

## POLICY FOR CHILDREN'S HEALTH & MEDICAL CONDITIONS

Revised: October 2016 Version 8 | Review: February 2018

### AIM

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- To maintain the health of all children, staff and their families.
- To provide a healthy environment for young children, families and educators.
- To prevent cross infection of infectious illnesses.
- To collaborate with families of children with diagnosed medical conditions such as asthma, anaphylaxis, and diabetes to develop a Medical Management and Action Plan for their child.
- To ensure all children with diagnosed medical conditions have a current Medical Management and Action Plan that is accessible to and understood by all staff, including casual staff, educators and volunteers.
- To ensure all staff are adequately trained in the administration of emergency medication for asthma, diabetes and anaphylaxis.

The way that children interact with each other and with adults in education and care services means that diseases can quickly spread in a variety of ways. Children, especially younger children, have close contact with other people through playing or cuddling. They often put objects in their mouths and they may not always cover their coughs or sneezes. Because some germs can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. If a child has an ill sibling at home, they could also be incubating the illness, and risk bringing germs from home into the education and care service.

### IMPLEMENTATION AND PROCEDURES

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#### **Illness**

On occasions children enrolled in the service may be excluded by the service due to an illness or contagious disease outbreak within the community or service.

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading. Excluding ill children, educators and other staff is an effective way to limit the spread of infection in education and care services. By excluding one ill person, you can protect many other people from becoming ill.

**Minimum exclusion periods will be in line with Staying Healthy in Childcare Version 5.**

**The normal body temperature of a child is up to 38°C.**

Fevers are very common in children, however if the child is happy and alert there is no need to treat the fever. Don't worry about treating the fever itself instead focus your attention on the way the child looks and behaves their level of alertness and whether there are any other symptoms that indicate serious infection such as vomiting, coughing or convulsions. (Staying healthy in child care version 5).

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### Medical Conditions

- Educators will ensure that they are aware of enrolled children with medical condition and be familiar with the Medical Management and Action Plans of each child diagnosed with a medical condition.
- Educators will make sure that plans are kept up to date.
- If relevant, to ensure that practices and procedures in relation to safe handling, preparation, consumption and service of food are developed and implemented.
- To ensure that practices and procedures ensuring all staff members and volunteers can identify the child, the child's Medical Management Plan and the location of the child's medication are developed and implemented.
- Ensure that the child attends the Centre with prescribed medication, by medical practitioner, in relation to specific health care need.
- To inform other families enrolled at the centre of any prohibited items that may present a hazard to children with diagnosed medical conditions.
- In the case of a medical emergency, staff will call an ambulance immediately by calling 000. Then they will commence first aid measures and then contact the parents/carers.

### ROLES AND RESPONSIBILITIES

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#### Educators and Staff

- Staff must ensure they are fit and healthy for the work place and abide by the staying healthy in childcare guidelines when suffering any illness.
- To be observant of signs and symptoms of illness including: high temperatures, drowsiness, diarrhoea, rashes, itchiness, flushed cheeks, discharge from ears, eyes, nose, unusual stools, vomiting, thrush, abnormal temperature, change in behaviour etc.
- To inform the Responsible Person immediately if any signs and symptoms of illness are observed in a child.
- If a child is displaying symptoms of being unwell and not interested in the environment or interacting with other children, staff will focus their attention on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions. Monitor child closely for their alertness and ability to cope within the group environment. If the child is requiring one on one attention from staff and is not coping with the group environment and unresponsive to staff's offers of comfort and/or assistance, staff will notify the responsible person on duty. The responsible person on duty will decide if families are to be contacted and/or if the child is to be collected, as it would appear the child is fighting something and unwell.
- If a child begins to deteriorate and the child's temperature is 38.5 C or higher AND the child is displaying signs of flushed cheeks, does not wish to interact with others, is sleepy, does not want to drink or eat and is miserable, notify the responsible person and call the parent to collect the child and if requested by the parent administer paracetamol. Before administering paracetamol, check if parent has signed permission to administer paracetamol on their enrolment form.

