



COLLEGE COMMUNITY CHILD CARE CENTRE

Illness, Medical Conditions and Medication Policy

RATIONALE & POLICY CONSIDERATIONS:

All children have the right to develop to their full potential in an environment which provides for their health and wellbeing. Families that utilise education and care services place a high level of trust and responsibility on educators in the belief that, in their absence, their children will be kept safe and their wellbeing protected. The service is cognisant of the fact that educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness nor decide on the dose of medication to be given.

Administering medication to a child is considered a high-risk practice, and legislative requirements contained within the Education and Care Services National Law (WA) Act and Regulations 2012, and any other relevant legislation, will be strictly adhered to by service educators/staff. Those educators/staff responsible for administering medications must be trained in the administration of medications and also know what first aid measures to take should an adverse reaction to the medication occur.

Philosophy

We recognise the value of educators/staff who conduct themselves in a professional and responsible manner. The educators provide a safe and healthy environment that supports and nurtures warm trusting relationships. These environments will also make sure that children have a strong sense of wellbeing (Outcome 3)

Legislation and Government Requirements

Western Australian Occupational Safety & Health Act 1984
Western Australian Occupational Safety & Health Regulations 1996
Education and Care Services National Law (WA) Act 2012
Education and Care Services National (WA) Regulations 2012
Civil Liabilities Act WA 2002

Children's needs

To feel physically and emotionally well, and to feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

Families' needs

Families expect that staff will: act in the best interests of the children in their care at all times; care for their children appropriately should they become unwell while in the care of the service; meet their children's individual health care needs; maintain continuity of medication for their children when the need arises; their children will be protected from unnecessary exposure to infection; keep them informed about their child's wellbeing whilst at the service; provide information with regard to the service's policies.

Educator/Staff needs

In caring for children, staff need: Protection from infection; to feel competent to perform their duties; to understand their liabilities and duty of care requirements; to receive management support through clear written policies and understanding the issues regarding the care of children who are feeling unwell; to be provided with sufficient information and training regarding the administration of medications and other treatments appropriate to the child care service environment; to maintain good communication with families; to have specific written policies to give to families; for families to take responsibility for their child when sick; current information on childhood illness, communicable and notifiable diseases and information about vaccinations offered to children/families/educators.

Management needs

In operating a facility for the care of children, management needs to: have confidence in educators/staff and trust them to meet their duty of care and liability as prescribed by law: ensure clear policies are in place which are implemented by all educators/staff; have practices in place that enable educators/staff to feedback to management when policies are not clear, inadequate or unworkable; provide educator/staff training by suitably qualified professionals; provide clear administrative procedures to identify when staff qualifications and clearances need renewing; facilitate clear communication with families; be consistent in policy implementation and application with all families; Educators/staff to take action when they suspect a child is not well enough to be at the education and care service; families to co-operate in keeping sick and infectious children away from the service.

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law (WA) Act 2012 – Act 167

Education and Care Services National (WA) Regulations 2012 – Reg 85-89; 90-96; 136; 161; 162; 168; 170;174; 175-177;

Early Years Learning Framework for Australia

National Quality Standard for Early Childhood Education and Care- Quality Areas – 2.1.2; 2.2.2; 4.1.1; 7.1.3;

College Community Child Care Centre operates to: provide care for well children aiming to ensure a safe and healthy environment for all children in its care; ensures that the high-risk practice of administering medications to children is carefully monitored to reduce any risk to the health and wellbeing the child; has a responsibility to not compromise the health of other children and staff members. The service is not able to provide the 1:1 support that the sick child requires to ensure their wellbeing. Educators/staff are not medically trained and therefore cannot diagnose appropriate treatment. Consequently, educators/staff will not:

