

PREGNANCY IN EARLY CHILDHOOD POLICY

Pregnancy is a time of great physical and emotional change that can lead to changes in the woman's ability to perform and manage certain types of work. Our Outside School Hours Care (OSHC) Service is committed to ensuring the health, safety, and wellbeing of pregnant staff by providing information, strategies, and ongoing support, as well as information about leave entitlements available to them. Our OSHC Service takes a 'best practice' approach to parental leave and supports all employees eligible for parental leave for the birth or adoption of a child.

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
170	Policies and procedures are to be followed

RELATED POLICIES

Administration of Medication Policy Dealing with Infectious Diseases Policy Hand Washing Policy	Health and Safety Policy Immunisation Policy Staff Leave Entitlement Policy Work, Health and Safety Policy
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PURPOSE

Our OSHC Service is committed to providing a safe and healthy workplace for all employees including pregnant workers. We understand that pregnancy can bring many changes to women's ability to manage certain types of work, particularly at the later stages of pregnancy. 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 children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

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 the approved provider/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 employees 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 approved provider/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 tested through their GP, well before planning pregnancy.
- The approved provider/nominated supervisor will ensure all employees are aware of the risks of Cytomegalovirus (CMV) exposure during pregnancy and encourage female employees of childbearing age to discuss CMV testing with their doctor (cmv.org.au)
- The approved provider/nominated supervisor will ensure all female employees of childbearing age are aware of health risks including:
 - exposure to specific infectious viruses/diseases or conditions that can have an adverse impact on pregnancy and the unborn child 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 employees, such as: do less physical tasks such as raking, sweeping etc.
- Pregnant women should avoid contact with cat faeces, to minimise the risk of toxoplasmosis.

MANUAL HANDLING

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

- ensure pregnant employees 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 employees 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 employees to consult their doctor if they have any back pain or other health concerns during the pregnancy
- ensure that pregnant employees are aware of the following strategies to reduce the risk of back pain and/or injury:
 - restrict lifting 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 employees have adequate opportunities for leave and holidays, we will:

- ensure pregnant employees are aware they are at more risk of stress at work because of changing abilities to meet usual work commitments
- ensure pregnant employees are aware that the risk of stress at work might increase with the progression of the pregnancy
- ensure pregnant employees 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 employees with leave planning and provide current information to them about their conditions of employment and leave entitlements
- advise pregnant employees 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, employees in School Aged Care services may be at an increased risk of contracting viruses and 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 employee 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. A blood test will reveal the mother's immune status. 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 (WHOOPIING 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 a common virus that often does not cause any symptoms however, pregnant women are most at

risk of serious implications as the CMV virus can travel across the placenta and infect the baby. CMV can spread at any stage of pregnancy, but risks are higher in the first half of pregnancy. CMV is spread through bodily fluids such as infected saliva and urine. CMV cannot be prevented. The best protection from CMV is avoiding contact with a child's saliva or urine and hand washing after such exposure. (Australian Pregnancy Care Guidelines. 2023).

Pregnant employees should therefore pay particular attention to hand hygiene and best practice would suggest, they not assist in cleaning up toileting accidents as there is a high risk of coming into contact with body secretions. Pregnant staff members will be reminded to wash and dry hands after touching young children, be vigilant cleaning toys and surfaces that young children may have contacted with saliva, urine or fluid.

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
- recommend that pregnant employees discuss concerns about the transmission of coronavirus (COVID-19) with their obstetrician or general practitioner and discuss available COVID vaccinations
- ensure that all employees are practising effective hand hygiene at all times
- ensure that all employees are familiar with infection control policies and procedures and actively adhere to these at all times
- complete a risk assessment to identify any hazards or potential risks to pregnant employees in the Service
- put systems and strategies into place to address increased risk due to having a pregnant employee 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:

- disclose their pregnancy in a timely manner to ensure that the employer can support her health, safety and well-being in the workplace
- maintain immunisation records
- consult with their general practitioner if planning a pregnancy to establish their immunity status for common childhood infections, and information about recommended vaccinations