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- If a child is miserable from pain as a result of an accident at the centre (eg like dropping a block on their foot), give a courtesy call to the parent and ask if they would like you to administer paracetamol. Check that the parent has signed permission to administer paracetamol, then administer the paracetamol. If after the paracetamol has been given, the child is still miserable and is not coping within the group environment and is demanding one on one attention, notify the responsible person on duty and call the parent and ask them to collect the child.
- If a parent is requested to collect a child due to illness or high temps staff will:
  - Complete an Illness report.
  - Ask parent to sign the report.
  - Scan the report and save to the child's folder.
  - Give the original form to the parent.
  - Inform parents that the child will not be able to return to the service the following day.  
Note: the child is still excluded from the centre the following day after their body temperature and/or bodily functions have returned to normal. All other medical conditions will be in line with the Department of Health guidelines for exclusion.
- If a child becomes ill and staff are unable to contact the parents within 30 mins of initial attempt to contact them, staff will continue to attempt to contact an emergency person listed on the child's enrolment form. If all attempts to contact a nominated person fails, then staff may call emergency services to collect the child.
- To notify parents to collect their child if a child has diarrhoea or vomits at the Service.
- Administer correct first aid, keep children comfortable, reassured, safe and away from others to prevent cross-infection.
- Liaise with the Responsible Person on duty, as the final decision will always be made by them.
- Ensure that parents exclude their child from the service the following day after commencing a course of antibiotics for the first time the previous day, and the following day after surgery/any procedure that required anaesthetic.
- If a parent brings in any medication for a child (whether it is prescription medication or over-the-counter medication), staff will:
  - Ask parent/caregiver to complete a 'Medication Administration Authorisation Form'.
  - Check details about the medication. All medication must be in its original container with the label clearly showing:
    - Child's name (Prescribed medication only)
    - Name of Medication
    - Administration instructions
    - Expiry date
    - Name of prescribing Doctor (Prescribed medication only)
  - Under no circumstances will staff administer a prescribed medication to a child where their name is not on the container.

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- Staff will store medication in safe and secure medication containers. Parents are asked to collect medications from these containers when collecting their child. Medicated creams used in nappy changing will be kept in high cupboards near nappy change areas. Under no circumstances is a child to have medication in his or her bag or locker.
- In certain circumstances a child may require a medication that is a non-prescribed medication. This can only be administered if it is in its original container and has not expired. A medication form will need to be completed and can only be administered according to the instructions on the container.
- In order for a staff member to administer ANY medication (be it in an emergency situation eg Paracetamol or pre-arranged) there MUST be another staff member in attendance to verify the name of medication, administration instructions, expiry date or issue date on the bottle, time of administration and the presence of written parent permission.
- Both the staff member who administers the medication and the staff witness MUST sign the appropriate Medication Administration Authorisation Form. Failure to administer medication with a witness will result in disciplinary procedures being undertaken.

### **Responsible Person**

- Liaise with staff as they monitor all children's wellbeing and make any necessary decisions to a child's ability to remain on premises dependent upon the child's symptoms and ability to cope in the group care situation.
- Ensure any child who is suffering from an infectious disease or condition remain absent for the minimum period of exclusion as recommended by the Department of Health and/or Staying Healthy in Child Care guidelines.
- Notify any families who are unimmunised when there is a reported case of an immunised disease within the service and if necessary seek advice from appropriate agencies.
- Notify the Public Health Unit of outbreaks as listed on the NSW Health website.
- Ensure a sign is displayed in the foyer with details of any infectious disease outbreaks.
- Notify governing and regulatory bodies in line with regulations, if a child is hospitalised due to illness while at the Service.
- Notify governing and regulatory bodies in line with regulations, if an emergency service is called to assist a child at the service.
- Ensure that the Service will hold current information on immunisation schedules for children, and provide names of the local agencies that perform immunisation services to families.
- Ensure that the Service keeps up to date records on the children's immunisation status.
- In the event of a child showing symptoms of an infectious disease, ensure, wherever possible, that the sick child is separated from all other children until collected by parents or contacts, in order to prevent cross infection.
- If a child appears to be not fully recovered from an illness, or who is deemed to not be coping with the group situation, the responsible person on duty makes appropriate decisions on whether the child is to go home. Please note that if the child was sent home because they are unwell the child is unable to attend the service the following day and / or the exclusion period as per Staying Healthy in Child Care.

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### Families

- Parents/Carers are requested to maintain a current immunisation record for their children. Proof is required on enrolment and in order to receive Child Care Benefit/Child Care Rebate.
- Parents/Carers should inform staff when dropping off children of anything unusual that staff should be aware of, such as an unsettled night's sleep or lack of appetite, teething, changes to diet, allergies etc. These can explain a child's behaviour.
- Parents/Carers should make sure they can ALWAYS be contacted during the day. Parents/Carers can leave alternative phone number on the sign in/sign out sheet or with staff members in each room.
- Families must collect their child within a reasonable time frame of 30 mins from the time of call from a staff member informing them their child is unwell. If in the event the family member is unable to collect the child within that time frame then they must nominate a suitable person to collect their child.
- Parents/Carers should not administer paracetamol or over the counter medications prior to the child attending the service. **If a child requires medication to prevent a fever /illness then the child should remain at home.**
- Parents/Carers are requested to notify the service if the child is going to be absent. If the absence is a result of an illness or injury, we ask you to inform the service of the nature of the illness or injury.
- It is recommended that if you take your child to a medical practitioner that you request a medical certificate to give evidence to the service for the child's absence in order to maximise your entitlement to CCB/CCR.
- Parents should not send their child to the service if the child:
  - Is unwell or was unwell during the night or the previous day. Some viruses can be contagious up to 10 days after symptoms have stopped.
  - Is suffering from an infectious condition or disease.
  - Has had diarrhoea or vomiting the previous or current day.
  - Has a temperature or had a temperature the previous or current day. This is not including time where paracetamol was administered to help reduce the temperature
  - When commenced a course of antibiotics for the first time, the child must have taken them for a complete 24 hours before attending the service, also various minimum exclusion periods are applicable for illnesses requiring antibiotic treatment. Minimum exclusion periods in accordance with staying healthy in childcare will be adhered to by the service.
  - Has undergone surgery/procedure that required anaesthetic the previous or current day.
  - Has not been immunised and there is an outbreak of a notifiable disease (child will be excluded for the duration of the outbreak, for their own protection and in accordance with the Dept of Health Recommendations for Exclusion).

