Contents

Preamble

Accident and Injury Policy

Clothing Policy

Dental Care Policy

First Aid Action Policy

Illness and Infectious Diseases Policy and Exclusion Periods

Immunisation Policy

Managing Asthma, Allergies, Anaphylaxis, Diabetes and other Medical Conditions Policy

Medication Policy

Nutrition and Food Policy

Sun Protection Policy
Preamble

Within our services, we place great importance on practices that will support children’s health. In doing so, we have in place policies and procedures for health and hygiene, strategies for helping children to learn about their own health and strategies for keeping families informed about health issues.

This handbook contains all of the policies and procedures that relate to children’s health. It is important that you read them thoroughly. After you have done so, keep the handbook 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.
ACCIDENT, INJURY AND TRAUMA POLICY

POLICY STATEMENT
CatholicCare Children’s Services aim to have procedures in place so that immediate aid can be provided in cases of serious illness, accident, injury and trauma. This includes having the necessary authority to do so, ensuring educators know the procedures, having equipment and emergency contact procedures that are accessible and following the First Aid Action Policy.

When enrolling in the service, parents will be required to complete an authority that allows educators to seek and obtain medical attention for their children if required. In addition, first aid kits will be kept where they are readily accessible by adults but inaccessible to children. Resuscitation flow charts and telephone numbers for emergency services will be displayed in appropriate but prominent places.

PROCEDURES

Minor accidents
In the case of minor accidents educators will:
- Assess the injury
- Put on disposable gloves
- Attend the injured child and apply first aid.
- Wash any contaminated areas with clean water
- Dispose of all contaminated items (cotton wool, gloves etc. in a sealed plastic bag)
- Contact the parents immediately or when child is collected in the afternoon. This will depend on the degree of injury.
- Record details of the incident in an Accident and Injury Report for minor accidents within 24 hours of it occurring.
- Copy the record to parents and office.

Serious accidents
In Family Day Care
In cases of serious accidents 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.
- Telephone the Family Day Care office (or ask a neighbour to do so) and advise staff of the accident.
- Stay with the injured child until the ambulance arrives. Either the educator or a staff member must accompany the child in the ambulance and stay with them until a family member arrives.
- Keep all other family day care children with them until a staff person arrives.
- Once the children are in a safe situation, give a verbal and written report of the accident to Family Day Care staff. The report is to be written in the educator’s own words and can be in the educator’s own language.
- 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 Family Day Care office.

Children’s Services Family Day Care 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 Family Day Care children in the educator’s care and advise them of the situation and possible need for collection.
- All details of the accident will be recorded in the Accident/Injury/Illness Report.
- Notify the service manager of the incident.

**In Centre Based services**

In cases of serious accidents or 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.
- Stay with the injured child.
- Decide who will accompany the child in the ambulance, taking the child’s file. **Under no circumstances are children to be transported by educators or any other staff members in their car.** Educators are to stay with the child until a family member arrives.
- Notify the manager of your service.

**Incidences of trauma or other emergencies**

In cases where a child has been involved in a serious incident, trauma or emergency educators must follow procedures as outlined in the *Children’s Arrival and Departure Policy, First Aid Action Policy, Emergency Evacuation Procedures and Work Health and Safety Policy and Procedures*. These situations can include where a child cannot be accounted for or is
missing or where the service has been involved in an emergency. After such incidences educators must notify parents as soon as possible, but not later than 24 hours after the occurrence. A report must be written as outlined below.

In the event of an accident, incident or illness being serious enough to require medical treatment or an ambulance to be called or resulting in death, or a trauma occurring (such as children being missing from service or children having to be evacuated from the service), it is the responsibility of the service’s Nominated Supervisor or Coordinator to:

- Notify and speak with the child’s parents. The Coordinator is to make a professional judgment as to the best way in which to do this.
- Notify the Manager of their service who will contact the Executive Director of CatholicCare Broken Bay
- Notify the Department of Education and Communities (DECs). by using either form NL01 Notification of complaints non serious incidents and additional children in an emergency or form SI01 Notification of serious incident. These notifications must be made within 24 hours of the event occurring.
- If the accident has resulted in death, notify a member of the NSW Police Service.

