

1.1 PARENTAL MATERNITY LEAVE POLICY

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management System	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
88	Infectious Disease Policy
168	Education and care service must have policies and procedures

PURPOSE

Our Service is committed to providing a safe and healthy workplace for all employees including pregnant workers. We aim to work with all employees to negotiate a supportive working environment that will assist them to be healthy and productive members of the workforce.

SCOPE

This policy applies to Permanent Staff Members who have been working at Bateau Bay Public School OSHC for longer than 12 months.

IMPLEMENTATION

The process and steps required to ensure a female employee's health and wellbeing during pregnancy will vary. For many female employees, variations to duties, equipment, and the work environment will not be necessary and usual duties may be performed for the duration of the employee's pregnancy.

It is the responsibility of the female employee to raise and discuss any workplace concerns and/or issues with their Manager/Nominated Supervisor. However, there may be instances where the manager or

Nominated Supervisor is required to exercise their duty of care to ensure the safety, protection and wellbeing of their staff.

HEALTH AND SAFETY

The potential risk of injury or ill health will be discussed with staff members who are pregnant in accordance with the service's Health and Safety Policy and procedures. Where there is an identifiable risk associated with a pregnant employee's work, the Nominated Supervisor will consult with the employee to examine how the work can be modified to eliminate or minimise the risk.

- The Approved Provider/ Nominated Supervisor will maintain current information about their Workplace Health and Safety responsibilities to their employees and maintain a safe workplace for all employees.
- In regard to infectious diseases, the Approved Provider/ Nominated Supervisor will alert all staff to the potential risks to health that may arise through their employment at the OSHC Service
- Female Educators will be advised that they should have their immunity to Rubella, Measles, Chicken Pox and Cytomegalovirus (CMV) tested well before planning pregnancy.
- The Approved Provider will ensure pregnant Service staff are aware of health risks including:
 - exposure to specific infectious diseases or conditions that can have an adverse impact on pregnancy, including Cytomegalovirus (CMV), Hand, foot & mouth disease, Human parvovirus B19 (erythema infectiosum, fifth disease), Listeriosis, Rubella (German measles), Measles, Hepatitis B, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome, Pertussis (Whooping cough), Toxoplasmosis and Varicella (chickenpox)
 - stress and burnout
 - swollen feet and varicose veins
 - heat stress
 - cigarette smoke (outside smoke free zones.)
 - chemicals and chemical fumes
- The Approved Provider/Nominated supervisor will implement strategies which help reduce physical stress for pregnant.

MANUAL HANDLING

To minimise the risk of back injury to pregnant staff and to comply with Health and Safety and other relevant legislation, we will:

- ensure pregnant staff are aware they are at more risk of back pain and injury from working while pregnant because of anatomical and physiological changes such as softening of ligaments and tendons, extra weight load, muscle fatigue, and tiredness
- ensure pregnant staff are aware that the risk of back pain and injury increases with the progression of pregnancy and their ability to do physical work decreases
- advise pregnant staff to consult their doctor if they have any back pain or other health concerns during the pregnancy
- ensure that pregnant staff are aware of the following strategies to reduce the risk of back pain and/or injury:
- restrict lifting children or heavy equipment
 - ensure you use correct lifting and carrying techniques
 - diversify tasks to avoid prolonged standing
 - limit time standing in one position for too long
 - use footrests for raising feet when sitting
 - use suitable adult-height workbenches, desks and chairs
 - avoid bending over: Use your knees and hips to lower yourself to the children's level or when picking something up from a low level.
 - try to maintain a correct posture as the growing uterus can frequently cause postural problems.
 - use stepladders and trolleys as required
 - ensure that heavy or awkward items are stored at an appropriate height and close to where they are needed

STRESS MANAGEMENT

To minimise the risk of stress and ensure pregnant staff have adequate opportunities for leave and holidays, we will:

- ensure pregnant staff are aware they are at more risk of stress at work because of changing abilities to meet usual work commitments
- ensure pregnant-staff are aware that the risk of stress at work might increase with the progression of the pregnancy
- ensure pregnant staff are aware that they are legally required to take leave from work for a period before and after the pregnancy and should seek support from the Approved Provider/ Nominated Supervisor to arrange leave
- assist pregnant staff with leave planning and provide current information to them about their conditions of employment and leave entitlements

- advise pregnant staff to see their general practitioner/ obstetrician if they have any stress or other psychological or physiological health problems during pregnancy.

