PMC is a person in an executive or management role of an approved provider entity, including: • an officer of a body corporate (within the meaning of the Corporations Act 2001 of the Commonwealth) • each member of the management committee of an association • each partner of a partnership • a person in a management position of the business, with the authority or responsibility for, or significant influence over, decisions affecting the delivery of children's education and care (such as a state/territory or area manager). A nominated supervisor, person in day-to-day charge of a service, or a person who holds other operational management roles in a service (such as a centre manager) would not meet the PMC definition. People holding these roles will only meet the PMC definition if they also participate in executive or financial decision-making or have authority or responsibility for, or significant influence over, the planning, direction or control of the activities or the delivery of the education and care service.
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	See Educational curriculum
Regular outing	In relation to an education and care service, means a walk, drive or trip to and from a destination: (a) that the service visits regularly as part of its educational program; and (b) where the circumstances relevant to the risk assessment are the same on each outing.
Responsible person	The responsible person is an individual who is physically present and is responsible for the operation of a centre-based service for an agreed period of time. A responsible person must be present at all times that the approved service operates *(National Law: Section 162 (c))* and can be: • the approved provider or a person with management or control of the service; • a nominated supervisor of the service; or • a person placed in day-to-day charge
Regular transportation	In relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being

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Term	Definition
	educated and cared for by the service, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported.
Reportable incidences	Under the *Occupational Health and Safety Act 2004* (OHS Act), employers and self-employed persons must notify WorkSafe immediately after becoming aware an incident has occurred, including those resulting in: • death • a person needing medical treatment within 48 hours of being exposed to a substance • a person needing immediate treatment as an in-patient at a hospital • a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving/ scalping) electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment). Incidents must be reported if they expose a person in the immediate vicinity to an immediate risk to the person's health and safety involving: • registered or licensed plant collapsing, overturning, falling or malfunctioning • collapse or failure of an excavation, or shoring supporting an excavation • collapse of a building structure (or partial collapse) • implosion, explosion, or fire • escape, spillage or leakage of any substance • plant or objects falling from high places.
Risk assessment	A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations.
Risk minimisation	The practice of developing and implementing a range of strategies to reduce hazards, for example, for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.
Risk minimisation plan	A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the approved provider/nominated supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment

Serious incident	You must notify the DET within 24 hours of becoming aware of a serious incident *(Section 174(2)(a) and Regulation 176(2)(a)*
	
	A serious incident *(National Regulation 12)* is defined as any of the following:
	
	• the death of a child while being educated and cared for at the service or following an incident while being educated and cared for by the service
	• any incident involving serious injury or trauma to a child while the child is being educated and cared for, which:
	  ○ a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
	  ○ the child attended or ought reasonably to have attended a hospital e.g. a broken limb*

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	○ any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters. • any emergency for which emergency services attended NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution. • a child appears to be missing or cannot be accounted for at the service • a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations • a child was mistakenly locked in or out of the service premises or any part of the premises. Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event. If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious. Notifications of serious incidents should be made to the regulatory authority (DET) *(refer to Definition)* through the NQA IT System. If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.
Staff	In relation to an education and care service, means any individual (other than a nominated supervisor or a volunteer) employed, appointed or engaged to work in or as part of an education and care service, whether as a family day care coordinator, educator or otherwise *(National Law definition)*.
Staff record	A record which the approved provider of a centre-based service must keep containing information about the nominated supervisor, staff, volunteers and students at a service, as set out under *Division 9 of the National Regulations*. Staff records must be kept by the service and include details of the nominated supervisors, 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 *(National Regulations 146–149).* A sample staff record is available on the ACECQA website*: www.acecqa.gov.au*
Transportation	Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applies in scenarios where services are transporting children, or have arranged for the transportation of children, between an

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	education and care service premises and another location, for example their home, school, or a place of excursion. Examples of transport not forming part of a service include: • private transport provided by families and carers (i.e. carers not engaged by/registered with a service) • transport provided and/or arranged by an entity other than the approved provider, e.g. a school bus, and where the children are not under the care of the approved provider • transport where the approved provider is providing the transport service in a capacity other than as the approved provider, e.g. a government department that provides an education and care service, provides school education, and provides a school bus to school students, on which the children who attend the service also • travel for practical reasons (such as in a remote or rural location) • when a disability service picks up children and transports them to school or an activity.
Victorian Institute of Teaching (VIT)	The statutory authority for the regulation and promotion of the teaching profession in Victoria, established as part of the *Victorian Institute of Teaching Act 2001*. All early childhood teachers are required to be registered with the Victorian Institute of Teaching.
Vulnerability	The condition or state of being susceptible to various risks and challenges that may negatively impact children, families, and the broader community. It involves factors that can hinder optimal development, well-being, and equitable access to quality early childhood education and care. Vulnerability can manifest in different forms and may be influenced by various factors, including but not limited to socioeconomic status, cultural background, family dynamics, geographic location, disability or additional needs, and family circumstances.
Working directly with children	Working directly with children is defined as being physically present with children and directly engaged in providing them with education and/or care.
Working with Children (WWC) Check	The check is a legal requirement under the *Worker Screening Act 2020* for those undertaking paid or voluntary child-related work in Victoria. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history.
Working with Children (WWC) Clearance	A WWC Clearance is granted to a person under Worker Screening legislation if: • they have been assessed as suitable to work with children • there has been no information that, if the person worked with children, they would pose a risk to those children • they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

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