**Accident/ injury/ illness report forms**

Reports are to be completed for every incidence of an accident or injury for which a child requires treatment or first aid within 24 hrs of it occurring. These are to be completed on the Accident and Injury Report Form and contain the name of the child, date and time of incident, circumstances under which it occurred and the treatment given. **In the case of family day care** this is to be done in triplicate and in consultation with a staff member. A copy is to be kept by the educator, one given to the parent and one given to the Family Day Care office for filing as soon as possible. The report must be signed by both the parent and educator. **In the case of centre based services** a copy is to be given to the parent and one placed on the child’s file.

**Reports of trauma or other emergencies**

In cases of trauma and other emergencies the Trauma Incident Report must be completed and include the following information:

- Full names and ages of child or children involved
- Full names of educators involved
- The circumstances leading to the incident
- Detailed description of the incident
- Date and time of incident
- The actions taken by educators

Copies of this report must be kept on children’s files and a copy sent to the service’s Manager.

**Witness Statements**

All staff members and educators who are witness to serious incidents, accidents and traumas that require medical attention and are reportable
to the Department of Education and Communities are required to independently record their accounts. This should take the form of a typed, descriptive and factual account of the incident and be signed by the educator or staff member. A copy of these statements and the Accident and Injury Report or the Trauma Incident Report should be sent to the Manager of the service for filing. A copy of any notifications made to DECs must also be sent for filing at central office.

**Relevant Legislation:**
*Education and Care Services National Regulations 2013*

**Related Policies**
*First Aid Action Policy*
*Children’s Arrival and Departure Policy*
*Emergency Evacuation Procedures*
*Work Health and Safety Policy and Procedures.*

**Key Resources:**
CLOTHING POLICY

POLICY STATEMENT
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
- appropriate clothing for the weather
- safe and comfortable clothing for sleep
- appropriate clothing for play
- appropriate clothing to facilitate independence

PROCEDURES
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.

Children must be supplied 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 6cm, a legionnaire hat or a bucket style hat. Educators will ensure all children are wearing their hats when outdoors.

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 child care 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.
- Shoe and sock sizes may need to be changed frequently as children’s feet grow rapidly.
- 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.

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.

**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*
*Safe Sleeping and Sleep Equipment Policy*

**Key Sources**


SIDS and Kids website ([www.sidsandkids.org](http://www.sidsandkids.org)) accessed on 8/11/2013
DENTAL CARE POLICY

POLICY STATEMENT
Baby or primary teeth are important to a child’s overall health. They are essential for chewing, speaking and developing secondary teeth. CatholicCare Children’s Services aim to provide an environment where children can learn about caring for their teeth and are supported in good oral hygiene.

PROCEDURES
Tooth Brushing
Advice from the Australian Dental Association is that teeth should be brushed twice a day, in the mornings and evenings. Therefore, educators will not brush children’s teeth while they are in care. However, they will implement other dental hygiene strategies such as those outlined below.

Nutrition
Good nutrition is a major contributor to healthy teeth. The Nutrition and Food Policy contains comprehensive information about the role of nutrition in the services. In particular the following components of the policy help to promote dental health:

- Where food is provided, menus contain a wide variety of foods including those rich in calcium
- Refined foods and those high in sugar content will be limited
- Parents are encouraged to provide food that is nutritious and low in sugar content

Infant bottles
Putting children to sleep with bottles leads to plaque and bacteria forming on their teeth and consequently dental cavities. Therefore educators will give children their bottle before putting them to bed. Educators will only give infant formula, expressed breast milk, milk or water in bottles (See the Nutrition and Food Policy).

Loosing Primary Teeth
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, they will leave the tooth in place so that it can fall out by itself. If the tooth falls out then educators will store the tooth to give to the parents and give the child water to rinse the mouth.

First Aid
In the event of an injury to a child’s tooth educators will:

- Rinse dirt or debris from the area with warm water
- If swelling is present, place a cold compress on the face in the area of the injury
- Retrieve any broken pieces of tooth if possible
- If it is primary tooth do not attempt to put it back
• **If a permanent tooth is knocked out it must be put back as quickly as possible.** If obviously dirty, gently rinse with water (do not touch root portion) for no more than 10 seconds. Gently replace tooth in socket of child’s mouth. If this is not possible, place tooth in a container of milk to keep moist.
• Call parents to collect child immediately so that a dentist can be visited as soon as possible

**Learning about dental care**
It is important that children learn about caring for their teeth so that they can establish good life long habits. Educators will discuss dental care with children and use spontaneous opportunities to incorporate experiences about dental care into the program.