IMMUNISATION AND INFECTIOUS DISEASES

Due to constant close contact with children, staff in School Aged Care services may be at an increased risk of contracting some vaccine-preventable diseases. Authorities advise against pregnant women receiving live viral vaccines during pregnancy, or within 28 days prior to falling pregnant. Therefore, women of childbearing age should ensure that vaccinations are up to date. Common vaccine-preventable infections that may have an adverse effect on pregnancy include:

Rubella (German measles)

The greatest risk to the unborn baby occurs in the first twenty weeks of pregnancy, with a higher risk if the mother contracts Rubella in the first ten weeks. Employees planning pregnancy should have a blood test to ascertain immunity, as the vaccination must be given one month before becoming pregnant.

Measles

This is a highly infectious viral disease that can cause serious complications to the unborn child. It spreads through direct and indirect contact from contaminated people or surfaces. It can also remain in the air for up to two hours after the infected person has left. Employees can minimise the risk of infection by paying particular attention to hand hygiene and ensuring that workers and children use correct cough and sneeze hygiene practises. Employees must also ensure that cleaning practises are being conscientiously followed throughout the centre. This vaccination is not recommended during pregnancy: the non-immune staff member should ensure that the vaccination has been received one month before falling pregnant.

NOTE: The vaccination for Rubella and Measles is given together in the MMR vaccination (Measles, mumps, and rubella).

Varicella (Chickenpox)

If exposed to varicella during the first three months of pregnancy the employee must seek medical advice. This vaccination is not recommended during pregnancy: the non-immune employee should ensure that the vaccination has been received one month before falling pregnant.

Hepatitis B

Hepatitis B is transmitted through blood and other bodily secretions. Adult vaccinations are available but should not be received during pregnancy. However, all babies born in Australia receive the Hepatitis B vaccination at birth as part of the National Immunisation Program Schedule. Employees must ensure that

policies and National Health Medical Research Council (NHMRC) guidelines are followed for managing exposure to blood and bodily fluids, including ensuring that children's wounds are covered appropriately.

Influenza

Influenza vaccinations are strongly recommended for pregnant women and can be safely given at any stage of the pregnancy. Vaccinating pregnant women also protects their infants from influenza in the first 6 months of life. (Australian Government Department of Health)

Pertussis (Whooping cough)

Pertussis can be a life-threatening disease for the newborn. It is recommended that the pregnant employee receive a pertussis vaccination in the third trimester of pregnancy as evidence indicates this is more beneficial to the newborn than receiving the vaccination prior to pregnancy.

Pregnant employees must also be aware of infections for which there are no vaccinations and take the necessary precautions. These infections include:

Cytomegalovirus (CMV)

CMV is spread through infected saliva and urine. Pregnant employees should therefore pay particular attention to hand hygiene, and where possible, minimise tasks that involve assisting in toileting, cleaning up toileting accidents or coming into contact with body secretions.

Hand, foot and mouth disease

Although the risk is minimal, employees who acquire this disease in late pregnancy can pass it to the unborn child. The worker should therefore pay particular attention to hand hygiene at all times.

Human parvovirus B19 (erythema infectiosum, fifth disease)

This virus can be transmitted to the unborn baby. Employees should therefore pay particular attention to hand hygiene at all times.

Listeriosis

Listeriosis is a bacterial infection that can be avoided by ensuring that raw or partially cooked foods are avoided during pregnancy, and thoroughly washing all fruit and vegetables in clean running water.

Toxoplasmosis

This disease is caused by a parasite that can be found in raw fruit and vegetables and spread by animals such as cats and birds. During pregnancy the parasite can pass through the placenta to the developing baby. A blood test can reveal if the mother is immune. The employee should pay attention to hand hygiene, avoid cleaning the sand pit (where there may be cat faeces) or bird cages, and should wash and peel fruit and vegetables.

HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome)

HIV is a virus that can lead to AIDS. Like Hepatitis B, these viruses are transmitted through blood and other bodily secretions. Employees must ensure that policies are followed for managing exposure to blood and bodily fluids, including ensuring that children's wounds are covered appropriately.

Source: Staying healthy: Preventing infectious diseases in early childhood education and care services, The Australian immunisation handbook, and NSW Health Having a baby.

THE APPROVED PROVIDER AND NOMINATED SUPERVISOR WILL:

- be as flexible as possible within the constraints of the workplace, to ensure the special needs of pregnant employees are considered and options to address their needs implemented wherever possible.
- provide medical practitioners with any requested information detailing the employee's duties, to assist the medical practitioner to assess the pregnant employee's fitness for work and consideration of alternative duties where applicable.
- alert all staff and families if a child or staff member contracts an infectious disease or virus such as coronavirus (COVID-19)
- ensure that all staff members are practising effective hygiene **measures** at all times
- ensure that all staff members are familiar with infection control policies and procedures and actively adhere to these at all times
- put systems and strategies into place to address increased risk due to having a pregnant staff member in the workplace
- meet anti-discrimination law obligations by ensuring pregnant employees are not subjected to negative comments or remarks about their pregnancy
- negotiate with the pregnant employee to ensure a safe environment
- provide information to the employee's general practitioner, as requested, in regard to normal duties performed on a day-to-day basis
- meet anti-discrimination law obligations by ensuring pregnant employees are not subjected to negative comments or remarks about their pregnancy.

