

# Children's Services Health Handbook

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# Preamble

CatholicCare Children's Services place a great importance on practices that will support children's health, safety, wellbeing and learning within our services. We have in place policies that guide our practices.

This handbook contains some of these policies and procedures. It is important that you read them thoroughly. After you have done so, keep the booklet nearby so that you can refer back to it when necessary. If you have any questions about the content please feel free to speak with any of the educators or the service Coordinators.

The policies and procedures in this handbook are regularly updated so that they are inclusive of the latest recommendations and research. We also like to have your feedback so that we can ensure we are taking your opinions into consideration. If you have any feedback on any of the policies please speak to an educator or send your feedback in writing to the service email address.

# Glossary

## **CatholicCare**

CatholicCare Diocese of Broken Bay

## **ELC**

Early Learning Centre

## **Emergency**

A situation or event posing an imminent or severe risk to an individual

## **EYLF**

Early Years Learning Framework

## **FDC**

Family Day Care

## **IHC**

In Home Care

## **Illness**

Poor health condition due to a disease of the body or mind

## **Infectious Disease**

Diseases caused by a microorganism and can be passed on from one person to the other

## **Influenza**

A contagious viral illness that cause fever, pain and weakness

## **Medical Condition**

A known medical condition is one that has been diagnosed by a registered medical practitioner

## **Minor Incident**

An incident that does not require the involvement of medical or emergency services

## **OSHC**

Outside School Hours Care

## **Play Based Learning**

Defined by the EYLF and My Time, Our Place as a foundation for learning, where children have the opportunity to organise and make sense of their world through play based activities.

**Prescribed Medication**

Medication that is authorised by a health care professional who has the authority to do so

**Reflective Practice**

Children's Services' Staff commitment to regularly reflect on CatholicCare Children's Services philosophy, ethics and high standards of professionalism.

**Registered Medical Practitioner**

A person registered under the Health practitioner Regulation National Law to practice in the medical profession.

**Respect for Diversity**

Recognition and acceptance of differences in culture, socio- economic backgrounds and beliefs

**Serious Incident**

An incident that a reasonable person would determine as requiring the involvement of medical or emergency services (please refer to pages 10 and 11 of this policy for further details as per Education and Care Services National Regulations).

**Suitably Equipped First Aid Kit**

A first aid kit that is fully stocked with products that have not expired, as per CatholicCare Workplace First Aid Kit list

**Tooth decay**

Also called "dental caries", is a serious dental condition which is associated with frequent intake of sugary food and drinks.

# Statement of Philosophy

At CatholicCare Children's Services, management, staff, educators, parents, children and families endeavour to create an environment that reflects CatholicCare Diocese of Broken Bay's values of: respect, hope, commitment, professionalism, excellence, and social justice. CatholicCare Children's Services are committed to providing a nurturing welcoming and aesthetically pleasing environment for children and their families. Children currently attending have indicated that they value the play based and creative activities provided for them.

## Relationships

Forming respectful relationships with children, colleagues and families is an essential part of working within the Children's Services. We believe that this involves creating a culture whereby staff and educators place importance on the processes of collaborating, listening and valuing difference. It is where warm, safe relationships develop and children are nurtured in a positive way.

We will place importance on collaboration and participation by:

- Having everyone (staff, educators, families and management) participate in sharing ideas and information so that there is a common understanding about the way in which we work with children.
- Involving children, staff, educators, families and management in decision making and recognising individual skills and interests.

We will ensure that we "listen" to others by:

- Placing value on everyone's point of view.
- Attempting to "hear" the messages that others communicate and supporting different ways of communicating.
- Being open, honest and sensitive in the way in which we communicate.

We will value differences by:

- Affirming and appreciating the uniqueness of each individual. This includes differences in ability, opinions, interests, ethnicity, background, socio economic status, religion and family structure.
- Placing importance on the way in which differences contribute to the richness of the program.

## Learning

Learning takes place when experiences are meaningful, real and engaging. This means placing importance on the day to day experiences of being together, playing, interacting and doing, as well as, on the spontaneous and unexpected events that often occur. We believe that the staff and educators have an important role as facilitators of learning. This role includes setting the scene for how we "see" the learner, providing experiences, encouraging play, creating a social context and documenting the life of the program. We will also follow the principles outlined in the Early Years Learning Framework and My Time Our Place: Framework for School Age Care.

We will "see" the learner as someone who is competent, able and eager to learn by:

- Allowing them to make choices about the ideas they wish to explore and the processes they use to explore them.
- Giving them opportunity to participate in planning the program.
- Acknowledging and valuing the knowledge, theories and experiences that they bring with them.

We will provide experiences that are relevant to everyday lives by:

- Giving everyone opportunities to investigate real problems and questions.
- Giving children authentic choices.
- Providing for the interests and passions of the learner.

We will value the way in which children learn through play by:

- Providing resources that act as a provocation for play.
- Allowing children to use play as a way of expressing themselves and of exploring and trying out ideas.
- Encouraging children to try new things and to develop independence and confidence.

We will value the social context of learning by:

- Acknowledging that all of our child care settings provide a space for adults and children to learn from and with each other.
- Allowing children and adults to negotiate the program and the experiences in which they want to be involved.
- Providing time for children and adults to work together, carry out ideas and pursue interests.
- Providing children and adults with opportunities to develop and explore relationships and respect for others.

We will use documentation as an important part of the program by:

- Constructing documentation that acts as a memory of children's and adults' explorations, relationships and life in the programs.
- Having it as a tool to reflect on the experiences, interactions and relationship building that have taken place in the programs.
- Using it to communicate with families and others about children's abilities, interests and achievements.
- Involving everyone in its creation, including children and families.

## Environments

Because children will spend many hours in their child care program we believe that the environment plays an important role in children's well-being. It should be aesthetically pleasing, rich in possibilities for children to express themselves creatively and a place that belongs to everyone who uses it.

We will attempt to create an environment that places importance on aesthetics by:

- Organising spaces so that they feel pleasant and welcoming to be in.
- Arranging spaces that can be explored with all the senses.
- Valuing that which is beautiful.
- Having resources that reflect the people that live in the environment.

We will aim for a place of creativity by:

- Having spaces that are rich in possibilities.
- Forming spaces where children can explore and research alone and with others.
- Giving children open access to resources which they can use to express ideas and try out theories.

We will try to create a place that belongs to everyone who uses it by:

- Ensuring that it is physically and emotionally safe.
- Allowing adults and children to influence the way in which spaces are organised and to leave reminders of their explorations, ideas and theories.
- Giving children opportunities to be alone and to work in groups.
- Connecting children and adults to ideas about sustainability of the environment.
- Making it accessible to the community in which it is located.

## Advocacy

Being an advocate for the rights of children and families is an important part of our work in Children's Services.

We will advocate for the rights of children by

- Being aware of the way in which the United Nations Convention on the Rights of the Child impacts on the work of the Children's Services.
- Always treating children with dignity and respect and speaking out when we see that this is not happening.
- Having a good understanding of child protection legislation and the services available to support children.

We will value and support the role of families in children's lives by

- Including them in the decisions we make that affect their children's time in the child care program.
- Adhering to *CatholicCare Code of Conduct and Ethical Behaviour Policy*

We will take account of current recommendations for children's services by:

- Having a good understanding of legislation and best practice and keeping up to date with literature and research related to working with young children and children of school age.
- Being involved in professional development that helps us to reflect on and improve our practices.

## Guiding principles

CatholicCare Diocese of Broken Bay has a set of values that underpin the values of the organisation and are a guide to the philosophy for all of our children's services.

Respect

Hope

Commitment

Professionalism

Excellence

Social Justice

## Scope

All Children's Services staff, family day care educators, volunteers, students, families and children

## Related policies

- *CatholicCare Mission, Vision and Values*
- *CatholicCare Code of Conduct and Ethical Behaviour Policy*

## Related links and references

- [Australian Government. \(2009\). \*Belonging, Being and Becoming: The Early Years Learning Framework for Australia\*. Commonwealth of Australia](#)
- [Australian Government. \(2011\). \*My Time Our Place: Framework for School Age Care in Australia\*. Commonwealth of Australia](#)
- *Early Childhood Australia. (2009). Code of Ethics. Early Childhood Australia; Deakin West, ACT*
- *Office of the High Commissioner for Human Rights. (1990). Convention on the Rights of the Child. United Nations*  
<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>
- *(2010) Code of Ethics Brochure. Early Childhood Australia*  
[http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/07/code\\_of\\_ethics\\_-\\_brochure\\_screenweb\\_2010.pdf](http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/07/code_of_ethics_-_brochure_screenweb_2010.pdf)

# Clothing Policy

CatholicCare Children's Services aims to have in place strategies to help ensure children are safe, comfortable and secure. This includes consulting with families about appropriate clothing for the child care environment and for children's individual needs. In doing so it incorporates the following:

- Sun safe clothing
- Safe footwear for play
- Safe and comfortable clothing for sleep
- Appropriate clothing for play, the weather and promoting independence

## Procedures

### 1. Sun safe clothing

As noted in the [Sun Protection Policy](#), parents must ensure that they provide children with protective clothing that covers their shoulders, back and stomach. Singlet and shoe string type tops are not recommended. If children attend with inappropriate clothing, and the child has a suitable alternative in their bag, the educator may encourage the child to get changed so they can enjoy their play uninhibited.

Children will be required to wear a broad brimmed hat that protects the face, ears and back of the neck for outdoor play. This includes a broad brimmed hat with a brim size of 6cm, a legionnaire hat or a bucket style hat. Educators will ensure all children are wearing their hats when outdoors. Children without hats can be provided with a spare hat or will remain protected from the sun by having to play in shaded areas.

Educators will role model appropriate sun safe clothing according to our [Sun Protection Policy](#).

### 2. Safe footwear for play

Young children's feet grow rapidly and therefore require special attention in order to keep them healthy. This includes ensuring that they have appropriate footwear for play. When supplying footwear for childcare families should keep the following in mind:

- Babies only need socks for warmth as they allow the feet to grow normally.
- Toddlers do not need shoes indoors as going barefoot or only wearing socks allows feet to grow normally.
- Shoes should protect feet from injury or cold but still allow freedom and mobility.
- Thongs or sandals with slippery soles are not recommended for outdoor play as they can be dangerous when running and using climbing equipment.