- administer medications to children without written parental/guardian authority
- administer non-prescribed medications that are required for more than one day without written medical authority
- accept any child into care when the parent/guardian has advised that they have administered Over-the-counter analgesic (paracetamol and/or ibuprofen) prior to attending the care session (unless having done so under the recommendations in “Teething” to follow) as such medications have the potential to mask other symptoms of illness in the child
- perform any treatments without first receiving appropriate professional training
- accept children into the service who require a care regime which uses medical procedures, before staff are appropriately and professionally trained, and feel confident and comfortable with that training and the process for administering any required medication.
- accept a child with special health needs without a risk minimisation plan being completed on enrolment of the child
- accept a child for care without their prescribed special needs medication.
- Medication is defined as: “Substances taken to prevent or treat illness”. They can be anything from herbal extracts and vitamins to synthetic chemicals. They come in many forms and may be ingested, injected, inhaled, inserted or applied.¹
- Whenever possible medication should be administered by parents/guardians at home. However, this will not always be feasible. Therefore, to ensure children’s safety and welfare, the giving of medication at the centre will be strictly monitored.

¹ Nurses Board of WA

STRATEGIES FOR POLICY IMPLEMENTATION:

Information for Families

- Children in the education and care service are at greater risk of catching coughs and colds because of increased exposure to infections in the group care setting. The service will therefore provide information to families about treatments for children with minor ailments such as fever, coughs and colds as well as the infection control requirements of the service. E.g. hand hygiene, respiratory etiquette.
- The centre acknowledges that medications contain potent chemical active agents which affect the body’s metabolism and should be treated with due respect and care at all times, and will encourage families to only use over the counter medications when directed to do so by their child’s doctor.

Management of unwell children

- Sick children, as defined below, cannot be admitted to the centre to safeguard the health of other children and staff members.
 - Exclusion criteria
 - A child who has any of the following symptoms cannot be admitted to the service:
 - Ear or eye discharge
 - an undiagnosed rash
 - high temperature (see High Temperature Indicator below)
 - infectious sores or diseases (children need a Doctor’s clearance before re admittance)
 - vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout)
 - any obvious signs of ill health (children with asthma –obvious difficulty breathing, barking cough, rib retraction etc.)
- Discoloured (green or yellow) mucus from the nose is a sign that the immune system is fighting an infection and does not mean that a cold is getting worse. Children with colds can attend childcare as long as they feel well enough to participate.
- Staff with symptoms listed above will not attend work or will be sent home if they start to display these symptoms while at work. (NB: in the event of vomiting or abnormally loose bowel actions (diarrhoea), the exclusion period for child care staff is 48 hours with a Doctor’s Medical Clearance - Government of WA- Dept of Health- Communicable Diseases Guidelines) If a staff member has a work-caused illness it will be notified to the WHS regulator as required by work health and safety legislation.

Onset of illness at the service

- If a child becomes unwell whilst at the service, the parents/guardians will be notified and asked to pick the child up and remove him or her from care as soon as possible. All illness at the service is recorded on an **Illness Report Form**.
- If parents/guardians and/or emergency contacts cannot be contacted, the centre will make continued efforts to contact the parent/guardian/emergency contact and the parent/guardian/emergency contact will be required to collect the child as soon as possible. The child will be isolated as best as possible from the group. This is to ensure the comfort of the child away from the other children (thus reducing the risk of spread of any infection), and the required educator: child ratios are maintained for the remainder of the children in care. This information will be provided to families at the time of enrolment through the Parent Handbook.
- If a child has a temperature over 37.5 degrees and is also displaying signs of ill health such as drowsiness, paleness, breathing difficulty, less urine than usual or any of the symptoms listed in the exclusion criteria above, the child's parent/guardian will be notified and asked to take the child home. If the parent/guardian cannot attend to collect the child, an ambulance will be called. While waiting for the ambulance educators will take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.

Exclusion due to infectious disease

- Information about the service's exclusion policy is provided to families within the Parent/Guardian Handbook.
- Children and staff with infectious diseases will be excluded from the service in accordance with the National Health and Medical Research Council guidelines. A medical certificate is required after contracting an infectious disease (eg: diphtheria, hepatitis, polio, tuberculosis, typhoid, paratyphoid) before the adult or child can be re-admitted to the service.
- The service will display a notice at the entrance and use SMS/email or distribution of letters/fact sheets where appropriate to notify educators/staff members, families of enrolled children and visitors to the service, of exclusion due to infectious disease.
- If a child is unwell at home parents/guardians are asked not to bring the child to the service.
- If an educator/staff member is unwell they should not report to work. Educators/staff members should contact the Director at the earliest possible time to advise of their inability to report to work.
- If a child becomes unwell whilst at the service the service's Illness policy will be followed.
- In the case of serious ill health or hospitalisation, the child or educator/staff member will require a medical certificate from their medical practitioner or specialist verifying that their recovery is sufficient to enable their return to the service.
- The minimum exclusion periods for infectious diseases (as determined in the "Government of Western Australia – Department of Health – *Communicable Diseases Guidelines*" and the "Australian Government – National Health and Medical Research Council – *Staying Healthy in Child Care – 5th Edition*") will be strictly adhered to, irrespective of those stated in a medical certificate from a medical practitioner or specialist, especially when these do not follow the guidelines stated above.