- ensure the treating medical practitioner is aware of the specific work environment and activities that are undertaken on a day-to day basis
- provide up-to-date immunisation statement to management for recording in their individual staff record
- adhere to Workplace Health and Safety legislation and 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
- be familiar with and adhere to policies and procedures pertaining to infection control and effective hand hygiene
- consult with their obstetrician and/or medical practitioner should there be an outbreak of an infectious disease or virus in the service that they are not immune to, in regard to whether they should continue to attend work
- immediately advise the approved provider and/or nominated supervisor if they believe there is a hazard or potential risk to the pregnancy in the workplace
- notify the approved provider and/or nominated supervisor of the pregnancy if health and safety issues that may affect the pregnancy are experienced or may be foreseen
- provide the required notice of intended leave in writing to the Approved Provider and/or Nominated Supervisor
- provide medical evidence from general practitioner and/or specialists as required to the approved provider and/or nominated supervisor in a timely manner
- provide a doctor's certificate confirming they are fit and able to continue work if the employee wishes to continue working past 6 weeks prior to the expected date of birth [Fair Work Ombudsman]
- discuss paid and/or unpaid parental leave entitlements and options with management/approved provider
- inform their employer if they intend to take up unpaid parental leave within 24 months of a child's birth or adoption and how this leave will be taken: single continuous leave or flexible period up to 30 days

EMPLOYEE ENTITLEMENTS

Under the *Fair Work Act 2009* (Cth) and Anti-discrimination laws, pregnant employees, and their partner, are entitled to certain leave entitlements. The OSHC Service will at all times act to ensure that entitlements are made available to pregnant employees and employees who adopt a child, in accordance with these laws.

While employees are not required to notify their employer that they are pregnant, in some high-risk occupations such as education and care, it may be advisable to notify the employer as soon as possible. Employees will also need to notify their employer in order to access certain entitlements (Source: Australian Human Rights Commission, 2015).

PAID PARENTAL LEAVE SCHEME

For children born or adopted **after** July 1, 2023, a payment for up to 100 days, or 20 weeks is available to assist parents care for a child. Parental Leave Pay and Dad and Partner Pay combined into one payment. For children born or adopted **after** July 1, 2024, Parental Leave Pay will increase, up to 26 weeks by 2026. See: [Paid Parental Leave scheme changes](#)

UNPAID PARENTAL LEAVE AND RELATED ENTITLEMENTS

Under the National Employment Standards in the Fair Work Act 2009, an employee employed with the same employer for 12 months or more before they or their partner gives birth or adopts a child, may be entitled to up to 12 months of unpaid parental leave. An employee can also request an additional 12 months' unpaid leave. (Including long-term casuals) Parents who experience a stillbirth or the death of an infant during the first 24 months of life, can also take unpaid parental leave.

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. [Fair Work Infoline: 13 13 94]

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.
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.

Source: Australian Government Fair Work Ombudsman- Parental Leave & related entitlements. (2022).

SPECIAL MATERNITY LEAVE

A pregnant employee who is eligible for unpaid parental leave can take unpaid special maternity leave if:

- she has a pregnancy-related illness or
- her pregnancy ends after 12 weeks because of a miscarriage, termination or stillbirth.

If an employee takes special maternity leave because of a pregnancy-related illness, the leave will end when the pregnancy or illness ends, whichever is earlier. If she takes leave because of a miscarriage, termination or stillbirth, leave can continue until she is fit for work.