### 3. Safe and comfortable clothing for sleep

To avoid accidents, children must not be put to bed with clothing that has strings, ribbons or cords attached. It is also essential to keep children's heads uncovered so that they do not become too hot. Children will be put to bed in clothing that is appropriate to the climate.

Where possible, babies should be put to bed in an infant sleeping bag when the weather is cold. If using these bags, they must be supplied by the child's parents. Ensure the bag is the correct size for the baby and does not have a hood.

## 4. Appropriate clothing for play, the weather and promoting independence

When attending the children's service, children's clothing needs to be comfortable, non-restrictive and safe for play. Therefore, families should provide clothing that is:

- Appropriate to the weather. It is important to supply extra clothes in case of unexpected weather changes.
- Suitable for messy play such as painting and digging in the sandpit
- Non-restrictive and allows children to freely engage in activities such as running and climbing
- Easy to remove for independent toileting. Dress children in clothes that are easy to take on and off so that they can quickly access the toilet when necessary. Supply extra clothing in case of toileting accidents.

It is important to be aware that necklaces and dangling earrings in pierced ears can be dangerous. If children are wearing earrings ensure they are small and have no sharp points. It is preferable that children wear stud type earrings. Necklaces should not be worn.

## Related policies

- *Sun Protection Policy and Procedure*
- *Safe Sleeping and Sleep Equipment Policy and Procedure*

## Links and references

- *The Cancer Council NSW website ([www.cancercouncil.com.au](http://www.cancercouncil.com.au)) accessed on 10/3/2016*
- *SIDS and Kids website ([www.sidsandkids.org](http://www.sidsandkids.org)) accessed on 10/3/2016*

# Dental Policy

## Policy statement and purpose

Establishing good oral health in childhood is important to a child's overall current and long-term dental health. CatholicCare Children's Services aim to provide an environment where children can learn about caring for their teeth, and good oral hygiene is supported through day to day practice. Families are also supported and provided with current information about good dental health.

This policy also aims to address the process of managing or preventing tooth injury in our children's services.

This policy must be read in conjunction with the [Nutrition and Food Policy](#), [Supervision of Children Policy](#), [Curriculum Policy](#), [First Aid Action Policy](#) and [Incident, Injury and Trauma Policy](#).

## Procedures

### 1. Tooth brushing

Children are not expected to brush their teeth while in care, as this typically happens at home in the mornings and evenings. However, educators will implement other dental hygiene strategies, to support good oral health, such as outlined in the following procedures:

### 2. Nutrition

Good nutrition is a major contributor to good oral health. The [Nutrition and Food Policy](#) contains comprehensive information about how good nutrition is supported in the children's services. Please refer to the [Nutrition and Food Policy](#) for further information.

#### 2.1 Infant bottles

Putting infants to sleep with bottles increase the risk of tooth decay. Educators will ensure that bottle feeding has finished before putting children to bed. Educators will only bottle feed children with infant formula, expressed breast milk, milk or water in bottles. Refer to the [Nutrition and Food Policy](#) for further information.

### 3. Losing a wobbly primary tooth

Usually primary teeth will begin to fall out at about 6 years of age. This is usually painless. However, sometimes a loose primary tooth will not fall out immediately. If this is observed by educators, and the child is distressed as a result, educators will comfort the child and allow the tooth to fall out by itself without intervention or force. If a child's tooth falls out while at the service, educators will endeavour to carefully store the tooth and give it to the child's parent. The child will be offered water for mouth rinsing.

### 3.1 First Aid in the event of tooth injury or trauma

As per Australian Dental Health (<http://www.ada.org.au/Your-Dental-Health/Children-0-11/Dental-Trauma>) and The Children's Hospital at Westmead ([https://www.schn.health.nsw.gov.au/files/factsheets/teeth\\_-\\_what\\_to\\_do\\_if\\_a\\_child\\_knocks\\_out\\_their\\_adult\\_front\\_tooth-en.pdf](https://www.schn.health.nsw.gov.au/files/factsheets/teeth_-_what_to_do_if_a_child_knocks_out_their_adult_front_tooth-en.pdf)) recommendations in the event of an injury to a child's tooth educators will:

- Reassure the child.
- Try to find the tooth.
- Ensure the tooth is clean, and hold it by the crown, not the root. Taking care not to touch the root. If the tooth is dirty, rinse it in milk or saline solution.
- If the tooth is a permanent tooth, place it back in its socket as soon as possible, and preferably within the hour. If the tooth is a baby tooth, do not attempt to place it back in its socket.
- If unable to put the permanent tooth back in its socket, immerse it in a glass of milk. Do not immerse tooth in water.
- Notify a parent immediately, and in consultation with this parent, go to the child's dentist or the hospital emergency department as soon as possible, preferably within the hour to increase the tooth's chance of survival.

## 4. Learning about dental care

It is important for children to learn about good dental care so that they can establish lifelong habits. Educators will discuss dental care with children as part of the curriculum, and will also use spontaneous opportunities to incorporate dental care information during day to day practice.

Up to date information about dental care will be made available to families and educators. This will be done through newsletter articles, brochures and factsheets.

## Related forms

- *Incident, Injury, Trauma and Illness Record (if applicable)*
- *Major Incident, Injury, Trauma and Illness Record (if applicable)*

## Related policies

- *Curriculum Policy*
- *First Aid Action Policy*
- *Incident, Injury and Trauma Policy*
- *Nutrition and Food Policy*
- *Supervision of Children Policy*

## Links and references

- Australian Dental Association <http://www.ada.org.au/Your-Dental-Health/Children-0-11>, accessed on 17/08/2016
- National Childcare Accreditation Council. Ask A Childcare Adviser: Dental Health. [http://ncac.acecqa.gov.au/educator-resources/pcf-articles/ACCA\\_Dental\\_Health\\_Jun06.pdf](http://ncac.acecqa.gov.au/educator-resources/pcf-articles/ACCA_Dental_Health_Jun06.pdf), accessed on 17 August 2016
- Nutrition Australia <http://www.nutritionaustralia.org/national/resource/dental-health>, accessed on 17/08/2016
- The Children's Hospital at Westmead. Factsheet: Caring for your child's Teeth. [www.schn.health.nsw.gov.au/files/factsheets/teeth\\_-\\_caring\\_for\\_your\\_childs\\_teeth-en.pdf](http://www.schn.health.nsw.gov.au/files/factsheets/teeth_-_caring_for_your_childs_teeth-en.pdf)
- The Children's Hospital at Westmead. Factsheet: What to do if a Child knocks out their Front Tooth. [https://www.schn.health.nsw.gov.au/files/factsheets/teeth\\_-\\_what\\_to\\_do\\_if\\_a\\_child\\_knocks\\_out\\_their\\_adult\\_front\\_tooth-en.pdf](https://www.schn.health.nsw.gov.au/files/factsheets/teeth_-_what_to_do_if_a_child_knocks_out_their_adult_front_tooth-en.pdf), accessed on 17/08/2016

# First Aid Action Policy

## Policy statement

CatholicCare Children's Services aim to have an environment whereby appropriate first aid can be provided in the case of an emergency. First aid, according to WorkCover NSW, is "*the immediate care or treatment given to a person suffering from an injury or illness until more advanced care is provided or the person recovers*". Therefore the services will have in place procedures to help ensure the following:

- That there will be up to date information available about first aid procedures.
- That all staff and family day care educators working with children have appropriate and up to date first aid certificates.
- That suitably equipped first aid kits are available at all times.

## Procedures

### 1. First aid equipment

Each service will have appropriate first aid equipment available at all times by implementing the following procedures:

- There must be fully stocked first aid kits in the services and in educator's homes at all times.
- Portable first aid kits are to be brought to excursions.
- First aid kits must be checked regularly to ensure that they are sufficiently stocked, and that stock is not expired. Each service must have a procedure for ensuring these checks take place.
- All staff must be aware of the location of first aid kits. First aid kits must be easily recognisable and kept in a location that is readily accessible and visible to all staff.

### 2. First aid training

Staff and educators will have first aid training that is kept up to date and the following will be implemented:

- All permanent staff and educators, working with children must have a current First Aid Certificate and be able to provide first aid in a medical or other emergency.
- All permanent staff and educators working with children must have anaphylaxis management training and emergency asthma management training
- At all times there must be at least one staff member or educators with current first aid qualifications on duty with children.
- At least one staff member or educator with current first aid qualifications must attend excursions.
- Emergency resuscitation charts are to be displayed in prominent positions in the services.
- Details of staff and educator first aid qualifications are to be kept at the services
- It is the staff's and educators' responsibility to be aware when their First Aid Certificate is due to expire and to organise for training up date.

### 3. First aid action procedures

- In cases of suspected poisoning, bites from poisonous creatures or inhalation of dangerous products staff and educators are to immediately undertake the following:
  - Assess the casualty and **call 000** for an ambulance if they are unconscious or showing other symptoms such as vomiting. Ensure an appropriate person accompanies the child in the ambulance and waits with them until family members arrive.
  - Call for the fire brigade if the atmosphere is contaminated with smoke or gas. In this case also follow emergency evacuation procedures.
  - Try to determine the nature of the poisoning.
  - Telephone the poisons information hotline to gain instructions on how to provide the appropriate first aid.
  - The telephone number for the Poisons Information Centre must be kept near all telephones.
- In all cases of incidents or injuries staff and educators are to follow first aid procedures and follow procedures from the [Incident, Injury and Trauma Policy](#).
- In cases of a medical emergency, i.e. asthma or anaphylaxis, follow procedures from the following policies: [Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy](#), and [Incident, Injury and Trauma Policy](#).
- In cases where children require prompt medical treatment an ambulance will be called, refer to the [Incident, Injury and Trauma Policy](#).
- Material Safety Data Sheets are to be kept in areas where dangerous chemicals are stored. See the *Work Health Safety Policy* and *Work Health Safety Procedures*.
- Emergency telephone numbers are to be displayed near each telephone in the children's rooms and at the reception desk of the centre based services. In family day care homes these are to be kept accessible to telephones.