HIV/ AIDs, Hepatitis B/C and other blood-borne virus impairment

- It is unlawful to discriminate against anyone living with AIDS or other blood-borne impairment. As blood-borne virus' are not transmitted through casual contact, a child with AIDS or any other blood-borne impairment shall be treated and comforted as any other child, i.e. by cuddling, giving hugs, holding hands etc.
- If an educator/staff member is notified that a child or the child's parent/guardian or any other educator/staff member is infected with AIDS or other blood-borne impairment, the information will remain confidential. Only with the consent of the person with the virus, or the parent/guardian, can this information be shared with other educators/staff. Deliberate breaches of confidentiality will be a disciplinary offence preceding normal consultative action.

Medical Conditions

Teething

- Parent/guardians should advise the educator when their child is teething so that the child's needs are met. This is to be advised using the *Teething Symptoms* section of the Medication Form.
- When the child who is teething becomes unwell and displays symptoms which may include: high temperature, flushed cheeks, drooling, the service will:
 - a) *If analgesic (paracetamol or ibuprofen) has been provided by the parent/guardian and a Medication Form completed when dropping the child off:* The parent must choose a specific time for the child to be given the requested dosage and staff will administer this as requested; (NB: "If needed" or any similar intended meaning MUST NOT be written on the Medication Form – we are not medical practitioners and therefore are not qualified to make this decision by law); or
 - b) *If analgesic (paracetamol or ibuprofen) has not been provided by the parent/guardian and a Medication Form has not been completed when dropping the child off:* The service will contact the parent/guardian who will be asked to provide immediate written authority by e-mail for the educator to administer ONE dose of analgesic to the child. (Should the parent not be able to provide immediate written consent by e-mail, it may be possible to accept oral consent to TWO staff members over the phone.) Staff will complete the Medication Form, along with the Illness Form documenting both staff members who have received oral consent to administer medication from the centre's emergency supply. The parent/guardian will be required to sign this authorisation when picking the child up; or
 - c) Come to the service to collect the child.

- A child who is teething may be administered more than one dose of the analgesic within the week, but only one dose during each day. These medications will not be used for more than 48 hours at a time, except on written medical advice.
- Teething Gels (eg: Bonjela etc) are topical oral medications containing chlorine salicylate and alcohol. The safety of these products in children is acceptable when used at recommended doses. College Community Child Care Centre Educators will NOT exceed these recommendations under any circumstances. These recommendations are:
 - Suitable for children greater than 4 months of age;
 - Not more often than 3 hourly;
 - For no longer than 4 days in a row
- A Medication Form must be completed (for teething gels) by the parent/guardian when the child is dropped off, indicating that the child has been experiencing discomfort/pain associated with teething. By recording *Teething* as the reason medication is required, the parent/guardian authorises the Educators to use discretion in determining if teething gel is needed by the child and when each application will occur, observing the above recommendations. The medication form must detail the symptoms that the child displays when teething, for Educators to be aware of in determining a need for this medication. The medication form will be completed, by the Educator, informing of every occasion the medication has been administered and advised to the parent/guardian when the child is collected each day..
- All over the counter medications must also meet policy requirements described in the service's Medications Policy.