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### MANAGING DIABETES

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- Upon enrolment the Director and/or Administration officer will ensure all details relating to the child's health problem and treatment and medications are obtained in writing with supporting documents from the relevant medical authorities. Information to obtain should include:
  - When and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
  - What meals/snacks are required including food content, amount and timing?
  - What activities and exercise the child is able or unable to participate in.
  - Whether the child is able to participate in excursions and any precautions to be aware of or provisions required when attending excursions.
- The Director/Administration officer should ensure prior to the child starting that a current Diabetes action plan is obtained containing the following information:
  - Symptoms and signs to look for that may indicate a hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
  - What action to take including emergency contacts for the child's doctors and family or what first aid to administer.
- The Director/Administration officer is to communicate all medical details to the relevant room leader and staff.
- The Director is to ensure that upon enrolment that the family and staff are aware it is not the responsibility of the centre staff to administer a child's insulin or to administer parental injections of glucose in an emergency.
- The family is to supply all relevant supplies such as glucose monitoring and management equipment and emergency food packs.
- All staff are to be informed via staff meeting and in staff diary of the fact that a child with Diabetes has been enrolled in the centre. Staff are to be directed to the health care plan for the individual child for treatment in acute illness and signs and symptoms of deterioration in the child's health.
- In the case of an emergency involving the child with diabetes staff are to initially call 000 for an ambulance. One staff member is to remain with the child at all times and to administer first aid in accordance with the current action plan. The family is to be notified and kept informed of the child's progress during the emergency.
- Upon the enrolment of a child with diabetes in the centre the Director is to organise staff training to ensure all staff are aware of emergency procedures and management of children with diabetes.
- Staff are to ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes care plan.

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### POLICY OVERVIEW

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#### **Acceptable**

- Staff seen to care for ill child in appropriate manner
- Staff to monitor wellbeing of children throughout the day
- Staff to apply appropriate first aid to child displaying signs of ill health or injury
- Staff are to notify director of signs of ill health
- Staff are to complete necessary documentation in relation to illness report
- Director is to inform parents of unimmunised children the exclusion period when contagious diseases are present within the service
- Families are to monitor their child's health and keep any child who is ill or recovering from surgery/procedure at home and keep the Centre informed of their illness.
- Educators and staff are to monitor the child's condition.
- Educators and staff are to seek appropriate first aid if needed.
- Educators and staff are to notify the director of signs of ill health.
- Educators and staff are to complete necessary documentation in relation to illness report.

#### **Unacceptable**

- Ignoring children's signs and symptoms when ill
- Allowing non immunised children to remain on premises during an outbreak of a contagious notifiable immunisation preventable disease
- Sending children to the service who are unwell, have been given paracetamol to mask symptoms, recovering from surgery or a procedure which required anaesthetic the previous day or had a temperature the previous day.
- Failing to monitor child's condition.
- Failure to seek appropriate first aid.
- Failure to notify the director of ill health.
- Failure to complete necessary documentation.
- Failure to call parents/guardians.

#### **Consequences of Non-Compliance**

- Child may be at risk of requiring hospitalisation if signs and symptoms are not identified or ignored.
- Further contamination and/or outbreaks may occur within the service or broader community.
- Staff will be managed in accordance with Centre's Discipline Policy.
- Families who continue to send their child and put other children, families and staff at risk maybe requested to leave the service and have their position terminated.

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### EVALUATION

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Educators respond in an effective manner to any conditions incident, and documentation in an effective manner to any medical conditions incident, and documentation is completed, shared and stored as appropriate.

Plans to effectively manage medical are developed in consultation with families and implemented.

Regular reviews of procedures and policy are implemented.

### REFERENCE

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Staying Healthy in Child Care. Preventing Infectious Diseases in Child Care. 2005 5th Edition. National Health and Medical Research Council, Commonwealth Department of Health and Family Services and Commonwealth Child Care Program. NSW Health web page. (July 2011)