### 4. Documenting the first aid

In cases where the incident requiring first aid is a minor one, the Incident, Injury, Trauma and Illness Record form must be completed, see [Incident, Injury and Trauma Policy](#). This includes an account of the first aid that was provided. This account must include:

- The name of the person or persons who applied first aid
- Detailed description of the first aid administered
- Time frames involved
- Names of any medical personnel contacted, if applicable

In cases of a serious incident requiring further medical treatment or the involvement of medical or emergency services, staff and educators will complete both the (1) *Incident, Injury, Trauma and Illness Record* and (2) the *Major Incident, Injury, Trauma and Illness Record*. Please see the [Incident, Injury and Trauma Policy](#) for further details.

In all cases where the incident requires administration of medication, the Authority to *Administer Medication form* must be completed.

## Related forms

- *Authority to Administer Medication*
- *Incident, Injury, Trauma and Illness Record*
- *Major Incident, Injury, Trauma and Illness Record*
- *5.1.2 Workplace First Aid Kit - Standard Office Type*

## Related policies and procedures

- *Incident, Injury and Trauma Policy*
- *Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy*
- *Work Health Safety Policy*
- *Work Health Safety Procedures*

## Related legislation

- [Education and Care Services National Regulations 2011 \(current version as of 1 March 2016\)](#)
- [Occupational Health and Safety Act 2000](#)
- [Occupational Health and Safety Regulation 2001](#)

## Related references

- [Kidsafe NSW website](#)
- [NSW Government. \(2015\). WorkCover: First Aid in the Workplace Code of Practice](#)
- [St John Ambulance](#)
- [St John Ambulance Australia: Fact Sheet: Poisoning](#)

# Illness and Infectious Diseases Policy

## Policy statement and purpose

CatholicCare Children's Services aim to create an environment that supports the health and wellbeing of all children and adults. This includes ensuring that children are well enough to attend the service and that staff and educators are well enough to be providing care. It also includes using infection control measures such as washing hands effectively and advocating for the positive benefits of immunisation (Please see the [Immunisation Policy](#)).

It also means helping children to learn about their own health and providing adults with up to date information about children's health.

## Procedures

It is important to keep in mind that the environment within a children's service has a high level of activity and can, at times, be quite busy. In this sort of environment it is not possible to completely isolate a child who is ill. With this in mind parents should observe their children for the symptoms outlined below.

### 1. When children are ill

For their own welfare, as well as other children and staff, children are asked to be kept at home until they are well or have received medical clearance from a registered health provider, if they exhibit any of the following symptoms:

- Influenza symptoms, which may include a fever or severe weakness and muscle ache during the night before or on the morning of care.
- Unidentified rash.
- Gastroenteritis symptoms, including vomiting and/or diarrhoea. Children must stay home for 24 hours after they last vomited or had diarrhoea.
- Exhibiting signs of intense fatigue, paleness, weakness or sudden personality change which may indicate the onset of an illness.
- Eye discharge, unless diagnosed by a doctor as non- infectious.
- After a hospital admission until they have a doctor's clearance stating the child is fit to return to care.
- Diagnosis of an infectious disease. The National Health and Medical Research Council's "Staying Healthy: Preventing Infectious Diseases in Early Childhood and Care Services" have recommended minimum exclusion periods for infectious conditions for schools, pre- schools and child care centres. A detailed list can be found in the attached appendix.

**Keeping sick children away from a children's service until they are well enough to return is important for their own well- being, as well as for controlling and stopping the spread of infection to others.**

## 2. Infectious Diseases

Infections are spread very easily in the environment of a children's service because of the close contact between all users. In order to minimise the spread of infection staff and educators will promote the following:

- **Effective hand washing.** Hand washing procedures will be displayed in appropriate locations in the centre based services and family day care homes. Please also see the Hygiene and Infection Control Policy.
- **Immunisation.** Please refer to the [Immunisation Policy](#).
- **Exclusion of sick children and staff.** Any staff, educators and children who have an infectious condition must be excluded from the children's service for the periods specified in the latest publication of Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services. A copy of these exclusion periods is available for families, please see appendix.

If staff or educators are concerned that a child may be exhibiting symptoms of an infectious disease or other type of illness, they will contact the parent immediately. Parents will be requested to collect the child from the service, seek medical advice and obtain a medical certificate from their doctor.

Educators and staff will notify other parents of children attending the service if there is an outbreak of one or more cases of an infectious disease. This information will be provided in a manner that is not prejudicial to the rights of individual children, staff, educators and the educator's family, e.g. "one known case of whooping cough was reported to the service" and *not* "child x was diagnosed with whooping cough".

Parents are asked to advise the service if at any stage their child is diagnosed with an infectious disease, so that other families, and in some cases the Public Health Unit, may be advised of the outbreak. CatholicCare has a high regard for the privacy and confidentiality of children and their families, and will not disclose any information that is prejudicial to their rights.

Under the *Public Health Act*, some infectious diseases must be reported to the Public Health Unit. In these cases the service is required to follow the instructions of the Public Health Unit. Please see the [Immunisation Policy](#) for more information.

## 3. When a child becomes ill while in care

If a child becomes ill while in care, staff and educators will

- Isolate the ill child from other children whenever practicable and attend to their immediate needs (i.e. comfort and reassure the child as required). Please also see the [First Aid Action Policy](#) and [Incident, Injury and Trauma Policy](#).
- Notify the parent or persons nominated by the parent to collect the child as soon as possible.
- Notify the FDC office or Service Coordinator.
- Monitor the child's condition at regular intervals. Record information about the illness in the *Incident, Injury, Trauma and Illness Record*.
- Please see the [Incident, Injury and Trauma Policy](#) for more information about using this record
- Ensure the health and safety of other children, staff, educators and the educator's family by cleaning and disinfecting all contaminated areas (i.e. toys, linen, bench surfaces etc.).
- Follow the steps in the Serious Incidents section of the [Incident, Injury and Trauma Policy](#) for any illness that would require urgent medical attention or the involvement of emergency services for the child.

## 4. When staff and educators are ill

If a staff member or educator (or member of the family day care educator's household) has any of the following symptoms they are advised to not report for work until they are fit and well enough:

- Is too unwell to perform their regular duties effectively.
- Influenza symptoms, which may include a fever during the night before or on the morning of care.
- Unidentified rash that has not been diagnosed by a doctor.
- Gastroenteritis symptoms, including vomiting and/or diarrhoea – Staff and educators must stay home for 24 hours after they last vomited or had diarrhoea.
- Exhibiting signs of intense fatigue, paleness, weakness or sudden personality change which may indicate the onset of an illness.
- Diagnosis of an infectious disease.

Staff and educators may be requested to provide a doctor's certificate to verify that they are fit and well enough to return to work in Children's Services.

If a parent is concerned that a staff member or educator is too ill to care for their child they should speak with the Service Coordinator or FDC Coordination Unit. If parents are still concerned, they have the right to seek alternate care without the penalty of paying fees for that day.

## Related forms and resources

- *Medication Form*
- *Incident, Injury, Trauma and Illness Record*
- *Major Incident, Injury, Trauma and Illness Record*
- *Incident Register*
- *Illness Register*

## Related policies

- *Confidentiality and Privacy Policy and Procedure*
- *Family Feedback, Complaints and Grievance Policy and Procedure*
- *First Aid Action Policy*
- *Immunisation Policy*
- *Incident, Injury, and Trauma Policy*
- *Medication Policy*

## Links and references

- *Education and Care Services National Regulations 2011 (current version as of 1 March 2016) Public Health Act 2010 (NSW)*
- *National Health and Medical Research Council (2013) Staying Healthy: Preventing Infectious Diseases in Early Education and Care Services 5th edition. Australian Government.*

## List of appendices

### **Appendix 1: Recommended Minimum Exclusion Periods**

## Appendix 1:

# Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

| Condition  | Exclusion of case  | Exclusion of contacts*  |
|--|--|---|
| Campylobacter infection  | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Candidiasis (thrush)   | Not excluded   | Not excluded  |
| Cytomegalovirus (CMV) infection  | Not excluded   | Not excluded  |
| Conjunctivitis   | Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis   | Not excluded  |
| Cryptosporidium  | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Diarrhoea (No organism identified)   | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Fungal infections of the skin or nails (e.g. ringworm, tinea)                      | Exclude until the day after starting appropriate antifungal treatment  | Not excluded  |
| Giardiasis   | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)                | Not excluded   | Not excluded  |
| Hand, foot and mouth disease   | Exclude until all blisters have dried  | Not excluded  |
| Haemophilus influenzae type b (Hib)  | Exclude until the person has received appropriate antibiotic treatment for at least 4 days   | Not excluded. Contact a public health unit for specialist advice  |
| Head lice (pediculosis)  | Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected  | Not excluded  |
| Hepatitis A  | Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice  | Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group   |
| Hepatitis B  | Not excluded   | Not excluded  |
| Hepatitis C  | Not excluded   | Not excluded  |
| Herpes simplex (cold sores, fever blisters)  | Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible | Not excluded  |
| Human immunodeficiency virus (HIV)   | Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses  | Not excluded  |
| Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome) | Not excluded   | Not excluded  |
| Hydatid disease  | Not excluded   | Not excluded  |
| Impetigo   | Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing   | Not excluded  |
| Influenza and influenza-like illnesses   | Exclude until person is well   | Not excluded  |
| Listeriosis  | Not excluded   | Not excluded  |
| Measles  | Exclude for 4 days after the onset of the rash   | Immunised and immune contacts are not excluded<br>For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case |
| Meningitis (viral)   | Exclude until person is well   | Not excluded  |
| Meningococcal infection  | Exclude until appropriate antibiotic treatment has been completed  | Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case  |
| Molluscum contagiosum  | Not excluded   | Not excluded  |
| Mumps  | Exclude for 9 days or until swelling goes down (whichever is sooner)   | Not excluded  |
| Norovirus  | Exclude until there has not been a loose bowel motion or vomiting for 48 hours   | Not excluded  |
| Pertussis (whooping cough)   | Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing  | Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics  |
| Pneumococcal disease   | Exclude until person is well   | Not excluded  |
| Roseola  | Not excluded   | Not excluded  |
| Ross River virus   | Not excluded   | Not excluded  |
| Rotavirus infection  | Exclude until there has not been a loose bowel motion or vomiting for 24 hours <sup>b</sup>  | Not excluded  |
| Rubella (German measles)   | Exclude until fully recovered or for at least 4 days after the onset of the rash   | Not excluded  |
| Salmonellosis  | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Scabies  | Exclude until the day after starting appropriate treatment   | Not excluded  |
| Shigellosis  | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Streptococcal sore throat (including scarlet fever)                                | Exclude until the person has received antibiotic treatment for at least 24 hours and feels well  | Not excluded  |
| Toxoplasmosis  | Not excluded   | Not excluded  |
| Tuberculosis (TB)  | Exclude until medical certificate is produced from the appropriate health authority  | Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics  |
| Varicella (chickenpox)   | Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children  | Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded   |
| Viral gastroenteritis (viral diarrhoeal)   | Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>  | Not excluded  |
| Worms  | Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred   | Not excluded  |

\* The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

<sup>b</sup> If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.  
Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SONGs) where available.