Special maternity leave does not reduce the amount of unpaid parental leave that an employee can take.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR WILL:

- maintain current information about their industrial responsibilities to their employees under the *Fair Work Act 2009* (Cth) and Children's Service Award 2010 or relevant award or registered/enterprise agreement.
- register our service with Centrelink for the Paid Parental Leave Scheme
- 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
- discuss government funded Parent Leave Pay entitlements to eligible employees
- 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 she is 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)

RETURNING TO WORK AFTER MATERNITY 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 held immediately prior to this 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. See: Services Australia for further information]
- the employee is required to confirm her intention of returning to work in writing to the employer not less than 4 weeks prior to the expiration of her period of maternity leave.
- 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.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Pregnancy in Early Childhood Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Pregnant Employee Medical Clearance Form
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SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government Department of Health *Australian Immunisation Handbook*

Australian Government. Pregnancy birth and baby. [Cytomegalovirus \(CMV\) during pregnancy](#)

Australian Government Services Australia *Paid Parental Leave Scheme Employer Toolkit* (updated 2023).

<https://www.servicesaustralia.gov.au/organisations/business/services/centrelink/paid-parental-leave-scheme-employers/what-resources-are-available/paid-parental-leave-scheme-employer-toolkit>

Australian Human Rights Commission: <https://www.humanrights.gov.au>

[Australian Pregnancy Care Guidelines. V2.1 \(2024\)](#).

CMV Australia. (2024). www.cmv.org.au

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Fair Work Act 2009 (Cth).

Fair Work Commission: <https://www.fwc.gov.au>

Fair Work Ombudsman *Maternity Leave and Parental Leave* <https://www.fairwork.gov.au/leave/maternity-and-parental-leave>

Fair Work Ombudsman *Parental leave & related entitlements* (2022).

<https://www.fairwork.gov.au/tools-and-resources/fact-sheets/minimum-workplace-entitlements/parental-leave-and-related-entitlements>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

NSW Health. (2016). *Handle with care: Looking after yourself in pregnancy*.

Pregnancy Birth and Baby. [Cytomegalovirus \(CMV\) during pregnancy](#).

Safe Work Australia

The Pregnancy Centre (2016). <http://www.thepregnancycentre.com.au/pregnancy/well-being/taking-care-of-your-back>

[Western Australian Education and Care Services National Regulations](#)

Work Safe Queensland. [Cytomegalovirus \(CMV\) in early childhood education and care services](#).

REVIEW

POLICY REVIEWED BY	JOSHUA PEACHEY	EDUCATIONAL LEADER	2/8/24
POLICY REVIEWED	AUGUST 2024	NEXT REVIEW DATE	AUGUST 2025
VERSION	V9.06.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • paid parental leave information updated • additional information and sources added re: CMV • sources checked for currency 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JUNE 2023	<ul style="list-style-type: none"> • annual policy maintenance • rewording of 'staff members' to 'employees' • rewrite of <i>Employees who are pregnant</i> content • rewrite of <i>Employee entitlement</i> content to include: changes to Paid Parental Leave Scheme (effective July 2023) • minor edits within policy to provide inclusivity for parental leave to include partner leave/adoption/still birth • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	JUNE 2024	
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance • hyperlinks checked and repaired as required <p>** Note: The Federal Government announced an enhanced Paid Parental Leave (PPL) scheme paid at the minimum wage for up to 20 weeks in the 2022 Budget. This is to be implemented prior to March 2023. Final details are not known at the time of policy review.</p>	JUNE 2023	
JUNE 2021	<p>additional updates re: flexible parental leave, roles of approved provider/nominated supervisor added</p> <ul style="list-style-type: none"> • updated Keeping in Touch days for parental leave and unpaid leave • information for <i>Employer Toolkit for Parental Leave</i> updated • sources checked for currency 	JUNE 2022	

MAY 2020	<ul style="list-style-type: none"> • Rearranged some content for better flow • Additional information included about paid parental leave, keeping in touch days • Addition of coronavirus (COVID-19) advice • Addition of employer's role in return to work for employee 	JUNE 2021
JUNE 2019	<ul style="list-style-type: none"> • Introduction added. • Additional information added to points. • New current sources added. • Sources/references corrected, updated, and alphabetised. • Related policies added. • 'Immunisation' section deleted and replaced. • Appendices edited as required 	JUNE 2020
OCTOBER 2017	<ul style="list-style-type: none"> • New policy drafted. 	OCTOBER 2018