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 Policies**
*Nutrition and Food Policy*
*First Aid Action Policy*
*Accident and Injury Policy*

**Key Sources**
Australian Dental Association website ([www.ada.org.au](http://www.ada.org.au)) accessed on 8/11/2013
The Children’s Hospital at Westmead (2010) *Fact Sheet: What to do if a child knocks out their adult front teeth.*
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 is defined as the initial care provided to an ill or injured person before a qualified health care professional can take over. 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 suitable first aid equipment is available at all times.

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

- There must be a fully stocked first aid kit in the services and in educator’s homes at all times.
- A portable first aid kit is to be available to use when on excursions.
- First aid kits must be checked regularly to ensure that they are sufficiently stocked. Each service must have a procedure for ensuring these checks take place.

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 a training update.

**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 accidents or injuries staff and educators are to follow first aid procedures and implement the *Accidents Injury and Trauma Policy*.

In cases where children require prompt medical treatment an ambulance will be called (See the *Accidents Injury and Trauma Policy*).

Material Safety Data Sheets are to be kept in areas where dangerous chemicals are stored. (See the *CatholicCare Workplace Health and Safety Policy and Procedures Manual*). 

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.

**Documenting the first aid**
In cases where a child sustains an injury, an Accident and Injury Report must be completed (see *Accident 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 that applied first aid
- Step by step details of the first aid
- Time frames involved
- Names of any medical personnel contacted
In cases of a serious injury requiring further medical treatment staff and educators may be asked to write additional individual accounts of the incident. These accounts must be signed and dated.

**Relevant Legislation**

*Education and Care Services National Regulations 2011: Pp 106 – 108, P 143*

*Occupational Health & Safety Act 2000 & Regulations 2001*

**Related Policies**

*Accidents, Injury and Trauma Policy*

*CatholicCare Workplace Health and Safety Policy*

**Key Sources:**

Kidsafe NSW website ([www.kidsafensw.org](http://www.kidsafensw.org)) accessed on 26/8/2011
ILLNESS AND INFECTIOUS DISEASES POLICY

POLICY STATEMENT
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 the care. It also includes using infection control measures such as washing hands effectively and promoting 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 noisy. 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.

When children are ill
It is essential that children are kept at home if they have any of the following symptoms:

- A high temperature or fever during the night before or on the morning of care.
- A rash including any skin irritation you cannot identify and has not been diagnosed by a doctor.
- Vomiting and/or diahorrea – Children must stay home for 24 hours after they last vomited or had diahorrea.
- Appears sick without any obvious symptoms. For example if they are unusually tired, pale, irritable, lethargic.
- Has the common cold and are not well enough to join in the day’s regular activities.
- Weeping eyes or continuous discharge from the eyes.
- When a doctor diagnoses an eye, ear or throat infection and prescribes antibiotics. In this case children should not be brought into care until they have had the medication for at least 24 hours and in the case of eye and ear infections until there is no discharge.
- 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.

Excluding sick children from a children’s service is an important way of controlling and stopping the spread of infection to others.

Infectious Diseases
An infectious disease is one that is caused by an infectious agent and can be passed on to other human beings. Infections are spread very easily in the environment of a children’s service because of the close contact.
between children and between children and adults. 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 the appropriate locations in the centres and family day care homes.
- **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.

If staff or educators are concerned that a child is suffering from an infectious disease or other type of illness, they will contact the parent immediately. The child will be excluded from the service until a clearance certificate can be provided by a doctor. Doctor’s certificates may be required for the following reasons:

- To verify that a child is well enough to resume normal care.
- To enable the appropriate administration of Child Care Benefit.

Educators and staff may need to notify other parents of children with whom the contagious child has had contact. 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.

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.

**When a child becomes ill while in care**

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

- Isolate the child from other children as much as is possible and attend to their immediate needs (ie. comfort and reassure the child as required).
- Notify the parent or persons nominated by the parent to collect the child as soon as possible.
- Notify the Family Day Care office or service Coordinator
- Monitor the child’s condition at regular intervals and record the information.
- Record information about the illness. Centre based services complete the *Illness Report Form* and give a copy to the parent on their arrival. Family Day Care educators complete the *Accident/Injury/ Illness Form*, have parents sign the form on their arrival and email it to the Coordination Unit. This information should include time, date, symptoms, how they progressed over time, action taken by staff/educators, what the child ate during the day, staff/educators and witnesses’ names, what time the parent was
contacted and the Centre/carer name and phone number. Keep a copy of the information in the child’s file.

- Ensure the health and safety of other children, staff, educators and the educator’s family by cleaning and disinfecting all contaminated areas (ie. toys, linen, bench surfaces etc).
- Report any serious illness that become apparent while the child was in care and for which medical attention is required to the Department of Education and Communities

**When staff and educators are ill**

If a staff member or educator (or member of the family day care educator’s household) have any of the following symptoms they will be excluded from work:

- Is too unwell to perform their regular duties effectively.
- A high temperature or fever the night before or on the morning of care.
- A rash including any skin irritation that cannot be identified and has not been diagnosed by a doctor.
- Vomiting and/or diarrhea – Staff and educators must stay home for 24 hours after they last vomited or had diarrhea.
- Appears sick without any obvious symptoms. For example if they are unusually tired, pale, irritable, lethargic.
- Has the common cold and are not well enough to carry out their regular duties.
- If the doctor diagnoses an eye, ear or throat infection and prescribes antibiotics, staff and educators should not return to their duties until they have had the medication for at least 24 hours.
- 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 care for children in a childcare situation.

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. If parents are still concerned, they have the right to seek alternate care without the penalty of paying fees for that day.