Staying Healthy: Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH55



# Immunisation Policy

CatholicCare Children's Services aims to minimise risks, complications and the spread of vaccine preventable diseases, by encouraging children and educators to have up to date immunisations that are in accordance with the Australian Standard Vaccination Schedule. It will also keep up to date records of children's and educators immunisations. These records will help educators to put in place strategies to control the spread of infectious diseases during outbreaks in the centre.

It is also a requirement of the *Public Health Act 2010* for parents of all children enrolling in childcare services to provide documented evidence of their children's immunisation status.

## Procedures

### For families

At the time of enrolment (and before a child can begin attending the service) and when immunisations are updated, families must provide confirmation of their child's immunisation status to the service. This confirmation must take the form of one the following types of documentation:

- An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement which shows that the child is up to date with their immunisation
- An ACIR Immunisation Exemption – Medical Contradiction Form (IM011) which has been certified by an immunisation provider or
- An ACIR Immunisation History form on which the immunisation provider has certified that the child is on a recognised catch-up schedule.
- Interim vaccination objection form for enrolment in NSW child care (available at [www.health.nsw.gov.au](http://www.health.nsw.gov.au))
- The above three documents must be signed by the child's doctor.

This documentation is a requirement of the Public Health Act 2010 and the Public Health (Vaccination of Children Attending Child Care Facilities) Act 2013.

It is important to note that some Government payments to families including Child Care Benefit and Child Care Rebate are affected by their child's immunisation status. Payments may be affected if a child's immunisation schedule is not maintained in a timely manner. Families need to contact the Family Assistance Office directly if they have queries about this.

It is recommended that all children be fully immunised, for their age before commencing in the service. If a parent chooses not to have their child immunised or does not provide the service with current immunisation records, then the child may be excluded from care during an outbreak of a vaccine preventable disease. In this instance, educators will gain advice from the Public Health Unit. For more information, see the [Illness and Infectious Diseases Policy](#).

### For staff

If a vaccine preventable disease occurs in anyone attending, working at or visiting the service, educators will inform families in writing, advising them of the signs and symptoms and any action that needs to be taken to protect children, educators and others from risk of infection. In the case of Early Learning Centres and Outside School Hours Care, educators will place a notice near where parents sign the children's attendance records.

Educators must report any cases of vaccine preventable diseases that occur within the service to the Public Health Unit (under Division 4 Sections 85 – 88 of the Public Health Act 2010. This includes cases of:

- Diphtheria
- Measles
- Mumps
- Pertussis (Whooping Cough)
- Poliomyelitis
- Rubella (German Measles)
- Tetanus
- Once reported staff will follow instructions given by the Public Health Unit.

Adults also need protection from disease and educators are encouraged to be up to date with their immunisation. Recommended immunisations for adults working in childcare are contained in *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services 5<sup>th</sup> Edition*. Staff should also see *CatholicCare Work Health and Safety Policy and Work Health and Safety Procedures*.

### Learning about immunisation

Up to date Information about immunisations will be available to families and staff. If necessary, staff can also provide information about the location of nearby immunisation clinics.

## Related policies

- *Illness and Infectious Diseases Policy and Procedure*
- *CatholicCare Work Health Safety Policy*
- *CatholicCare Work Health Safety Procedures*

## Related legislations

- *Public Health Act 2010 (NSW)*
- *Public health Amendment (vaccination of Children Attending Child Care Facilities) Act 2013*
- *Education and Care Services National Regulations 2013 (Reg. 88)*

## Links and references

- *NHMRC (2013) Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services 5<sup>th</sup> Ed. National Health and Medical Research Council.*
- *Department of NSW Health ([www.health.nsw.gov.au/immunisation/](http://www.health.nsw.gov.au/immunisation/)) accessed on 8/3/2016*
- *Department of Social Services ([www.dss.gov.au](http://www.dss.gov.au)) accessed on 8/3/2016*
- *Immunise Australia website ([www.immunise.health.gov.au](http://www.immunise.health.gov.au)) accessed on 8/3/2016*

# Incident, Injury and Trauma Policy

## Introduction

This policy is governed by the following legislation and standards:

- Education and Care Services National Regulations 2011 (current version as of 1 March 2016)
- Children (Education and Care Services National Law Application) Act 2010
- Australian Children's Education & Care Quality Authority National Quality Framework

This policy is to be read in conjunction with the following:

- First Aid Action Policy
- Medication Policy
- Children's Arrival and Departure Policy
- Record Keeping (for Staff) Policy
- Emergency and Evacuation Procedures
- CatholicCare Work Health and Safety Policy; and
- CatholicCare Work Health Safety Procedures

In a Family Day Care Service, this policy must also be read in conjunction with the Excursion and Incursion Policy.

## Policy statement and purpose

CatholicCare Children's Services aim to have procedures in place so that immediate aid can be provided in case a child in care suffers from an incident, illness, injury or trauma which occurs during their stay at the centre or directly as a result of an incident of their stay at CatholicCare Children's Services. This includes having the necessary documentation that is duly signed by a parent or legal guardian, ensuring educators are familiar with the procedures, and are in accordance with the [First Aid Action Policy](#).

Upon enrolment, parents will be requested to complete an authorization form that allows educators to seek and obtain medical treatment or transportation by ambulance for their child or children as necessary. Suitably stocked first aid kits are stored for easy access by adults, but inaccessible to children. Resuscitation flow charts and telephone numbers for emergency services are displayed in appropriate and prominent areas within the children's services.

This policy is in place because CatholicCare Children's Services puts great emphasis on the safety and well-being of children, families, employees and visitors who access the service.

## Procedures

### 1. Minor incidents

In the case of minor incidents educators will:

- Assess the injury.

- If there is any risk of contact with bodily fluids, i.e. blood or saliva, put on disposable gloves.
- Attend to the injured child and apply necessary first aid.
- If applicable, wash any contaminated areas with clean water.
- Dispose of all contaminated items used (cotton wool, gloves etc. in a sealed plastic bag).
- Contact the parent as soon as practicable, either by telephoning or speaking to them when child is collected in the afternoon, depending on the nature of the injury. Parents must be notified on the day of the incident happening. (*Note: the parent must be contacted immediately if it is a head injury, regardless of the severity*).

Record details of the incident in the "Incident, Injury, Trauma and illness Record" as soon as possible, and within 24 hours of it occurring. Recording of the incident must be accurate. Provide a copy of the report to the child's parents and keep the original copy on the child's file in the office. FDC educators will also provide a copy to the FDC coordinator, for filing at the FDC office. All original copies of records are stored confidentially and will remain with CatholicCare until the child is 25 years of age.

## 2. Serious incidents

Serious incidents, as specified in the regulations, pertain to:

- The death of a child while being educated and cared for at CatholicCare Children's Services or directly as a result of an incident while being cared for at CatholicCare Children's Services.
- Any incident resulting in injury or trauma to the child that would require urgent medical attention while being cared for at CatholicCare Children's Services, i.e. whooping cough, broken limb).
- Incidents where the presence of emergency services were required or requested.
- Incidents where the child is missing or cannot be accounted for.
- Incidents where a child has been taken or removed from the centre in an unlawful manner.
- Incidents where a child has accidentally been locked in or out of the premises.

**If any of the above happens at the service, the coordinator will:**

- Refer to the first aid action procedure along with other relevant staff, attend to the child and call the relevant emergency or medical service (e.g. ambulance, fire brigade, a registered medical practitioner). Please also see appendix 1: FDC Guidelines or appendix 2: Centre Based Services Guidelines.
- Notify and speak with the child's parent at the soonest possible opportunity, and within the day of the incident occurring. The Coordinator is to make a professional judgment as to the best way in which to do this.
- Record details of the incident in both: (1) the "Incident, Injury, Trauma and illness Record" and (2) the "Major Incident, Injury, Trauma and Illness Record" as soon as possible, and within 24 hours of it occurring. *All original copies of records are stored confidentially in the child's file and will remain with CatholicCare until the child is 25 years of age. A copy of the report will be provided to the child's parents*
- Notify the Children's Services Manager or their delegate, who will notify: (1) the Executive Director of CatholicCare Diocese of Broken Bay and (2) the Department of Education and Communities within 24 hours of the incident occurring. Note: If the incident has resulted in death, the Children's Services Manager or their delegate will also notify the NSW Police Service.
- The Children's Services Manager or their delegate will provide another copy of the (1) the "Incident, Injury, Trauma and illness Record" and (2) the "Major Incident, Injury, Trauma and Illness Record" to CatholicCare's ICC for confidential filing. For FDC, please refer to appendix 1 for further information.
- Make a follow up courtesy call to the child's family if the incident requires medical treatment or for the child to be away from the service. The coordinator will do the first follow up as soon as practicable, and no later than the day after the incident. Subsequent follow ups will be done within an interval of a few days if the child is to be away from the service for an extended period.

**Note:** please see appendix 1 for procedures regarding serious incidents in FDC and appendix 2 for procedures regarding serious incidents in Centre Based Services.

### 3. Notification of complaints and incidents other than serious incidents

Coordinators will notify the Children's Services manager, as soon as practicable and within 24 hours of receiving the complaint or becoming aware of any complaints or incidents pertaining to the following:

- Complaints alleging that the safety, health or wellbeing of a child was or is being compromised (please also refer to the *Child Protection and Risk of Significant Harm (RoSH) Policy*).
- Complaints alleging that the law has been breached (please also refer to Compliance with Legislation policy).
- Incident that requires/required CatholicCare Children's Services to close or reduce the number of children attending a service for a period.
- A circumstance that poses a risk to the health, safety or wellbeing of a child attending the service (please also refer to the *Child Protection and Risk of Significant Harm (RoSH) Policy*).
- The attendance at CatholicCare Children's services of any additional child or children being educated and cared for in an emergency, as per regulation 123 (5), Education and Care Services National Regulations.

