



Policy No: CE-POL-007/3/2012

Child Health Policy

Custodian: Management
Committee

Custodian Contact:
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Version No: 3

Approved By:

Alison Cooksley

Acting Chairperson

**On behalf of the Management
Committee.**

Approval Date: 19/8/20

Next Review Date: 19/7/23

Supersedes: Child Health Policy
Version 2

1 Purpose:

We aim to ensure a safe and healthy environment for all children, and effective management of children's health related needs. With effective management of medical conditions children will be able to participate in all aspects of quality care and education.

2 Scope:

Approved provider (at this site there are 2 Approved Providers-DfE and the Management Committee)
Nominated Supervisor
Educators & staff
Families & children
Students & volunteers

3 Supporting Documents:

[Staying Healthy in Child Care 5th Edn, National Health & Medical Research Council](#)

Protecting children against vaccine preventable diseases Procedure (DfE)
Safety and Risk Management Plan

Site specific policies and procedures:

[Asthma Policy](#)

[Healthy Food and nutrition](#)

[Hygiene Practices and Infectious Disease control policy](#)

Incident, Injury, Trauma and Illness Policy

[Medication Policy](#)

Procedure for administering medication

Procedure for displaying health notifications

Procedure for notifying authorities of an outbreak of vaccine preventable disease

Policy Details:

The nature of interactions within our Centre means that illness can quickly spread. Exclusion of sick children and implementing effective

hygiene practices reduce the risk of infection and the transmission of illness. The centre does not have the facilities or the staff to care for sick children therefore children who are unwell, or have infectious or contagious diseases should stay at home.

Serious medical conditions including asthma, anaphylaxis, and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents, the staff and medical professionals.

There are a number of processes that the centre undertakes to support infection control - the most important ways of preventing the spread of infectious disease are

- effective hand washing
- exclusion of sick children and staff
- Immunisation
- Practising good cough & sneeze etiquette
- Social distancing (ie adults maintaining a distance of 1.5m)

For more information refer to the [Hygiene Practices & Infectious Disease Control Policy](#)

5 Procedure:

The Director will ensure that every child's parent/guardian has given the centre:

- Written authorisation for staff to seek urgent medical, dental, hospital treatment or ambulance service.

Exclusion of sick children or staff

"The aim of exclusion is to reduce the spread of infectious disease...Excluding ill children, educators and other staff is an effective way to limit the spread of infection" (Staying Healthy in Child Care, p13)

Children, educators and other staff who are unwell, or have an infectious or contagious disease, should stay home and will not be able to return until the applicable exclusion period has been met. (Exclusion periods will be in accordance with guidelines set out in the document *Staying Healthy in Child Care*, published by the National Health and Medical Research Council. A copy of the recommended exclusion periods for infectious conditions is available upon request).

Parents or staff will be advised when they may return to the centre based on the recommended exclusion period for their medical condition. Before returning to care, the Director may also require that a medical certificate be provided stating that the child or staff member is well enough to return.

Procedure for a child who appears unwell

Symptoms will be documented & reported to the parents when they collect their child. Parents/guardians will be contacted to make arrangements for their child to be collected as soon as possible if the child displays any of the following symptoms:

- Breathing difficulty
- vomiting
- More than one loose bowel movement
- If the child has a temperature above 38°C

- A fever that increases quickly.

If staff are unable to make contact with the parents/guardians they will leave a message and then telephone the emergency contacts listed on the enrolment form.

If possible the child will be kept away from the main group of children while waiting for the parent to arrive

If a child appears very unwell or has a serious injury that needs urgent medical attention an ambulance will be called.

Procedure for treating a fever:

The normal temperature for a child is up to 38°C.

Fevers are common in children and are one of the mechanisms the body uses to get rid of germs and is a sign that there may be an infection present.

It is usually not necessary to reduce a fever, because fever in itself is not harmful, we should instead focus our attention on the way the child looks, behaves, their level of alertness and whether there are any other symptoms such as vomiting, coughing or convulsions.

Record the child's temperature the time taken, and any other symptoms on blue Minor Incident, Injury, Trauma and Illness (IITI) form.

Remove any excess clothing and ensure the child drinks plenty of water.

Continue to watch the child, monitor and record how they are feeling.

Take temperature every 15 minutes - if there is no change or a decrease in temperature then continue rest and monitor until temperature returns to normal level, and encourage quiet activity.

If the temperature rises, or has not reduced after 1 hour then contact parents immediately (as above).

Febrile convulsions- In some cases, a child may have febrile convulsions, which are physical seizures caused by a sudden rise in body temperature as a result of fever. They usually last only a few seconds or minutes. Note the time the seizure started and the time they stopped. Call an ambulance and place the child in the recovery position when the seizure stops. Contact the parents.

Keeping records

Educators will record (using the blue IITI form) when they first noticed the illness, documenting the symptoms they observe, and the action taken. Symptoms will be reported to parents when they collect their child and they will be required to sign the IITI form.

Records are also kept of all confirmed, diagnosed illnesses in children and staff (when relevant). Keeping records can help prevent the further spread of infection and help to identify the cause of an outbreak and how to control it.

Ongoing medical conditions or diets

Parents are required to notify the centre at the time of enrolment, or as soon as they receive a diagnosis, of any ongoing medical conditions or health needs (Eg, Asthma, Diabetes or

Anaphylaxis). Together, parents and the Team Leader will complete a Health Support Agreement and the Centre will provide the parents with all relevant **Health Care, Diet and Medication plans** to be completed and signed by a Doctor (Copies of these plans are available from the office).

These forms must be returned to the Centre before the child can start care.

It is the parent's responsibility to make sure that all plans are reviewed regularly and that medications provided are within use-by dates.

The centre provides staff with the opportunity to regularly update training in Asthma and Anaphylaxis. However, in some cases it may be necessary for staff to undertake specific training relating to a child's health condition before the child can start care. An educator with an approved Asthma & Anaphylaxis qualification will be at the Centre at all times.

Anaphylaxis and severe allergies

An **allergic reaction** occurs when the immune system reacts to substances in the environment that are harmless to most people; known as 'allergens' and found in foods, insects, pollen, mould, dust mites and some medications. Most allergic reactions are mild and do not involve the airways or circulation.

Anaphylaxis is a potentially life threatening severe allergic reaction and should always be treated as a medical emergency. Not all people with allergies are at risk of anaphylaxis. Anaphylaxis involves the obstruction of oxygen (air) to the airway and lungs and/or the heart, brain and blood vessels.

The Australian Society of Clinical Immunology and Allergy (ASCIA) have developed action plans to provide instruction for first aid treatment of anaphylaxis. **ASCIA Action Plans** must be completed by the treating medical professional.

There are 2 types of Action Plans for Anaphylaxis and a third Action Plan for Allergic Reactions (these are colour coded):

- **ASCIA general action plan for anaphylaxis (Orange plan)**
 - This general plan does not contain any personal information. It must be stored with the Centre's Emergency first Aid kit as it provides instructions for the general use adrenaline autoinjector (Epipen Jr ®)
- **ASCIA Personal Action Plan for Anaphylaxis (Red plan)**
 - The Red plan is for a person who has been prescribed an adrenaline autoinjector (Eg Epipen Jr®). This plan includes personal information, an area for a photo and a review date.
 - The Red plan may also include a description under the 'action for mild to moderate reaction' section of any other medication prescribed by the treating health professional. Provided that all relevant information (ie, dose, strength, method of administration etc) is included and legible, then this can serve as a medication agreement.
 - A copy of the Red plan must be stored with the child's medication, and another copy in the child's file in the office.
- **ASCIA Action Plan for Allergic Reactions (Green plan)**
 - The Green plan is for a person who has a **medically confirmed allergy** where an adrenaline autoinjector has NOT been prescribed. The green plan includes personal information, an area for a photo and a review date.

- The Green plan may also include a description under the 'action for mild to moderate reaction' section of any other medication prescribed by the treating health professional. Provided that all relevant information (ie, dose, strength, method of administration etc) is included and legible, then this can serve as a medication agreement.
- The Green plan also provides guidance on how to manage anaphylaxis if it occurs.
- A copy of the Green plan must be stored with the child's medication, and another copy in the child's file in the office.

6 Legislation and regulations

Education and Care Services National Law 2010

Education and Care Services National Regulations

- Reg 77 Health, hygiene and safe food practices
- Reg 85, 86 & 87 Incident, Illness, Injury and Trauma policies in place
- Reg 88 Infectious diseases
- Reg 90 & 91 Medical conditions policy
- Reg 92-95 Administration of Medication
- Reg 136 First Aid Qualifications
- Reg 162 Health information to be kept in enrolment record
- Reg 168 Education and care service must have policies and procedures

7 Definitions of Terms:

Adrenaline autoinjector- (often referred to as EpiPen) a spring loaded, automatic injector device for emergency treatment of anaphylaxis. The device contains a single, fixed dose of adrenaline.

ASCIA- Australasian Society of Clinical Immunology and Allergy

DfE- Department for Education

EpiPen- (see also adrenaline autoinjector) EpiPen are currently the only brand of adrenaline autoinjectors available in Australia and are available in 2 doses:

- EpiPen Jr ®- usually prescribed for children between 10-20kg
- EpiPen ®- usually prescribed for adults and children over 20kg

IITI- Incident, Injury, Trauma and Illness

NHMRC- National Health and Medical Research Council

Treating health professional- A registered medical practitioner within the meaning of the *Health Practitioner Regulation National Law (SA) Act 2010*

8 References:

Allergy and Anaphylaxis Australia website, accessed online at <https://allergyfacts.org.au> (accessed 18/3/20)

Australasian Society of Clinical Immunology and Allergy (ASCIA) website accessed online at <https://www.allergy.org.au> (accessed 18/3/20)

DfE Procedure-Health Support Planning: Anaphylaxis and severe allergies in education and care August 2018

Education and Care Services National Regulations (accessed online 17/3/20)

National Health and Medical Research Council. (2012). *Staying Healthy in Child Care: Preventing Infectious Diseases in Child Care (5th Edition)*.

9 Review Strategy and History:

Review should be conducted every 3 years to ensure compliance with this procedure.

Version No.	Reviewed By	Approved By	Approval Date	Review Notes
1	Staff and Management Committee	Maud Giles Chairperson	21/5/14	New policy format
2	Staff and Management Committee	Scott Dolman Chairperson	11/4/17	Major content changes to sections: -Procedure for a child who appears unwell -treatment of a fever Added Keeping Records section Included section 6 Regulations Updated referencing change to Review strategy template
3	Management Committee Staff & Families	Alison Cooksley Acting chairperson	19/8/20	Major content change Inserted section on Anaphylaxis and severe allergies Updated definitions Updated referencing & review history