EMPLOYEES WHO ARE PREGNANT WILL:

- ensure their treating medical practitioner is aware of the specific work environment and activities that are undertaken on a day-to-day basis
- seek advice on infectious diseases relevant to pregnancy, personal immunity status for these diseases, and standard precautions for infection control
- access information relevant to infection control required throughout the pregnancy through [The Australian immunisation handbook](#)
- employees should inform management of their pregnancy as early as possible so that any potentially adverse risks can be averted, and alternative arrangements made if necessary
- immediately notify management of their pregnancy when medical and/or occupational health and safety issues are being experienced or where they may be reasonably foreseen
- discuss occupational and workplace health and safety and/or medical concerns with a treating medical specialist and the Approved Provider/ Nominated Supervisor
- obtain current medical documentation to support medical and/or occupational and workplace health and safety issues being experienced throughout the pregnancy
- raise any grievances, issues, or concerns with management in accordance with relevant policies and procedures
- pregnant employees have an obligation to inform the Approved Provider/ Nominated Supervisor in writing of the expected date of birth (10 weeks' notice required), and the intention to take maternity leave (4 weeks' notice required), including the dates on which the employee wishes to start and finish the leave
- a Doctor's certificate confirming the pregnancy and expected date of birth is required to prove entitlement to take maternity leave
- if the employee wishes to continue working past 6 weeks prior to the expected date of birth, they are required to provide a Doctor's certificate confirming they are fit, and able to continue to work
- discuss paid or unpaid parental leave entitlements and options with management/approved provider
- inform their employer if they intend to take up to 30 days of flexible unpaid parental leave within 24 months of a child's birth or adoption
- our OSHC Service requires pregnant employees to raise any difficulties that they are experiencing in regard to performing their duties at the service with the Approved Provider/ Nominated Supervisor, so that potential risks to health can be avoided and quality childcare maintained
- employees have a responsibility under Workplace Health and Safety legislation to take reasonable care to protect themselves (and others) in the workplace. This includes cooperating with the Approved Provider/ Nominated Supervisor on health and safety matters, such as taking appropriate precautions to avoid health risks during pregnancy.

EMPLOYEE ENTITLEMENTS

The Approved Provider/ Nominated Supervisor will maintain current information about their industrial responsibilities to their employees including The *Fair Work Act 2009* (Cth) and Children's Service Award 2010 or relevant award or registered/enterprise agreement.

- 4 weeks paid leave at same rate as of the educator's weekly wage that can be taken prior to giving birth or at any stage during pregnancy.
- our OSHC Service is registered with Centrelink for the Paid Parental Leave Scheme
- The Director of OOSH will ensure that all employees are made aware of their legal right to maternity leave at the time the employee advises of their pregnancy
- respect a pregnant employee's right to confidentiality regarding their pregnancy and when this information should be disclosed to colleagues
- The Director of OOSH will discuss government funded Parent Leave Pay entitlements to eligible employees
- The Director of OOSH will provide information and flexibility for Dad and Partner leave-(this 2-week government funded leave can be taken any time in the first year after the child's birth or adoption)
- The Director of OOSH will discuss Keeping in Touch days whilst the employee is on Paid Parental Leave to assist the employee stay connected with the service
- arrange a meeting with the employee when they are nearing the end of their leave to discuss return-to-work expectations- hours of work, flexible working conditions or any other arrangements
- provide the employee with the same job they had prior to leave, or an available position for which they are qualified and suited, and that is closest in pay and status to the pre-parental leave position
- consider any requests from the employee for a variation and/or flexibility in hours on their return to work
- when recruiting employees to replace employees on parental leave, candidates must be notified by the employer that:
 - the role is temporary
 - the employee on leave has a right to their pre-parental leave position when they return to work and
 - the employee and the employer may have a right to cancel or end the leave early in certain circumstances (e.g., stillbirth or infant death)

PAID PARENTAL LEAVE SCHEME

Eligible employees who are the primary carer of a newborn child or adoptive parent of a child [or caring for a child under exceptional circumstances] may be entitled to up to 18 weeks of paid Parental Leave paid at the national minimum wage by the Australian Government. Flexible Days may be taken within 2 years of the child's birth or adoption Flexible Paid Parental Leave may be given to another person caring for the child if the parent chooses to return to work or are no longer the primary carer for the child.