Children with special health needs

(Special Health Needs may include – but are not limited to – Diabetes; Cystic Fibrosis; Epilepsy; Physical impairment; Cancer; Chronic Lung Disease etc)

- On application for enrolment families will be required to complete full details about their child's medical needs. The service will assess whether educators/staff are appropriately trained to manage the child's special health needs at that time.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's Doctor or allied health professional and parent/guardian must complete a **Special Health Needs Support Plan** and/or an **Emergency Action Plan**. Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.
- The service will also consult with the child's family to discuss risk minimisation. This discussion will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; any requirements for safe handling, preparation and administration of medications; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/staff/volunteers can identify the child, their medication and **Emergency Action Plan**.
- Children with specific medical needs must be reassessed in regard to the child's needs and the service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new **Special Health Needs Support Plan** and the service will re-assess its ability to care for the child, including whether educators/staff are appropriately trained to manage the child's ongoing special needs.
- The family will be provided with a copy of the Medications and Medical Conditions policy on enrolment or when their child is first diagnosed with a specific health need or other medical condition.
- If an enrolled child with special health needs presents for a session of care at the service without their medication, they will not be accepted by the nominated supervisor until their prescribed medication is available.

Asthma

- Asthma reliever medications (Ventolin, Asmol, Airomir, Epaq) will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer, will be included in the service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- The Asthma Foundation provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators/staff who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, should attend either an Asthma Education in-service or EAM course. It is a requirement that at least one educator or other person that is trained in EAM is at the service at all times children are present.
- The Asthma Foundation produces recommended guidelines on asthma management within the child care setting, including the Asthma First Aid Plan and Asthma Record Card, which should be completed for each child diagnosed with asthma. These plans must be reviewed annually and a new plan need to be presented to the centre.
- The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—At least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.

Anaphylaxis

- Whenever a child with severe allergies is enrolled at the service, or newly diagnosed as having a severe allergy, a communications strategy will be developed to inform all relevant educators/staff of:
 - the child's name and room
 - the child's risk minimisation strategies

- where the child's **Emergency Action Plan** will be located
- where the child's adrenaline auto-injector is located
- which educators/staff will be responsible for administering the adrenaline auto-injector
- The service will advise families through the posting of a notice in accordance with the Education and Care Services National Regulations, which states that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Depending on the child's allergens, families will also be advised of allergens to avoid bringing to the service.
- It is required that the child with anaphylaxis will have an Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan. These plans must be reviewed annually and a new plan need to be presented to the centre. The service will become familiar with this plan. A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.
- Children may suffer from food intolerances and this information will be provided by families on the **Enrolment Form** which details the foods the child must avoid. Food intolerances are not allergies. Food intolerance may occur in response to a wide range of food components (both natural and artificial). In these cases small amounts of the problem food may be tolerated, but larger quantities result in a reaction that may occur after several hours, or even days, of eating a particular food. Therefore the service will work with the family to ensure the child is only offered food that they can tolerate. See Healthy Eating and Food Handling Policy for further details.
- The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service— at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training;

Asthma or Anaphylaxis Emergencies

- In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child will be contacted as soon as possible.
- For anaphylaxis emergencies, educators/staff will follow the child's **Emergency Action Plan**. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator/staff member will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. Staff administering the adrenaline will follow the instructions on the General ASCIA Action Plan (Orange) stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival. Another child's adrenaline auto-injector will NOT be used.
- The National Asthma Council (NAC), which is the national governing body for best practice asthma management, recommends that should a child not known to have asthma, appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:
 - If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma.
 - Give 4 puffs of a reliever medication and repeat if no improvement.
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives.
 - No harm is likely to result from giving reliever medication to someone who does not have asthma.
 - For further information contact your State Asthma Foundation office, or the National Asthma Council on 1800 032 495.
- In all emergency situations the parent/guardian will always be contacted at the earliest opportunity. Refer to Accidents Emergency and First Aid Policy.

High Temperature Indicator

- The temperature 37.5 degrees centigrade is the lower end of the range of temperatures classed as high by medical practitioners. College Community Child Care Centre will monitor the child who has a temperature of 37.5 degrees and when the temperature reaches 38 degrees or above, call the ambulance if the parent/guardian has not arrived to collect the child. However, if other symptoms are present, it may be imperative to call the ambulance earlier. The Nominated supervisor will make this decision on a case-by-case basis. A temperature of 37.6 – 37.9 should be monitored at home. A temperature of 38 degrees or higher is a fever and usually a sign of illness, such as infection.
2 Corporate First Aid Australia – Temperature Control Training
- Over the counter (OTC) medication should NOT be administered to the child with a temperature (except where the child is known to be teething). Medical authorities¹ warn that identifying the cause of a high temperature is vital and that administration of OTC medications may mask signs of serious illness.
1 Princess Margaret Hospital, Perth WA
- *It is recommended that digital thermometers are most appropriate for the child care setting. Mercury thermometers are no longer used with small children due to risk of breakage and leakage of mercury.*
Aural (in the ear) temperatures are quick and easy to take but accurate readings depend on the use of a good technique. One cover per check will be utilised to ensure the accuracy and hygiene practices.
- Where a parent/guardian is asked to seek medical advice regarding their child's health, the service will provide (for the Doctor's information), details about the child's symptoms and any illnesses that have recently affected children or educators/staff attending the service. All names other than the said child will be kept confidential. The Doctor will be

asked to provide a **Doctor's Medical Clearance Certificate** to pronounce the child fit for child care and that other children are not at risk of infection through exposure to this child, before the child can return to the centre.

- In the event of an outbreak of a communicable disease at the service, educators, staff, families, visitors and the local public health unit will be notified in accordance with the NHMRC recommended notifiable diseases, to help minimise the number of children or staff that become unwell.

Administering Medication

General considerations

- Parents/guardians should consider whether their child who requires medication is well enough to be at the service, and to keep the child at home if unwell.
- If children are receiving medication at home but not at the service, the parent/guardian should advise the educator of the nature of the medication and its purpose and any possible side effects it may have for the child.
- Three (3) doses of a prescribed medication must have been given or applied to the child by the parent/guardian before it will be administered by educators. This is to ensure the child will not have an unexpected reaction to the medication.
- Only prescribed medications or medications accompanied by an **Emergency Action Plan** a **Special Health Needs Support Plan** or an explanatory letter from the child's doctor will be administered by educators for any period longer than one day. Educators must be fully trained to all requirements contained within Action and Support Plans.
- Medication will only be administered by an educator/staff member who holds a Diploma of Education and Care (or higher), and where the:
 - Parent/guardian has completed and signed a **Medication Form** on the day on which the medication is to be administered. (We are unable to administer medication when Medication Forms are incorrectly completed- Staff must guide parents through the process of correctly completing Medication Forms to prevent danger of the child receiving an incorrect dosage or the medication being unable to be administered)
- Before medication is given to a child the Qualified educator/staff member will verify the correct dosage and child with another educator/staff member. After giving the medication the educator/staff member will complete the following details on the **Medication Record** - date, time, dosage, medication given, person who administered, person who verified, and signed by both educators/staff.
- Medication must NEVER be put into a baby's bottle or drinking cup.
- Where the medication requires administration via other than an oral route or external application, only those educators/staff who have a current First Aid Certificate AND have received specific instruction from a health care professional and feel confident with the procedure, will administer the medication.
- Parents/guardians are required to sign an endorsement to confirm their child has had the non prescribed medication before on at least 3 occasions, and has not had a previous allergic reaction to the medication. They must also print the child's name clearly on the medication to ensure the correct medicine is given to the correct child.

Non-prescribed medications – Over the Counter medications (OTCs)

- Non prescribed medications (other than those applications listed on the enrolment form) that are authorised by the child's parent/guardian and are applicable to the child's age, in the original packaging with clear dosage instructions, and within the expiry date of the medication, will be administered for one day only per week.
- If a child needs medication for a longer period, the parent must take their child to the Doctor to obtain prescribed medication or the Doctor's letter confirming that the over-the-counter medicine can continue to be administered for a specified length of time.

Multiple medications

Where a child is unwell to the point of needing more than one medication, that child will be deemed unfit for child care, unless a **Doctor's Clearance Certificate Form** stating the child as "fit for child care, and will not jeopardise the health of other children or educators", is provided.

- Children on regular drugs for chronic conditions e.g., insulin, anti epileptic medication, adrenaline auto-injector etc. may be prescribed more than one medication and be deemed as fit for child care.

Storage Of Medication

- Medication must be given directly to the educator and not left in the child's bag or locker.
- All prescribed medications must have the original pharmacist's dispensing label, or details provided by the doctor giving the child's name, name of medication, dosage, frequency and way it is to be administered, date of dispensing and expiry date.
- All medication will be stored safely out of reach of children, but readily accessible to authorised educators/staff, and in accordance with the medication requirements.

Training/Authority to treat

- The definition of trained educator/staff member" in this policy are those educators/staff who have received relevant professionally run training in the treatments or techniques required to administer medication.
- Where the service cannot provide sufficient numbers of adequately and appropriately trained educators/staff members who feel comfortable and confident to perform medical procedures or administer medication to the child, it may be agreed that the parent will come to the service to administer the medication, or arrangements made for a

health professional to administer the medication at the service. Without one of these strategies in place, care at the service will not be possible.

- Where specific training is required, and a staff member is prepared to undertake the training, any costs incurred will be borne by the child's parent/guardian.
- The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification;

Application of ointments or creams

- The service will provide a list of the brands of ointments, creams and applications used at the service (sun screen, antiseptic cream, nappy rash cream, band aides) that it provides for first aid, or to offer protection from the sun; or to soothe nappy rash, to families during enrolment in the centre handbook.
- When choosing ointments, creams and applications for use at the service, every attempt will be made to choose a product that is appropriate to the age of the children, and contains no additives that may cause allergic reactions in some children. The advice of a pharmacist will be sought where necessary.
- At enrolment families will be required to confirm that to their knowledge their child is not allergic to the service's brands, and to sign their consent that these preparations can be applied to their child, or may opt to provide the service with an alternative brand for their child's use.
- Educators/staff will not apply ointments, creams or applications to children whose parents/guardians have not provided written consent.
- Other creams or ointments not listed by the service as being regularly applied to children, must be detailed on a **Medication Form**, and will only be applied by educators/staff for one day within the week, unless prescribed by the child's Doctor.

LINKS TO OTHER POLICIES

The following policies may be linked to this policy:

- Accidents, emergencies and first aid
- Educator/staff immunisation
- Health, hygiene and infection control
- Children's Comfort, Rest & Relaxation
- Maintenance of a safe environment
- Occupational safety and health
- Records management
- Sun protection
- Supervision

PROCEDURES

The following policies may be linked to this policy:

- Accident/Injury/Trauma Report Form
- Illness Report Form
- Medication Form
- Ongoing Illness Medication Form
- Staff/Visitor Accident/Illness Report Form
- Staff Medication Form
- Asthma/Anaphylaxis Action Plan
- Doctor's Clearance Certificates
- Enrolment and Orientation
- Emergency Action Plan
- 1st Aid Action Plan
- Exclusion of Children Statement
- Communicable Diseases Guidelines
- Special Needs Health Care Plan
- Recommended Minimum Exclusion Periods

FURTHER SOURCES:

Joanna Briggs Institute – Management of the Child with Fever – Evidence Based Practice Information Sheet for Health Professionals – Reviewed 29/04/2022,

www.babyhintsandtips.com/wp-content/uploads/2013/05/feverhandout.pdf

National Institute of Neurological Disorders and Stroke – Febrile Seizures Fact Sheet –

Reviewed 29.04.2022

<https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Febrile-Seizures-Fact-Sheet>

Mayo Clinic – Cold medicines for kids: What's the risk? – Retrieved 29.04.2022,

www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/cold-medicines/art-20047855

National Asthma Council of Australia – First Aid for Asthma – Retrieved 29.04.2022

<https://www.nationalasthma.org.au/asthma-first-aid>

Special Needs Health Care Plans – Reviewed 29.04.2022

www.decd.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-care-plans

ACECQA – First aid qualifications & training – Retrieved 12.05.2022 from

<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

Allergy and Anaphylaxis Australia – Reviewed 12.05.2021 from

<https://www.allergyfacts.org.au>

Australasian Society of Clinical Immunology and Allergy – ASCIA Action Plans for Anaphylaxis – Reviewed 12/05/2022 from

<https://www.allergy.org.au/hp/anaphylaxis>

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Sourced: PSC National Alliance