#### Notes:

- If the complaint is in relation to an injury, please refer to the Incident/Injury/Trauma reporting flowchart.
- Two separate reports need to be completed:
  - *Complaints Form*
  - *Incident, Injury, Trauma and Illness Record* and/or *Major Incident, Injury, Trauma and Illness Record*

### Related forms and resources

- *Complaints Form*
- *Incident, Injury, Trauma and Illness Record*
- *Incident/Injury/Trauma Reporting Flowchart*
- *Major Incident, Injury, Trauma and Illness Record*

### Related policies

- *Children's Arrival and Departure Policy*
- *Child Protection and Risk of Significant Harm (RoSH) Policy*
- *Emergency Evacuation Procedures*
- *Family Feedback, Complaints and Grievance Policy and Procedure*
- *First Aid Action Policy*
- *Monitoring Compliance Policy and Procedure*
- *CatholicCare Work Health Safety Policy*
- *CatholicCare Work Health Safety Procedures*

## Related references

- [Education and Care Services National Regulations](#) 2011 (current version for 1 March 2016)
- *Children (Education and Care Services National Law Application) Act 2010*
- *Australian Children's Education & Care Quality Authority National Quality Framework Resource Kit*
- [St John Ambulance](#) Australia

## List of appendices

[Appendix 1: Family Day Care Incident, Injury and Trauma Guideline](#)

[Appendix 2: Centre-based Services Serious Incident, Injury and Trauma Guideline](#)

# Appendix 1: Family Day Care incident, injury and trauma guideline

## Introduction

This guideline is to be read by Family Day Care (FDC) services as an appendix to the [Incident, Injury and Trauma Policy](#).

- *Education and Care Services National Regulations – Regulations 85, 86, 87, 175, 176*
- *Work Health and Safety Act – Part 3*

## Procedures

In cases of *serious* incidents, educators will:

- Assess the injury and call an ambulance if necessary. An ambulance must be called if the injury requires prompt medical treatment (e.g. no sign of breathing, broken limb, excessive bleeding, convulsions, burn, serious injury to the mouth).
- Attend to the injured child as appropriate and continue first aid until the ambulance arrives.
- Ensure the safety of all the other children by ensuring they are also being supervised and are being reassured.
- Telephone the FDC office (or ask another adult, such as a neighbour, to do so) and inform staff of the incident.
- Stay with and reassure the injured child until the ambulance arrives. Whenever practicable, either the educator or a FDC office staff member must accompany the child in the ambulance and stay with the injured child until a family member arrives.
- Keep all other family day care children with them until a FDC office staff arrives
- Once all children are settled and reassured, provide an *Incident, Injury, Trauma and Illness Record* and a *Major Incident, Injury, Trauma and Illness Record* to FDC office staff. The educator is encouraged to write the report, clearly describing the incident, including the child's name and date of birth, circumstances leading to the incident, the time and date of the incident, the nature of the incident. The report must include details of the action taken by the educator, including: medication or first aid administered; details of the medical personnel whom were contacted; details of any witnesses to the incident; details of persons whom were contacted; including the time and date they were contacted. The report must be completed as soon as practicable, and within 24 hours of the incident happening. Notify the Insurance Company, whose form is to be completed by the educator. The original is to be sent to the Insurance Company and a copy sent to the FDC office.

Children's Services Family Day Care office staff will:

- Send a staff member to the educator's home as quickly as possible. An ambulance must be called if the injury requires prompt medical treatment (examples are no sign of breathing, broken limb, excessive bleeding, convulsions, burn, serious injury to the mouth).
- Contact the injured child's parent/guardian or their emergency contact person, and advise them of the accident and the location of the hospital or doctor that the child has been taken to.
- Contact the parents of other FDC children in the educator's care and advise them of the situation, and if there is a need to collect their children early.
- All details of the incident will be recorded in the *Incident, Injury, Trauma and Illness Record* and also in the *Major Incident Injury Trauma and Illness Record* if it is a major incident.
- Notify the Children's services Manager or their delegate of the incident, who will then notify the CatholicCare's Chief Executive and the Department of Education and Communities.

- Provide a copy of the *Incident, Injury, Trauma and Illness Record* and the *Major Incident, Injury, Trauma and Illness Record* to the Children's Services Manager, who will submit this to CatholicCare's People and Culture team, for filing in the ICC file.

# Appendix 2: Centre-based services incident, injury and trauma guideline

## Introduction

This guideline must be read as an appendix to the [Incident, Injury and Trauma Policy](#).

## Procedures

In cases of *serious* incidents educators will:

- Assess the injury and call an ambulance if necessary. An ambulance must be called if the injury requires prompt medical treatment (examples are no sign of breathing, broken limb, excessive bleeding, convulsions, burn, serious injury to the mouth).
- Attend to the injured child as appropriate and continue first aid until the ambulance arrives.
- Ensure the safety of all children by ensuring they are being supervised in a safe environment, and are being reassured.
- Stay with the injured child
- Decide who will accompany the child in the ambulance. This staff member will take the child's file with them. However, this file must be returned to the service as soon as practicable. Under no circumstances are children to be transported by educators or any other staff members in their car. The educator who accompanies the child will stay with the child until a family member arrives.
- Record details of the incident accurately in both (1) the *Incident Injury Trauma and Illness Record* and (2) the *Major Incident, Injury, Trauma and Illness Record*.
- Notify the Children's Services Manager or their delegate, who will then notify CatholicCare's Executive Director and the Department of Education and Communities.
- The Children's Services Manager or their delegate will provide a copy of the *Incident, Injury, Trauma and Illness Record* and the *Major Incident, Injury, Trauma and Illness Record* to CatholicCare's People and Culture team, for filing in the ICC file.

# Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy

## Policy statement

CatholicCare Children's Services aims to have in place systems to effectively manage anaphylaxis and prevent the risk of exposure to allergens which cause an anaphylactic reaction. In doing so, we will provide children, educators and families with up to date information about allergy management. The services also have a commitment to ensuring the health and safety of persons with asthma, diabetes and other medical conditions.

Please note children will be refused enrolment in the service if the necessary medical action plans have not been provided to the service as is required under the Education and Care Services National Regulations.

## Overview

Allergic reactions can be triggered by contact with allergens through ingestion, inhalation, or skin contact. These allergies are very specific to individuals.

Food allergies are more common in children under 5 years of age. The most common food allergies are due to peanut, egg, and milk. Peanut allergy is the most likely allergy to need availability of adrenaline. Other substances that can cause severe allergic reaction in children include drugs (especially antibiotics and vaccines), bees, other insect stings, and some plants, latex and rubber products (e.g. Band aids). The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires administration of adrenaline.

There are also many children who suffer from asthma, diabetes and other medical conditions. It is important that staff and educators understand the needs of children who have these conditions.

## Procedures

### Families must provide the following:

- Information about their child's general health, any known allergies, diabetes, asthma or the diagnosis of any other medical conditions. This must be provided when enrolling in the service and **prior** to the child's commencement.
- Documentation from the child's doctor confirming the child's diagnosed medical condition and their management in the form of a Medical Management Plan. This must be provided **prior** to the child starting at the service.
- A Risk Minimisation Plan, which is developed in conjunction with educators at the service.
- A Communications Plan, which is developed in conjunction with educators at the service.
- Information about any changes to their child's health conditions, in regard to the diagnosed medical condition, while the child is attending the service.
- Doctor's name, address and phone number, emergency contact names and phone numbers. This information must be provided at enrolment.

- Authorisation for educators to apply centre supplied sunscreen to children's skin. Alternatively families may wish to provide their own sunscreen if their child has sensitive skin.
- Authorisation for educators to administer medication to children who have not been previously diagnosed in the event of an asthma or anaphylaxis emergency. While it is desirable to obtain this authorisation, in an *emergency*, under *regulation 94*, asthma or anaphylaxis medication will be administered to a child regardless of whether the parent has provided authorisation or not. In any case that medication is administered under this regulation, the child's parent and emergency services must be notified as soon as possible.

### Educators must implement the following:

- Display information about children's allergies, diabetes, asthma or other medical conditions in area that is highly visible to all staff, i.e. children's rooms or kitchen. Educators should make themselves knowledgeable about this information.
- Allow for special considerations. And specifically for children with diabetes: extra toilet privileges, to eat at additional times especially with sport, extra consideration if unwell and special provisions for privacy if testing blood glucose levels and injecting insulin at school is necessary.
- Follow regulations and other guidelines when administering medication and treatment in emergencies, i.e. obtaining a signed and completed *Authority to Administer Medication Form* from the parent; refer to [Medication Policy](#) and [Incident, Injury and Trauma Policy](#).
- Carry out daily safety checklists including checking for signs of arachnids and insects in or around the premises.
- Obtain written permission from families if the service is to conduct activities such as face painting to eliminate the risk of a skin reaction.
- Use neutral based detergent to clean the environment in order to reduce the risk of exposure to chemical residue.
- Develop a **Risk Minimisation Plan** in consultation with parents that:
  - Ensures risks related to the medical condition are assessed and minimised
  - If necessary, detail practices related to the handling, preparation, and consumption of food.
  - If necessary, notify parents of any allergens that pose a risk to the child and procedures for minimising them
  - Ensures staff, educators and volunteers can identify the child, know the medical management plan and know where medication is stored
  - If relevant, ensures that the child does not attend the service without medication prescribed in relation to the child's specific health care need
- Services must have an onsite adrenalin auto injector (EpiPen) and an emergency asthma kit with reliever medication to administer in the case of an anaphylaxis or asthma emergency. Refer to [Medication Policy](#) for further information on storage and administration procedures.
- Services must ensure staff, in consultation with the parents, create, and **maintain a communications plan** upon enrolment. This plan is to be created for all children with a diagnosed medical condition and staff members are to ensure that all records are continuously updated with any change in the child's medical conditions, by regularly communicating with the child's parents via email, telephone or in person.

### First Aid

#### Steps to follow in the event of a child having difficulty breathing or displaying symptoms of an asthma attack:

1. If the child has an Asthma Action Plan, administer treatment according to this plan.
2. If the child does not have a Plan
  - Help the child into a comfortable position sitting upright

- Administer relieving medication from Asthma Emergency Kit according to instructions contained in the kit.
  - Dial 000 for an ambulance and notify the family in accordance with the [Incident, Injury and Trauma Policy](#) and the [First Aid Action Policy](#).
3. If the child is unconscious use the following first aid procedure until the ambulance arrives:
- D:** Check for Danger
  - R:** Check for a Response
  - S:** Send for help (dial 000 for an ambulance)
  - A:** Check Airway
  - B:** Check for breathing
  - C:** Give CPR if child is not breathing
4. Families are asked to provide written authorisation at enrolment for educators to administer relieving medication in the event of an asthma emergency. However, an anaphylactic or asthma emergency is exempted from the authorisation requirement, as per regulation 94, provided that a parent and emergency services are notified as soon as practicable. Please also read the [Incident, Injury and Trauma Policy](#) in conjunction with this policy.

**Note:** All educators must have undertaken emergency asthma training.

**Steps to follow in the event of a child having a severe allergic reaction or displaying any symptoms or signs of anaphylaxis:**

1. Administer first aid or medical treatment according to the child's Anaphylaxis/First Aid/Emergency Medical Plan or Doctor's instructions.
2. If the child does not have an Allergy Emergency Medical Plan and is showing signs of a severe allergic reaction:
  - Lay the person flat or, if breathing is difficult, allow to sit
  - Administer auto- injector (EpiPen)
  - Keep child in lying or sitting position
3. Dial 000 for an ambulance and notify the family in accordance with the Incident, Injury, Trauma and Illness Policy and the First Aid Action Policy.
4. Families are asked to provide written authorisation at enrolment for educators to administer an auto injector in the event of an anaphylaxis emergency. However, an anaphylactic or asthma emergency is exempted from the authorisation requirement, as per regulation 94, provided that a parent and emergency services are notified as soon as practicable. Please also read the [Incident, Injury and Trauma Policy](#) in conjunction with this policy.

**Steps to follow in the event of a child having a diabetic emergency:**

1. Administer treatment according to the child's Diabetic Management Plan.
2. Dial 000 for an ambulance and inform the operator that there is a diabetic emergency. Notify the family in accordance with the [Incident, Injury and Trauma Policy](#) and the [First Aid Action Policy](#).
3. If the child is unconscious use the following first aid procedure until the ambulance arrives:
  - D:** Check for Danger
  - R:** Check for a Response
  - S:** Send for help (dial 000 for an ambulance)
  - A:** Check Airway
  - B:** Check for breathing
  - C:** Give CPR if child is not breathing

## Related policies

- *Medication Policy*
- *Nutrition and Food Policy*
- *Incident, Injury and Trauma Policy*
- *First Aid Action Policy*
- *Sun Protection Policy and Procedure*

## Related legislation

- [Education and Care Services National Regulations 2011 \(current version as of 1 March 2016\)](#)
- *Children (Education and Care Services National Law Application) Act 2010*

## Related references

- *Australian Government: National Health and Medical Research Council. (2013). Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services, 5<sup>th</sup> edition.*
- [Asthma Australia](#)
- [Australasian Society of Clinical Immunology and Allergy](#)
- [St John Ambulance Australia](#)
- [Diabetes Australia](#)
- [Diabetes Information for School Teachers](#)

# Medication Policy

## Policy statement

CatholicCare Children's Services aims to support the health, safety, and wellbeing of all children in the services. In doing so, staff and educators will follow safe practices when storing medication and administering it to children. Procedures will be based on recommendations and information from recognised authorities.

This policy also complies with legislative and regulatory requirements

This policy is to be read in conjunction with the following:

- First Aid Action Policy
- Incident, Injury, Trauma and Illness Record
- Illness and Infectious Disease Policy and Procedure
- Hygiene and Infection Control Policy; and
- Managing Asthma, Allergies, Anaphylaxis, Diabetes, and other Medical Conditions Policy

## Procedures

### 1. Accepting medication

If children require medication at any time, parents must inform the staff member/educator upon arrival at the service. In OHSC, particularly Before and After School Care, parents must advise educators if their child has medication in their school bags. Proper storage of medication applies regardless of whether medication is administered to the child in OHSC or not.

A parent or person named in the child's enrolment record has to provide a signed consent to administer medication for all medication prescribed by an authorised health care professional. For non-prescription medication that is to be orally administered, including over the counter, complementary and alternate medicine, the signed written consent from a parent or person named in the child's enrolment record must be accompanied by a letter from an authorised health care professional. For topical applications, e.g. zinc and castor oil cream, eczema cream, sunscreen, a signed written consent from the parent or person named in the child's enrolment record is sufficient. Please see section *1.1 Authorised administration with verbal consent* in case of an **emergency** only.

Medication must be supplied to the service in the original container in which it was dispensed showing clearly:

- Child's name
- Name of medication
- Name of prescribing doctor
- Instructions for administration, e.g. Dosage, Number of times per day to be administered, how medication is to be administered
- Date of dispensing
- Expiry date of the medication.

Parents must give the medication to the educator or carer who will store it appropriately. A parent or a person named in the child's enrolment record must complete the *Authority to Administer Medication Form*. This form will include the following information:

- Child's name
- Type of medication
- Time when medication was last administered
- Time it is due to be administered and the quantity required
- Signature of parent or authorised person in the enrolment record
- Date

All sections of this form must be completed before staff and educators can administer the medication.

## 1.1 Authorised administration with verbal consent

**In case of an emergency only** and a parent has not provided a signed consent to administer medication, the following procedures strictly apply:

- A verbal consent is obtained from the child's parent or person named in the child's enrolment record.
- If the parents or persons named in the child's enrolment record cannot be contacted, a registered medical practitioner or medical emergency services can provide verbal consent. However, the parent must be provided with a written notification, using the (1) Incident, Injury, Trauma and Illness Record form and (2) the Major Incident, Injury, Trauma and Illness Record form.
- Details of administration are recorded in the "Authority to Administer Medication" form.

**Note: Asthma or Anaphylactic emergencies are exempted from the written or verbal authorisation requirement. Please see the [Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy](#) for further details.**

## 2. Dispensing medication

All medications given to children while they are in care must be documented by the educator on the "Authority to Administer Medication Form". Details are to include:

- The date and time given
- The dosage administered
- The names and signatures of the persons who checked and administered the dosage.

When administering medication, ensure that two staff members are present- the person who will administer medication and a witness. Both the person who administers medication and the witness will check that the dosage is correct, and sign the authority to administer medication form. In CatholicCare Family Day Care Services, it is not a requirement to have a second person to witness administration of medication. Educators must ensure that proper handwashing and hygiene procedures are observed when administering medication. Educators must not administer medication if not all the above conditions are met.

## 3. Self-administration of medication by the child

This section applies to CatholicCare Children's Services that have children over pre-school age, such as Outside Hours School Care, Vacation Care and Family Day Care. *For children who are not yet of school age, this procedure does not apply.*

- A school aged child attending the service may self-administer medication if written consent is provided by the child's parent.
- Educators must ensure that the child observes proper hygiene procedures, such as handwashing, prior to self-administration of medication.
- All safe practices and procedures in the medication policy (e.g. accepting medication, safe storage of medication, record keeping) apply to this section, self-administration of medication by the child, except that there is no need for a staff member to dispense medication. However, a staff member and a witness still need to be present. And in family day care, the educator must be present to witness the child's self-administration of medication.

## 4. Storage of medication

Educators must ensure that medication is securely stored in a locked cupboard or container that is not accessible to children. Medication that requires refrigeration should be stored at the back of the top shelf, in a locked childproof container.

When medication is required to be taken on **outings or excursions it must be kept in a locked container** that is carried by the educator at all times.

## 5. Administering medication that is "as required"

When a child with an ongoing medical condition that requires medication is enrolled in the service, a Medical Action Plan, which has been completed by the child's Doctor, must be supplied to the service. The Medical Action Plan must be displayed prominently in an area visible to all staff, and must contain the following information:

- If a child is on permanent or on as needed prescribed medication, e.g. for asthma or anaphylaxis, then the form should indicate which symptoms necessitate medication being administered. In this case, the form can state 'as required' in accordance with symptoms described.
- In this instance there is to be written instructions from an authorised health care professional detailing the number of doses per hour/day.
- These instructions are to be updated by the authorised health care professional when there are changes in the child's condition.
- All medications given to children "as required" while they are in care must be documented by the educator on the *Authority to Administer Medication Form*. Details are to include:
  - The date and time given
  - The dosage administered
  - The names and signatures of two staff members who checked and administered the dosage. Again, in FDC, it is not a requirement for another staff member to witness administration of medication.

### 5.1. Medication forms

All CatholicCare Children's Services are required to keep a copy of all medication forms on the child's file for a period of three years from the date of the child's last attendance at the service. FDC services are also required to provide a copy of **all** Medication Forms to the Family Day Care office as soon as practicable.

## 6. Administration of paracetamol in the case of a fever

Paracetamol is kept on the site of each children's service for administration in case of a child feeling clearly uncomfortable due to a fever. If the child is feeling well and happy, there is no need to treat the fever with paracetamol. Paracetamol must be kept stored in a locked cupboard or container away from the reach of children. It should be regularly checked to ensure it is within its use by date. If a child becomes unwell and develops a high temperature whilst in care, educators are to:

1. Make every attempt to contact the parent to consult about treatment and organise the collection of the child.
2. Take the child's temperature and continue to monitor the child.
3. Respond to the child's symptoms and administer first aid accordingly
4. If the symptoms include an elevated temperature, keep the child cool by removing any excess clothing and giving room temperature water to sip.
5. If the child is clearly uncomfortable and the temperature is above 38.5 degrees, then, as per consultation with the child's parent or legal guardian, one dose of paracetamol may be given, in accordance with the manufacturer's instructions. In this case, every attempt should be made to contact the parents in order to gain verbal permission. Parents must also be asked to collect the child from the service, at the soonest possible time. **Under no circumstances is paracetamol to be administered to a child who is under 6 months of age while they are in the service.**
6. In FDC, the educator will provide the FDC office with a copy of the administration of medication form within 24 hours.
7. The parent or person authorised in the child's enrolment form must sign the *Authority to Administer Medication Form* as soon as they arrive at the service. This form must be filed as per the instructions for Medication Forms listed above.
8. Refer to the [Illness and Infectious Diseases Policy](#) in conjunction with this policy, and in case of fever leading to serious illness, such as convulsions; please refer to the [Incident, Injury and Trauma Policy](#).

Educators must not administer medication if not all the above conditions are met. Educators must **not give any unidentifiable medication**, or medication that doesn't meet the above guidelines.

## 7. Administration of emergency medication for asthma and anaphylaxis

Children who are diagnosed with Asthma and Anaphylaxis must have a medical action plan with instructions for the administration of medication and a risk minimisation plan. The plan must be prominently displayed in an area that is visible to all staff members. Refer to [Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy](#) for further information.

Ventolin and an EpiPen are kept on the site of each children's service for administration in case of an anaphylaxis or asthma emergency for children. These must be stored in a locked cupboard or container away from the reach of children, but easily accessed by educators. They should be regularly checked to ensure they are within their use by dates. Authorisation for the administration of these medications must be obtained on the enrolment form at the time of enrolment. However, in an **emergency**, educators may administer anaphylaxis or asthma medication *without authorisation*. If a child is to have an anaphylaxis or asthma emergency whilst in care, educators are to.

1. Follow the emergency procedures listed in the [Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy](#).
2. At the completion of the emergency, complete the Authority to Administer Medication Form.

The parents or person authorised in the child's enrolment form must sign the Authority to Administer Medication Form as soon as they arrive at the service or as soon as is practicable. Note: if a child who does not have a diagnosed medical condition exhibits symptoms of a medical emergency, e.g. anaphylaxis or asthma, please refer to the Managing Asthma and Anaphylaxis policy & Accident, Injury and Trauma policy for guidelines.

## 8. Topical applications (creams and ointments)

Topical applications may be administered provided that a parent *has given consent in writing*:

- Some Children's Services, such as ELC supply creams used for nappy changes. However, parents may supply their own if they have a preferred brand.
- For skin conditions such as eczema and dermatitis, a topical cream can be supplied by parents to be administered by educators.
- Educators in all programs will apply sunscreen as per the procedure in the [Sun Protection Policy](#) and Procedure.

## Related forms

- *Authority to Administer Medication Form*

## Related policies

- *First Aid Action Policy*
- *Hygiene and Infection Control Policy*
- *Illness and Infectious Diseases Policy and Procedure*
- *Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy*
- *Sun Protection Policy and Procedure*

## Related legislation

- *Children (Education and Care Services National Law Application) Act 2010*
- *Education and Care Services National Regulations 2011 (current version for 1 March 2016)*
- *Public Health Act 1991 (NSW)*
- *Occupational Health & Safety Act 2000 & Regulations 2001 (NSW)*

## Related references

- *Australian Government: National Health and Medical Research Council. (2013). Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services, 5<sup>th</sup> edition.*
- [Adverse Drug Reactions Advisory Committee \(2005\). "Adverse Reactions to Complementary Medicines". Australian Adverse Drug Reactions Bulletin. 24\(1\).](#)
- [Children's Hospital at Westmead \(2014\) Fact Sheet: Nappy Rash.](#)
- [Children's Hospital at Westmead \(2014\) Fact Sheet: Eczema.](#)
- *Children's Hospital at Westmead (2010) Fact Sheet: Sun Safety and Heat Stroke.*
- [Cranswick, N. & McGillivray, G. \(2001\). "Over the Counter Medication in Children: Friend or Foe". Australian Prescriber 24 \(6\).](#)
- *McQuarrie, V. (2006). "Baby, I'm Burning: What to do with a High Temperature". Rattler 79.*
- *Oberklaid, F (2005). "Medication Management in Children's Services". Childcare and Children's Health. 8(2).*
- *Radich, J. (2007). "Managing Health in Services". Every Child 13(1).*
- [The Cancer Council NSW. Information Sheet: Sunscreen.](#)
- [Therapeutics Goods Administration \(2008\) TGA Announcement Regarding the Use of Cough and Cold Medicines in Children. Australian Government.](#)

# Nutrition and Food Policy

## Introduction

CatholicCare Children's Services aim to provide children with an environment where they can enjoy and learn about nutritious foods. They will be encouraged to eat foods from the food groups recommended by Nutrition Australia and to develop good eating habits. In line with the guidelines from Nutrition Australia, parents in all services will be supported and encouraged to breastfeed whenever possible. All foods will support children's overall health, including dental health.

We also aim to provide an eating environment that is pleasant, reflects community values and follows good health and hygiene principles. Families will be encouraged to be involved in menu planning. Educators will discuss with families the amount of food their children eat while in care.

Within our Family Day Care service, each Family Day Care Educator defines what is included in their fee structure. In certain FDC services, this may include all food, some food (morning and afternoon tea) or alternatively families may be required to provide all their child's food for the day. Your educator will be able to explain what you need to bring to you.

## Guiding principles

All CatholicCare Children's Services use the Australian Dietary Guidelines to inform and influence our policies and procedures pertaining to the nutrition of the children attending our services. These include:

- To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs
- Enjoy a wide variety of nutritious foods from the five food groups every day
- Limit intake of foods containing saturated fat, added salt, added sugars
- Encourage, support and promote breastfeeding
- Care for your food; prepare and store it safely

## Procedures

### 1. Food provided by the service

#### 1.1 Long Day Care, some Family Day Care

Morning tea, lunch and afternoon tea will be provided for the children. In doing so the menus will:

- Meet at least 50% of children's daily nutritional requirements and more where additional meals are provided
- Contain a variety of foods from each of the five food groups that include a range of textures and tastes. These will have minimum levels of added fats and refined sugars and contain adequate fibre
- Encompass a range of seasonal fresh fruit and vegetables
- Include milk at morning and afternoon tea. For children over the age of 2 years, reduced fat milk and yoghurt will be provided.

- Support good dental care (please refer to the [Dental Policy](#))
- Contain foods which have a variety of cultural origins
- Be reviewed on a regular basis to ensure they meet dietary recommendations for young children and contain a variety of foods
- Menu will be available for parents to view, including any changes to menu.
- Minimise the use of processed and pre-packaged foods.

## 1.2 Before and After School Care

Breakfast and afternoon tea will be provided for children in before and after school care. The food provided will:

- Be nutritious with minimum levels of added fat and refined sugars
- Encompass a range of seasonal fruit and vegetables

## 2. Food provided by the family

### 2.1 ELCs, Vacation Care, In Home Care, some Family Day Care

Where families bring the food required for their child. The foods provided must:

- Be nutritionally balanced
- Support good dental care (please refer to the [Dental Policy](#))
- Contain minimal levels of added fats and refined sugars. Foods such as biscuits, muffins, cakes and processed fruit bars are discouraged.
- Be nut-free including those foods containing nut products. If foods with nuts or nut products are sent to the centre the child will not be allowed to eat it and it will be sent home at pick up time. Foods stating that they “May contain traces of nuts” are fine, however these foods will not be served to a child with a diagnosed allergy to nuts.

Factsheets containing suggestions for healthy foods to place in lunchboxes will be provided to families at enrolment. Ideal foods include fresh fruit, vegetables, crackers, cheese, mini sandwiches, yoghurt and rice cakes.

Recommendations for a healthy lunchbox

| Food Group           | Nutrients   | Suitable examples for a lunchbox   |
|----------------------|---|--|
| Grain (cereal) foods | Source of carbohydrate which is a major energy source for the brain and body      | All types of bread – whole meal, multigrain. Pita or flat breads, fruit loaf, rice, pasta, crisp breads, rice crackers   |
| Fruit                | Contains lots of vitamins and fibre<br>Aim to include 1-2 serves of fruit per day | Fresh whole fruits, or cut up and placed in a container  |
| Vegetables           | Good source of fibre and vitamins   | Vegetable pieces as a snack such as cherry tomatoes, capsicum strips, snow peas baby corn spears, carrot, celery and cucumber sticks<br>Salad vegetables or coleslaw in a sandwich |

| Food Group   | Nutrients   | Suitable examples for a lunchbox   |
|--|---|--|
| Milk, yogurt, cheese and/or alternatives                 | Major source of calcium, include one serve in lunchbox each day | Milk, cheese or yoghurt  |
| Lean meats, fish, poultry, eggs, legumes, tofu and seeds | Protein for growing babies                                      | Cold unprocessed meats or chicken<br>Tinned fish such as salmon, tuna, sardines<br>Baked beans<br>Hard boiled eggs, peeled |

### 3. Special diets

If a child requires a special diet or is allergic to any food product, parents must provide as much information as possible, taking into account culture, religion and individual children's health. The enrolment form contains questions related to diet and foods to be excluded. Parents must supply written instructions related to their child's allergy.

At our Long Day Care service, the menu is prepared so that all food is free of *nuts and eggs*. Educators will work with parents to prepare menus that cater for any other food allergies and intolerances. Parents may be asked to supply some specialised food items.

All other services are nut free, with further consideration given if a child is in attendance with a severe allergy as per our policy.

In all instances, it is unavoidable that labels on some products used will state "may contain traces of nuts". Educators will ensure food containing these products is not given to children with nut allergies.

Please see the [Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy](#) for more information.

### 4. Hydration

Children require about 4-5 glasses of water per day. Therefore, water will be available at all times and children will be reminded at regular intervals to have a drink. Water will also be provided with meals.

Where milk is given to the children as part of the menu, this will be done so *after* the meal.

Juice, cordial and flavoured milk *will not* be given to the children at any service, including where provided by the family.

## 5. Considerations for babies in FDC and LDC

### 5.1 Infant formula and expressed breast milk

Parents are required to send **expressed breast milk** prepared in plastic infant's bottles clearly labelled with the child's name and the words "expressed breast milk".

If **infant formula** is required parents must send cooled boiled water in plastic infants' bottles. The formula is to be sent in an individual portion controlled formula container. Bottles and formula container must be clearly labelled with the child's name. Bottles will be prepared by educators as needed.

Bottles are to contain only boiled water or expressed breast milk. Upon arrival, bottles will be stored in the refrigerator.

When giving children bottles staff will:

- Warm the bottle using a bottle warmer or jug of warm water which is kept out of children's reach. Microwaves will not be used.
- Test the temperature of the contents of the bottle before giving to the child.
- Hold infants in their arms. Older children who hold their own bottles will be supervised and discouraged from walking around. At no time will children be put to bed with their bottle.
- The contents of prepared bottles will be discarded once the child indicates they do not want anymore.

## 5.2 Introduction of solid foods

Staff will consult with parents regarding the introduction of solid foods. No new foods will be introduced before a parent has done so at home. Signs of baby's readiness and any special needs will be taken into consideration. Where food is provided, suitable solid foods will be provided too. Where applicable, formula will only be given after solids have been offered.

## 6. Family input

Family input is always encouraged whether that is for healthy lunch box suggestions where parents bring their own food or feedback/suggestions for the menu. Educators and parents should communicate regularly about nutrition and children's needs.

## 7. Special occasions

Special events and birthdays are celebrated in the services. This often involves food. During these events, educators may provide some special foods but will keep foods high in refined sugar to a minimum. They will also ensure that no foods are supplied that place children with food allergies at risk.

At our Long Day Care, birthdays are celebrated with a nut and egg free cake that is prepared by the cook.

All other services can discuss with their educators about bringing in a nut free cake to celebrate a birthday.

## 8. Eating environment

Educators will try to make meal and snack times enjoyable social occasions. In doing so they will:

- Involve children in creating an aesthetically pleasing environment. This could include making table settings attractive and providing children with plates and utensils (where relevant) from which to eat their food. It might also include eating picnic style or from lunch boxes but the environment must still be pleasant and aesthetic.
- Endeavour to make foods look interesting and attractive
- Ensure the eating area is clean and hygienic
- Sit with the children and as much as possible when they are eating
- Talk with the children in positive ways about the foods they are eating
- Encourage children to try new foods but respect their right to have preferences

- Encourage children to be independent at meal times and feed themselves so long as this is appropriate to their abilities.
- Serve food appropriately using serving implements such as tongs and allow children to serve themselves when appropriate.
- Monitor the safety of the environment to prevent choking hazards.
- Ensure both staff and children wash their hands before preparing or eating food.

## 9. Learning about nutrition

Helping children to learn about healthy foods is an important part of the nutrition program. Educators will do this in a range of ways including the following:

- Discussing food with children during meal times
- From time to time, involving children in food preparation experiences
- When appropriate, integrating discussions about food into everyday experiences such as storytelling.
- Sharing information with families about healthy snack options, ways of integrating fruit and vegetables, offering appropriate drinks
- Role modelling healthy eating and drinking water, as appropriate

## Related policies

- *Dental Policy*
- *Food Handling and Hygiene Policy*
- *Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy*

## Related links and references

- *Department of Health and Aging (2009) Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood. Commonwealth of Australia*
- *Nutrition Australia website ([www.nutritionaustralia.org](http://www.nutritionaustralia.org)) accessed on 21/01/2016*
- *Healthy Kids website: ([www.healthykids.nsw.gov.au](http://www.healthykids.nsw.gov.au)) accessed on 21/01/2016*
- *Australian Breastfeeding Association (2015) Caregiver's guide to the breastfed baby ([www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)) accessed 21/01/2016*
- *Department of Health and Aging (2013) Eat For Health: Educator Guide: Commonwealth of Australia.*

# Sun Protection Policy

## Policy statement

Educators in CatholicCare Children's Services are committed to the welfare and well-being of children. In doing so, educators will ensure that children are protected from too much UV exposure by having adequate sun protection measures in place. A healthy exposure to the sun's UV radiation is a useful source of vitamin D. However, UV radiation from the sun is also a major cause of skin cancer and sunburn. According to Cancer Council NSW, Australia has the highest rate of skin cancer in the world. Over-exposure to the sun in childhood is an important factor in the development of skin cancer later in life. Therefore, this policy aims to:

- Support the health and safety of children by implementing guidelines as recommended by the Cancer Council NSW (<http://www.cancer council.com.au/cancer-prevention/sun-protection/sunsmart-program/>).
- Set out measures to be taken for protecting the skin of children and educators against the harmful effects of the sun's rays when in the outdoor environment.
- Encourage and support children to develop sun protection skills.
- Promote awareness amongst children, parents and educators about the dangers of over exposure to the heat and sun's rays.

## Procedures

### 10. Using shade for outdoor play

During the hottest months children will be encouraged to play in the shade as much as possible. In centre based programs shade is provided in the outdoor areas through the use of sun sails, trees and covered veranda areas. Educators will ensure shade structures are monitored to ensure any maintenance required is reported, as per CatholicCare policies and procedures, and outdoor shade is adequate.

In FDC, if permanent shade is not available, educators will provide portable shade equipment such as large umbrellas, tents and canopies. However, educators must ensure that this equipment meets Australian standards, is erected as per manufacturer's instructions and is kept well maintained.

The availability of shade is considered when planning outdoor activities.

### 11. Using sun safe hats and clothing

Parents should ensure that they provide children with protective clothing that covers as much skin as possible, including their shoulders, back and stomach. Singlet, midriff and shoe string type tops are not recommended. Clothing with collars and sleeves and that protects the legs are recommended. See the [Clothing Policy](#) for more information.

Parents must supply children with a broad brimmed hat that protects the face, ears and back of the neck for outdoor play. This includes a broad brimmed hat with a brim size of 6 cm, or a legionnaire hat or bucket style hat with a brim size of 5 cm. Educators will ensure all children are wearing their hats when outdoors. Children without hats can be provided with a spare hat or will remain protected from the sun by having to play in shaded areas.

## 12. Using sunscreen

Sunscreen must be applied to children 20 minutes before going outdoors and must be reapplied every two hours, including when weather is cloudy. However, use of sunscreen is not usually required during the months of June and July as the UV radiation levels are lower.

Centre based services will use a broad spectrum SPF30+, water resistant sunscreen which meets Australian Standards AS/NZS 2604:2012. Parents in Centre Based services also have the option of providing their own preferred brand of sunscreen. Educators in FDC will negotiate with parents to provide a broad spectrum SPF30+, water resistant sunscreen which meets Australian Standards. Educators will monitor the expiry date of sunscreen and ensure that it is discarded when out of date.

Parents are asked to provide consent for sunscreen application at the service. This consent can be found in the authorisation section of the child's enrolment form and must be returned to the service staff or educator prior to care commencing. Parents whose children have a medical reason for not using sunscreen or a conscientious objection to its use must supply protective clothing with long sleeves for outdoor play as well as hats.

Please also refer to [Medication Policy](#), in conjunction with this policy.

## 13. Avoiding outdoor play during peak UV times

The risk of exposure to harmful UV radiation from the sun is greatest during the middle of the day with the following guidelines.

|   |   |
|---|---|
| <b>October to March</b>                             | Outdoor play will be avoided, as much as possible and practical, between 11:00 AM and 3:00 PM. Full sun protection must be used at all times during these months. |
| <b>April to September (excluding June and July)</b> | Outdoor activity can take place at any time. However between 10:00 AM and 2:00 PM sun protection must be used, i.e. hats and sunscreen.                           |
| <b>June and July</b>                                | Sun protection is usually not required; however UV radiation must be checked. Care must be taken with children who have very fair skin.                           |

During the hottest months, educators will ensure that adequate drink breaks are written into the program and take extra water when on excursions.

## 14. Going on excursions

When planning excursions educators will consider, as part of the risk assessment:

- The availability of shade at the excursion destination
- The time of the year the excursion is being planned for
- The time of the day

Educators will also ensure that when taking children on excursions:

- Families will be asked to sign an excursion authority letter, which details proposed clothing needs and proposed contingencies for the weather (including requirements for sunscreen application) for the excursion.
- Sunscreen is applied before leaving for the excursion. This must be re- applied every 2 hours.

- All children, educators and volunteers are wearing hats and clothing as described above
- They are kept in shaded areas as much as possible and as is practicable. Being in the sun for long periods will be avoided.

Please also see the *Excursion and Incursion Policy and Procedure*, in conjunction with this policy.

## 15. Taking care during extreme high temperatures

During the hottest months and during extreme high temperatures, extra care will be taken. In addition to the procedures outlined in the rest of the document, this includes:

- Encouraging children to drink extra water
- Ensuring children are kept as cool as possible
- Setting up outdoor activities in shaded areas, if outside temperature is not deemed too hot for outdoor play
- Testing fixed outdoor equipment and ground cover to ensure it has not become overheated. This means that:
  1. Equipment will be made inaccessible to children if hot to touch
  2. Children will be kept indoors if ground cover is hot to touch.

On an extremely hot day, and if outdoor shaded areas are not sufficient to keep the children cool, educators will plan for alternative indoor play experiences for children.

Please also see the *First Aid Action Policy*, in conjunction with this policy.

## 16. Educating about sun protection

Carers, families and educators will be provided with up to date sun protection resources, i.e. factsheets, newsletters and articles.

Children will be helped to learn about sun protective behaviours through regular discussions, integration of spontaneous sun safety experiences into the program and adults role modelling all the elements of this policy.

## 17. Role modelling

Educators will role model sun protective practices. This means they will:

- Wear a sun safe hat at all times when outdoors. This includes a broad brimmed hat with a brim size of 7.5 cm, a legionnaire hat or a bucket style hat. Baseball style caps are not suitable and must not be worn.
- Wear protective clothing when outdoors. This includes clothing that protects the shoulders, back and stomach.
- Use sunscreen when outdoors.

## 18. Using special measures with babies

When caring for babies staff and carers will:

- Keep babies under 12 months out of direct sunlight as much as possible. When outside ensure they are in areas with dense shade.

- Ensure that babies and young children who are outdoors in prams/strollers are protected from exposure to direct sun by using sunscreen, hats and protective clothing.
- Only administer sunscreen to babies who are under 12 months with parental permission.

This policy is also contained in the *Health and Policy Handbook* which can be accessed through CatholicCare website or viewed at the service. It is also given to all new educators and made available to students and volunteers.

## Related policies

- *Clothing Policy*
- *Excursion and Incursion Policy and Procedure*
- *First Aid Action Policy*
- *Medication Policy*

## Related forms and resources

- *Enrolment Form*
- *Routine Excursion Authority Letter, if applicable*
- *Non-Routine Excursion Authority Letter, if applicable*

## Links and references

- *Education and Care Services National Regulations 2011 (current version as of 1 March 2016)*
- *Work Health and Safety Act 2011 (NSW)*
- *The Cancer Council NSW website*
- ([www.cancercouncil.com.au](http://www.cancercouncil.com.au)) accessed on 14 September 2016
- *SunSmart Resources Cancer Council NSW*
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