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/parental-leave-pay/how-much-you-can-get/paid-parental-leave-period>

PARENTAL LEAVE AND RELATED ENTITLEMENTS

The National Employment Standards (NES) apply to all employees covered by the national workplace relations system. All employees are eligible for up to 12 months of unpaid parental leave if they have worked for their employer for at least 12 months of continuous service.

The below table sets out when employers must be notified of a pregnant employee's intention to take, shorten, and/or extend unpaid parental leave under the Fair Work Act.

ACTION	NOTICE PERIOD
Telling your employer of your intention to take unpaid parental leave under the Fair Work Act	At least 10 weeks before you wish to commence unpaid parental leave (unless it is not possible to do so). This must be in writing, and you must specify the intended start and end dates.
Confirming the start and end dates of your unpaid parental leave or advising your employer of any changes	At least 4 weeks before you start unpaid parental leave unless this is not practicable (e.g., the child is born prematurely). This must be in writing.
When can you stop working and start your unpaid parental leave?	The leave may start up to 6 weeks before the expected birth of the child but can start earlier if you and your employer agree. If you continue working during the 6-week period before the birth of the child your employer may request that you provide certain medical evidence that states you are fit to work and may require you to take unpaid parental leave if you cannot provide that evidence within 7 days of the request or a medical certificate states you are not fit for work.
Shortening your original period of unpaid leave (e.g., from 12 months to 9 months)	The original leave period can generally only be shortened by agreement with your employer.
Telling your employer that you are extending your initial period of unpaid parental leave (e.g., from 9 months to 12 months)	At least 4 weeks before your expected date of return. This must be in writing. This is a right under the Fair Work Act and cannot be refused by your employer.

ACTION	NOTICE PERIOD
Requesting an extension to unpaid parental leave beyond the initial 12 months- up to 24 months in total (e.g., 12 months to 18 months)	At least 4 weeks before the end of the initial 12-month unpaid parental leave period. This request must be in writing. Your employer must respond to this request within 21 days stating whether they grant or refuse the request. The employer must provide details in writing.
Notice requirements for flexible unpaid parental leave	The employee must tell the employer at the same time they give notice of their continuous parental leave, or at least 10 weeks before the start of their flexible parental leave. Notice can also be provided later if the employer agrees. The employee must state the total number of days of flexible parental leave they intend to take (cannot be more than 30 days)
Keeping in Touch Days	An employee on unpaid parental leave gets 10 keeping in touch days. If the employee extends their unpaid parental leave beyond 12 months, they can take an additional 10 days. Keeping in touch days are not compulsory. The employee gets their normal pay and accumulated leave entitlements for each keeping in touch day (or part day).
Parental leave for stillbirth, premature birth or infant death	An eligible employee is still entitled to take unpaid parental leave for up to 12 months.

Excerpt from Australian Human Rights Commission, 2015. Supporting working parents: Employee guide and Fair Work Australia Maternity and parental leave

RETURNING TO WORK AFTER PARENTAL LEAVE

Employees who are entitled to paid or unpaid Parental leave under the Fair Work Act have the right to return to their pre-parental position at the end of the leave- ‘Return to work guarantee’ or in the case of an employee who was transferred to alternative duties, to the position they held immediately prior to their transfer. Where such a position no longer exists, but other positions are available for which the employee is qualified and capable of performing, they will be entitled to a position as nearly comparable in status and salary to their former position.

- Employees may return to work before the end of their Paid Parental Leave period if the employer agrees [Paid Parental Leave payments will stop when they return. There are some exceptions to this.]
- the employee is required to confirm their intention of returning to work in writing to the employer not less than 4 weeks prior to the expiration of their period of parental leave.
- the employer must inform replacement employees engaged as a result of an employee taking parental leave of the temporary nature of the employment and the rights of the employee being replaced to return to work.
- employees returning to work after the birth of their child will not be discriminated against in regard breast feeding/expressing milk

The Approved Provider/ Nominated Supervisor will support the returning employee to settle back into the work environment with consideration for their physical and emotional wellbeing. Where practicable the Approved Provider/ Nominated Supervisor will support the employee’s return to work and continuity of care for the children by offering flexible work hours.

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Australian Government Department of Health *Australian Immunisation Handbook*
 Australian Government Department of Health Coronavirus (COVID-19) health alert
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 The Pregnancy Centre (2016). <http://www.thepregnancycentre.com.au/pregnancy/well-being/taking-care-of-your-back>

REVIEW

POLICY REVIEWED BY:	Travis Broadhurst	P&C President	24/01/2023
POLICY REVIEWED	January 2023	NEXT REVIEW DATE	January 2024
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE



