Acton Early Childhood Centre

HEALTH POLICY

AIM

The Centre aims to provide a healthy and safe environment for staff and children in their care.

EXPLANATION

Spending time in child care centres or other facilities provides an opportunity for infectious diseases to be spread. It is not possible and to some extent, not desirable, in terms of the development of the immune system, to prevent the spread of all infections and illnesses within child care centres.

The actions set out in this policy attempt to reduce the spread of infectious diseases within the centre whilst keeping in mind the idea that too much cleanliness is not necessarily a good thing as proposed by many experts studying in the area of immunology.

Please note: A regularly updated version of the Health Policy can be found on the centres web page www.aecc.org.au

ACTIONS

The Actions will be divided into the following sections:-

CONTROLLING INFECTIOUS DISEASES

1. Infectious Diseases
   (a) Exclusion
   (b) Assessing Serious or Potentially Serious Infectious Disease
   (c) Notification Procedures in Infectious Diseases cases
   (d) Keeping an Illness Register

2. Infection Control
   (a) Hygiene Policy
   (b) Procedures Manual

3. Immunisation
   (a) Centre requirements and recommendations
(b) Evidence of immunisation

(c) Recording procedures and reminders

(d) Exclusion for Children who are not fully vaccinated or have not provided evidence of vaccination

MANAGING CHILDREN WITH ILLNESS

1. Administering Medication

(a) Guidelines for parents regarding medication for children

(b) Fever

(c) Procedure for administration of medicines

2. Managing Children with Medical Conditions

(a) Asthma

(b) Allergy

(c) Anaphylaxis

(d) Other Medical Conditions

CONTROLLING INFECTIOUS DISEASES

1. INFECTIOUS DISEASES

(a) Exclusions

The Centre has a 24-hour-exclusion policy for general illnesses. Exclusion for 24 hours gives the temperature, vomiting or other illness time to subside and for normal activity and diet to be reintroduced.

Exclusion prevents transmission of the disease to others and also assists in the recovery of the sick child.

Each child and staff member must be well enough to attend and participate fully in activities. Children requiring one to one attention need home care.

Exclusion applies even if it has not been possible to provide a specific diagnosis for the child’s illness.
Full fees will still be payable for any child who is excluded under this policy.

_Clarification of Exclusion Policy:_

- 24-hour-exclusion after vomiting, diarrhoea or any bowel or stomach upset means 24 hours clear of vomiting/diarrhoea AFTER the reintroduction and tolerance of a full diet: i.e. full strength milk or formula for babies; fruit, vegetables, bread, meat etc. for toddlers/pre-schoolers.

- 24-hour-exclusion after a temperature means the temperature has stayed at the 'NORMAL LEVEL' around 36 - 37c for 24 hours without paracetamol or any other administered agent.

- 24-hour-exclusion after medication means that children are excluded for 24 hours after commencing a course of antibiotics or antifungals. This gives time for the medication to begin to take effect and allows time to observe any adverse reactions to the medication.

**PLEASE NOTE:** Children will be excluded from Acton Early Childhood Centre if suffering from one or more of the diseases listed in the table below. It is important to note that these exclusions are not at the discretion of staff and that the policy requirements must be applied at all times.

Illnesses highlighted with an asterisk (*) indicate where Acton Early Childhood Centre exclusion policies differ from those recommended by the ACT Health Public Health Regulations 2000 and the publication _Staying Healthy in Child Care 4th Edition 2005_. These may also differ from advice given by your GP regarding exclusions. These variations are included to ensure that some illnesses which are highly contagious and easily spread in a group care situation are given the least possible opportunity to spread.

Acton Early Childhood Centre may also request Medical Certificates of recovery more frequently than indicated is necessary by ACT Health’s Guidelines.

Please see the Director if you require further details regarding the exclusion policy.
# Specific Guidelines for the Exclusion of Sick Children from Acton Early Childhood Centre

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Instructions for Affected Child</th>
<th>Contacts (Other Family Members)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated Temperature (non-specific) (*)</td>
<td>A child with an elevated temperature must be excluded for a full 24 hours after the temperature returns to normal without the need for medication.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Nonspecific diarrhoea or Vomiting</td>
<td>A child with diarrhoea or vomiting must be excluded for a full 24 hours after returning to a normal diet. In the instance of non-infectious diarrhoea - the parent must provide a note from his/her GP stating that the child is not infectious before he/she may return.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Immunisation (*)</td>
<td>A child must be excluded for 24 hours after immunisations have been administered. This is deemed necessary to monitor children for adverse reactions to immunisation.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Chickenpox (Varicella and herpes zoster)</td>
<td>Exclude for at least 5 days after the rash first appears AND all the blisters are dry AND the person is systemically well.</td>
<td>Any child with an immune deficiency (eg leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise no exclusion.</td>
</tr>
<tr>
<td>Cold Sores (*) (Herpes Simplex)</td>
<td>Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.</td>
<td>Not excluded&lt;br&gt;Parents need to take necessary precautions&lt;br&gt;Staff with cold sores will not work with new born babies.</td>
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<tr>
<td>CONDITIONS</td>
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<tr>
<td>Conjunctivitis (*)</td>
<td>A child with either viral or bacterial Conjunctivitis must be excluded until 24 hours after treatment and all discharge has ceased. In the case of allergic Conjunctivitis, the parent must provide a note from a GP stating that the child is not infectious before he/she may return.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Diarrhoea: Specific</td>
<td>A child with a specific diarrhoea infection must be excluded until bowel motions have returned to normal and until at least 24 hrs. after the last abnormal motion. A medical certificate of recovery must also be produced. (*)</td>
<td></td>
</tr>
<tr>
<td>Campylobacter</td>
<td>As above</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Giardia</td>
<td>As above and until vomiting has ceased for 24 hours.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>As above and until vomiting has ceased for 24 hours.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Salmonella</td>
<td>As above</td>
<td>Not excluded but anyone with salmonella or Shigella must not be involved in food preparation. (*)</td>
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<tr>
<td>Shigella</td>
<td>As above</td>
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<tr>
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<tr>
<td>Worms (*)</td>
<td>As above</td>
<td>Not Excluded.</td>
</tr>
<tr>
<td>Diphtheria (*)</td>
<td>Exclude until: -</td>
<td>Exclude family and household contacts until approval to return has been given by the Chief Health Officer.</td>
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<tr>
<td></td>
<td>(a) at least two negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later); and</td>
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<td></td>
<td>(b) A certificate is provided by a medical practitioner recommending that the exclusion should cease.</td>
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<td></td>
<td>Notification by the Medical Practitioner to the Chief Health Officer.</td>
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<tr>
<td>Glandular Fever (*)</td>
<td>Until child is well.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Impetigo (*)</td>
<td>Exclude until appropriate treatment has commenced and sores on exposed surfaces are covered with a watertight dressing.</td>
<td>Not excluded</td>
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<tr>
<td>(School Sores)</td>
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<tr>
<td>Hand, Foot and Mouth Disease</td>
<td>Exclude until all blisters have dried.</td>
<td>Not excluded</td>
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<tr>
<td>(Coxsackie virus)</td>
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<tr>
<td>Head Lice (*)</td>
<td>A child with head lice must be excluded until 24 hours after infestation or suspected infestation has been treated.</td>
<td>Not excluded</td>
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<tr>
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<tr>
<td>Haemophilus Influenza type b (Hib) (*)</td>
<td>Exclude until the person has received appropriate anti-biotic treatment for at least four days and a certificate is provided by a medical practitioner recommending that the exclusion should cease. The Director must inform the Chief Health Officer of any case of Hib</td>
<td>Non-immunised children are excluded. Other children and staff may require a course of antibiotic treatment and/or vaccination.</td>
</tr>
<tr>
<td>Hepatitis A (viral)</td>
<td>Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a medical practitioner recommending that the exclusion should cease. Notification by medical practitioner to the Chief Health Officer is required.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Measles (*)</td>
<td>Exclude for at least 4 days after the rash appears and until fully recovered. A medical certificate of recovery must be produced. The Director must inform the Chief Health Officer of any case of measles</td>
<td>Immunised contacts not excluded. Non-immunised contacts must be excluded for two weeks unless immunised within 72 hrs. of exposure. For further details on non-immunised contacts see ACT Health Period of Exclusion document.</td>
</tr>
<tr>
<td>Meningococcal Infection (Meningitis or septicaemia) (*)</td>
<td>Exclude until well and until adequate carrier eradication therapy has been completed. A medical certificate of recovery must be produced. (The Director must inform the Chief Health Officer of any case of Meningococcal infection)</td>
<td>Not excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer. Otherwise excluded until 10 days after last contact with the index case.</td>
</tr>
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</tbody>
</table>
| Mumps             | Exclude for 9 days after the onset of symptoms, or until parotid swelling goes down (whichever is sooner)  
(The Director must inform the Chief Health Officer of any case of mumps) | Not excluded                    |
| Poliomyelitis (*) | Exclude for at least 14 days after the onset of symptoms and until a certificate is provided by a medical practitioner recommending that the exclusion should cease.  
(The Director must inform the Chief Health Officer of any case of poliomyelitis) | Not excluded                    |
| Ringworm (*)      | Excluded until the day after effective treatment has commenced. All lesions must be covered.                                                                                                                                           | Not excluded                    |
| Rubella (German Measles) | Exclude for 4 days after the rash appears and until fully recovered.  
(The Director must inform the Chief Health Officer of any case of rubella) | Not excluded. NOTE: Female staff of child-bearing age should ensure that their immune status against rubella is adequate.                                                                 |
<p>| Scabies (*)       | That a child be excluded until 24 hours after effective treatment has commenced and on production of proof that appropriate treatment is being given.                                                                                          | Not excluded                    |</p>
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<tr>
<td>Streptococcal Infection (including Scarlet Fever) (*)</td>
<td>Exclude until the person has received antibiotic treatment for at least 24 hours and they feel well. A medical certificate of recovery must also be produced.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Tetanus (*)</td>
<td>A child with Tetanus must stay at home until fully recovered. A medical certificate of recovery must also be produced.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Thrush - Oral (*)</td>
<td>A child with oral thrush must be excluded until all evidence of infection has cleared (including 24 hours exclusion after the commencement of any treatment).</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Thrush - Genital</td>
<td>In the case of genital thrush a child must be excluded for at least 24 hours after treatment has commenced.</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Exclude until approval to return has been given by the Chief Health Officer. This applies also to staff. Notification by medical practitioner to the Chief Health Officer is required.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Typhoid and Paratyphoid Fever</td>
<td>Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease. Notification by medical practitioner to the Chief Health Officer is required.</td>
<td>Not excluded unless the Chief Health Officer notifies the Director. If the Chief Health Officer gives notice, exclusion is subject to the conditions in the notice.</td>
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<tr>
<td>Whooping cough</td>
<td>Exclude for 21 days from start of cough, or for 5 days after starting a course of antibiotics recommended by the Chief Health Officer (The Director must inform the Chief Health Officer of any case of Whooping Cough).</td>
<td>Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the centre until they have has 5 days of an appropriate course of antibiotics. If antibiotics have not been taken these contacts must be excluded for 21 days after their last exposure to the case whilst the person was infectious.</td>
</tr>
<tr>
<td>(Pertussis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Rashes (*)</td>
<td>A note from the child's GP stating that the rash is not infectious must be provided and the child must be well enough to attend.</td>
<td>Not excluded</td>
</tr>
</tbody>
</table>

Conditions not listed in the table above may be noted in the table in *Staying Healthy in Child Care 4th Edition 2005.*


See this table for further information.
(b) Assessing Serious or Potentially Serious Infectious Disease

**Sickness**

- The Centre has the right to exclude any child or staff member who has an illness that may affect the health of others.
- As a general principle, children should not be brought to the Centre unless they are able to cope adequately with the normal routines and activities.
- They should also not be brought to the Centre if they will expose others to unnecessary infection.

If a child does not have an infectious disease but exhibits any of the following signs they are to be excluded:

- sleeps at unusual times
- has a raised temperature that remains above 37.5c or continues to rise
- is crying constantly as a result of discomfort due to illness
- is reacting badly to medications
- is in need of constant one to one care

- If a child is sick or exhibits any of the above signs, the staff should be notified of their absence by 10 am. *It is essential that contagious diseases be reported to the Director as soon as possible so that other parents can be notified.*

- Children are to be excluded in accordance with this health policy and the final decision as to whether a child is fit to attend rests with the Director (or Senior Team Leader in his/her absence). Members are bound to comply with the Director’s decisions on exclusion periods as per the Centre’s exclusion policy.

- Parents are required to collect their child within half an hour of being notified of the need for exclusion. If parents are unable to be contacted then the emergency contact will be called to collect the child.
- Until the child is collected by their parents the staff will aim to exclude the child from general play areas.

(c) Notification Procedures in Infectious Diseases cases

All parents will be notified of any common infectious disease in the Centre by signs placed on the noticeboards near the sign on sheets outside each room.

Infectious Diseases that are notifiable, that is, the Chief Health Officer, ACT Department of Health must be informed are:-

- Diphtheria
- Haemophilius influenza type B (Hib)
- Measles
- Mumps
- Poliomyelitis
- Rubella
- Whooping Cough (pertussis)

As per the schedule provided by Communicable Diseases Control Section, ACT Health January 2004. Phone - (02) 6205 2155 Fax - (02) 6205 0711 Web - www.health.act.gov.au

(d) Keeping an Illness Register/ Records of Illness

Records of Illness

A written report will be made of any illness that occurs in the centre, both for staff and children. A copy of the centre’s Illness Report form is attached in the Appendices. These reports must be signed by the parent (a copy may be handed to the parent if they require it) and filed with the child’s records in the office.

The Director or the Relieving Director must sight all Illness Reports and ensure that the required notifications are made where necessary. Details from the Illness Report should be recorded in the Illness Register.

Illness Register

The Director or the Relieving Director in her absence will keep an Illness Register. This register will provide the following information:-

| Date | Time | Name | Age | Symptoms | Room | Action | Diagnosis |

Where relevant this information should be kept for staff as well as children.

(See Sample Form in Appendix 2).
2. Infection Control

(a) Hygiene Policy

The centre has a comprehensive Hygiene Policy which deals with the following issues:

- Education of the children in hygiene practices
- General Hygiene covering cleaning of the centre, covering of wounds, universal precautions when dealing with body fluids, disposal of rubbish and other general areas.
- Hand washing procedures and recommended times for hand washing. This is to be displayed across the centre.
- Bedding requirements.
- Basic guidelines in the provision of First Aid
- Food Storage and Preparation.
- Biting
- Pets and animals.

(b) Procedures Manual

The centre has a Procedures Manual which each staff member is familiar with and which is regularly up-dated. Compliance with the procedures outlined in the manual assists in maintaining a safe and infection free environment as best is possible in the group care situation.

This Manual covers the following areas:

- Nappy changes
- Toileting children who are becoming independent in toilet procedures
- Faeces, vomit or blood spills
- The hand washing routine
- Preparation of cots and care of cots and bedding
- Preparation of beds and care of beds and bedding
- Soiled cot or bed
- Nose blowing
- Manual Handling
• Cleaning up after the spill of hazardous products
• Using a hazardous product
• Administering first aid
• Administering medicines and drugs
• Toy washing
• Cleaning of bathroom areas

3. Immunisation

(a) Centre requirements and recommendations

Immunisation is one of the primary means of eradicating many common childhood diseases. Full immunisation of children and staff is thus an essential element of the health care of children.

It is strongly recommended that children should not commence care until they have received at least their first immunisation at 2 months of age.

The centre requires that all children receive all routine schedule of vaccinations provided free under the National Immunisation Program unless exceptional circumstances apply. A letter from a Medical Practitioner, or the ACT Immunisation Co-ordinator, stating reasons for non-immunisation must be provided in these circumstances.

A copy of the National Immunisation Program, as at November 2005, is attached in the Appendices. The centre will also display copies of the National Immunisation Program, as updated from time to time, on Noticeboards within the centre.

An exclusion of 24 hrs. after immunisations is deemed necessary as they are potentially contagious and children need to be monitored for adverse reactions.

All staff should also maintain, through immunisation, their immunity to common childhood illnesses. Female parents and staff of child-bearing age are warned about the potential hazard of rubella to the unborn child and immunisation is strongly recommended. Female parents and staff of child-bearing age are also advised to seek medical advice regarding their immunity to cytomegalovirus (CMV) which is commonly found in young children. For further details see the Staff Vaccination Policy.

It is also recommended that all staff be immunised against Hepatitis A and B and Whooping Cough. See centres EBA for further details.

(b) Evidence of Immunisation
The centre is required under the ACT Public Health Regulations 2000 to maintain current immunisation records for all children. The regulations also impose a mutual obligation on parents or guardians to notify the centre of any changes in their child’s immunisation status.

To ensure that the centre can meet both its legal obligation, and ensure compliance with its own immunisation policy, parents or guardians will be required to provide evidence of vaccination prior to a child commencing care within the centre. In addition, after their child has received prescribed age vaccinations under the National Immunisation Program.

Where a child has received vaccinations outside Australia, the family will be required to provide a letter from the ACT Vaccination Co-ordinator confirming the vaccination status of the child, and setting out any additional vaccinations required to meet the routine schedule on the National Immunisation Program.

If a family has difficulties obtaining evidence of immunisation, or it is not possible to obtain evidence, a statutory declaration or a blood test showing that the child is fully immunised must be provided to the centre.

**(c) Recording procedures / reminders etc.**

The centres appointed Immunisation Officer (the Director or otherwise appointed staff member) will review the centres immunisation records in March and September of each year. In April copies of each child’s immunisation status will be forwarded by the Immunisation Officer to the ACT Department of Health.

Parents or guardians whose child’s records of vaccination are not up-to-date will receive a reminder notice from the Immunisation Officer. Where necessary a second reminder will be given and the Director will contact the family concerned. Parents are requested to respond to these reminder notices as soon as practicable.

**(d) Exclusion for Children who are not fully vaccinated or who have not provided evidence of vaccination**

All parents or guardians are required to ensure that their child is fully vaccinated in accordance with this policy. The Director must not accept a child into the centre, or allow a child to remain in the centre, unless the child is fully vaccinated in accordance with this policy.

Further, if a parent does not respond, within a reasonable time period, to a request from the Director, to provide up-to-date immunisation records, then the child must be excluded from the Centre until such immunisation records are provided.

In the event of an outbreak of a vaccine-preventable disease within the centre any child who has not been vaccinated against that disease, or has not provided evidence of vaccination against that disease, will be excluded from the centre for the period specified by the Health Department.

(Child care fees will still be payable for any exclusion due to failure to provide evidence of immunisation).
MANAGING CHILDREN WITH ILLNESS.

1. Administering Medication

(a) Guidelines for parents regarding medication for children

Parents are to inform the staff if their child is on medication and follow the Centre's medication policy and procedures.

Any child on antibiotics must have had 24 hours at home after the first dose or application of the medication.

All medicines should be clearly labelled with the child’s name and handed by parents to the Senior Staff or placed in the designated safe storage areas after speaking to staff.

All Medications are to be kept out of reach of children at all times. It is the responsibility of the parent to ensure that medication is given to staff for correct storage.

Details of medication and instructions on their administration must be written onto a medication form and signed by the parent each day. Medication forms are located in a folder near the entrance of each room.

For legal reasons staff cannot administer medicines without the written permission and signature of the parent.

Staff will only administer medications which have been prescribed for the child.

Only prescribed dosages will be given. Dosage deviations will need to be accompanied by a written doctor’s approval. If staff are concerned that a child is being given unnecessary medication, prescribed or non-prescribed, they need to inform the Director who will then request the parents to provide a letter of approval from the child’s doctor. Herbal Medications will not be administered unless accompanied by a letter from a registered medical practitioner outlining details of dosage and times for administration.

Medication will only be administered by the Senior staff member (or acting Senior) in the child’s room and will be witnessed, checked and counter signed by a second member of staff. Relief staff should not administer medication.

Parents are encouraged to ensure that, when antibiotics are prescribed for their children, the full course of medication is completed.

If children are on long term prescribed medication for conditions such as epilepsy or asthma, parents are requested to acquaint staff with the particular manifestations of the condition as they apply to their child including such details as likely severity of attacks, warning signs, methods of acute care etc. A letter from the child’s doctor or specialist is required detailing the medical condition of the child. Further details on this area can be found under Managing Children with Special Medical Conditions.
(b) Fever

The term Fever describes any condition where body temperature rises above normal (37°C). A fever is usually a sign of an infection: it indicates that the body is producing extra energy to fight invading organisms, which is nature’s way of combating the infection.

If a child develops a fever whilst in care all efforts are made to reduce the fever naturally by first removing excess clothing or sponging the child.

In young children temperatures can rise rapidly at the onset of even mild infections, which can cause febrile convulsions. Hence if a fever develops whilst at child care and remains above 37.5°C, parents are contacted and requested to collect their child immediately and are advised to consult their doctor. The child’s temperature will be continually monitored until the parent arrives.

Paracetamol will be administered at the discretion of the senior staff where parents have signed permission for this on the Registration form in cases of emergency (e.g., a sudden increase of temperature when natural means to lower temperature have not worked). In such cases, every effort will first be made to contact a parent. Details of paracetamol administration are recorded in the medications book or on the Illness Report.

Parents are requested to inform staff if their child has a history of febrile convulsions. Appropriate Action Plans should then be developed in consultation with parents and the child’s doctor.

Because a fever may be an early symptom of an undiagnosed infectious disease that a child could pass on to others, a child with a fever is excluded for a full 24 hours after the temperature has returned to normal and remained normal without the need for any medication.

(c) Procedure for administration of medicines

PARENT MUST:

* COMPLETE DAILY MEDICATION SHEET- fill this in each day you require your child to have medication

* Advise staff and hand over the completed permission form and the medication for safe storage.

* REMEMBER to collect your child's medication at the end of the day.

* REMEMBER. We cannot give medication without signed permission from the parent or guardian. Medication must be labelled with:-

  - the child’s name
  - the product name
  - the expiry date
  - the dosage
  - the name of the issuing pharmacist or doctor.
STAFF MUST:-

* Ensure parent fully completes daily medication sheet.
* Store medication in room fridge in child safe container.
* When medicine is due - senior staff measures correct dosage and has another staff witness and check this. Medication is to be administered to child immediately and returned to safe storage.
* AT NO TIME IS ANY MEDICINE TO BE LEFT IN REACH OF CHILDREN
* Medication form must be signed by a SENIOR staff member and one other staff member at the time of giving medication.
* Remind parent to collect medication at the end of the day.

2. Managing Children with Medical Conditions

In order to ensure the best possible outcome for all stakeholders in the integration of children with medical conditions into the centre an Orientation Policy for Children with Special Needs and/or Medical Conditions has been developed. This policy seeks to ensure that the placement of the child in the service will be in the best interest of the child and that adjustments which may be required within the centre, in order to accommodate the child, are reasonable. This policy also outlines the need to develop consultation with families, specialists and other professionals and highlights the importance of drawing up appropriate Action Plans.

(a) Asthma

The centre has an Asthma Policy. This policy requires families who have children suffering from asthma to complete an Action Plan for their child and discuss this plan with the room Senior. It is the responsibility of the parent to ensure that such Action Plans are kept up-to-date and that staff are fully informed of any variations in the child's condition.

(b) Allergy

Parents must identify any allergies on enrolment. These will be recorded and placed on the Allergy list in the child's room. Any change in this area should be reported to the Director who will consult with staff. Action Plans must be developed if medication is required for the allergic reaction.

(c) Anaphylaxis

A greatly increased incidence of Anaphylaxis amongst children in recent years necessitates the development of guidelines in group care situations in dealing with this condition.
Anaphylaxis (severe allergic reaction) may present with the following signs:

- difficulty/noisy breathing
- swelling in tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

Families with children suffering from Anaphylaxis must follow the Orientation Policy for Children with Special Needs and/or Medical Conditions.

Information and Guidelines in drawing up Action Plans may be found at the following sites:


**(d) Other medical conditions**

For other conditions such as Diabetes and Epilepsy the centres Orientation Policy for Children with Special Needs and/or Medical Conditions should be followed and appropriate Action Plans relevant to the particular child and condition should be developed.

**Sources**

- *ACT Immunisation Requirements for Entry into school, Preschool and Child Care* 2007.

Approved Policy Review Committee - 31-8-04.

Reviewed and amended Policy Review Committee – 3-4-07.