**Relevant Legislation:**

*Education and Care Services National Regulations (Regulations 85 – 88)*

*Public Health Act 2010 (NSW)*

**Related Policies and Procedures:**

*Immunisation Policy and Procedure*

*Medication Policy and Procedure*

*Writing Reports and Making Notifications Practice Guide*

**Key Sources:**

## Recommended minimum exclusion periods: adapted from Staying Healthy 5th Edition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion of case</th>
<th>Exclusion of contacts**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter infection</td>
<td>Exclude until there has not been a loose bowel infection for 24hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Candidiasis (thrush)</td>
<td>Not excluded</td>
<td>Not excluded</td>
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<tr>
<td>Cytomegalovirus (CMV) infection</td>
<td>Not excluded</td>
<td>Not excluded</td>
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<tr>
<td>Conjunctivitis</td>
<td>Exclude until discharge form the eyes has stopped unless a doctor has diagnosed non-infectious conjunctivitis</td>
<td>Not excluded</td>
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<tr>
<td>Cryptosporidium</td>
<td>Exclude until there has not been a loose bowel motion for 24hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Diarrhoea (no organism identified)</td>
<td>Exclude until there has not been a loose bowel motion for 24 hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Fungal infections of the skin or nails (e.g. ringworm, tinea)</td>
<td>Exclude until the day after starting appropriate antifungal treatment</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>Exclude until there has not been a loose bowel motion for 24 hrs*</td>
<td>Not excluded</td>
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<tr>
<td>Glandular fever (mononucleosis. Epstein-Bar virus infection)</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hand, foot and mouth disease</td>
<td>Exclude until blisters have dried</td>
<td>Not excluded</td>
</tr>
<tr>
<td><em>Haemophilus influenza</em> type B (Hib)</td>
<td>Exclude until the person has received appropriate antibiotic treatment for at least 4 days</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Head lice (pediculosis)</td>
<td>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</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Not excluded</td>
<td>Not excluded</td>
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<tr>
<td>Hepatitis C</td>
<td>Not excluded</td>
<td>Not excluded</td>
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<tr>
<td>Herpes simplex (cold sores, fever blisters)</td>
<td>Not excluded if the person can maintain hygiene practices to minimise the risk of transmission.  If the person cannot comply with these practices (g. because they are too young) they should be excluded until the sores are dry. Sores should be covered with a dressing where possible.</td>
<td>Not excluded</td>
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<tr>
<td>Human immunodeficiency virus (HIV)</td>
<td>Not excluded if the person is severely immune compromised, they will be vulnerable to other people’s illness</td>
<td>Not excluded</td>
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<tr>
<td>Human parvovirus B19 (fifth disease, erythema infection, slapped cheek syndrome)</td>
<td>Not excluded</td>
<td>Not excluded</td>
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<tr>
<td>Condition</td>
<td>Exclusion of case</td>
<td>Exclusion of contacts**</td>
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<td>Hydatid disease</td>
<td>Not excluded</td>
<td>Not excluded</td>
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<tr>
<td>Impetigo</td>
<td>Exclude until appropriate antibiotic treatment has started. Any sores or exposed</td>
<td>Not excluded</td>
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<td>skin should be covered with a watertight dressing.</td>
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<td>Influenza and</td>
<td>Exclude until person is well</td>
<td>Not excluded</td>
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<td>illnesses</td>
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<td>Listeriosis</td>
<td>No excluded</td>
<td>Not excluded</td>
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<td>Measles</td>
<td>Exclude for 4 days after the onset of the rash</td>
<td>Immunised and immune</td>
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<td>the rash in the last</td>
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<td>case.</td>
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<tr>
<td>Meningitis infection</td>
<td>Exclude until appropriate antibiotic treatment has been completed</td>
<td>Not excluded</td>
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<td></td>
<td></td>
<td>Contact a public health</td>
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<td>unit or specialist advice</td>
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<td>about antibiotics and/or</td>
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<td>vaccination for people</td>
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<td>who were in the same</td>
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<td>room as the case.</td>
</tr>
<tr>
<td>Molluscum contagiosum</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude for 9 days or until swelling goes down (whichever is sooner)</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Norovirus</td>
<td>Exclude until there has not been a loose bowel motion or vomiting for 48 hrs.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>Exclude until 5 days after starting appropriate antibiotic treatment, or for 21</td>
<td>Contact a public health</td>
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<td>days from the inset of coughing</td>
<td>unit for specialist</td>
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<td>advice about excluding</td>
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<td></td>
<td>non-vaccinated contacts</td>
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<td></td>
<td></td>
<td>or antibiotics</td>
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<tr>
<td>Pneumococcal disease</td>
<td>Exclude until person is well</td>
<td>Not excluded</td>
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<tr>
<td>Roseola</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Ross River virus</td>
<td>No excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rotavirus infection</td>
<td>Exclude until there has not been a loose bowel motion or vomiting for 24hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Exclude until the person has fully recovered or for at least 4 days after the</td>
<td>Not excluded</td>
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<tr>
<td></td>
<td>onset of the rash</td>
<td></td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>Exclude until there has not been a loose bowel motion for 24 hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Scabies</td>
<td>Exclude until the day after starting appropriate treatment</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>Exclude until there has not been a loose bowel motion for 24hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Streptococcal sore throat</td>
<td>Exclude until the person has received antibiotic treatment for at least 24hrs and</td>
<td>Not excluded</td>
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<tr>
<td>(including scarlet fever)</td>
<td>feels well</td>
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<tr>
<td>Toxoplasmosis</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>Exclude until medical certificate is</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Condition</td>
<td>Exclusion of case</td>
<td>Exclusion of contacts**</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>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</td>
<td>Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease. Otherwise not excluded</td>
</tr>
<tr>
<td>Viral gastroenteritis (vial diarrhoea)</td>
<td>Exclude until there has not been a loose bowel motion for 24hrs*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Worms</td>
<td>Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred</td>
<td>Not excluded</td>
</tr>
</tbody>
</table>

** The definition of “contacts” will vary according to the disease
* If the cause is unknown, possible exclusion for 48 hours until the 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.
IMMUNISATION POLICY

POLICY STATEMENT
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 child care 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 Conscientious Objection Form (IMMU12) which has been certified by an immunisation provider and a parent/guardian
- An ACIR Immunisation Exemption – Medical Contradiction Form (IMMU11) 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.
- 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 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.

PROCEDURES 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 child care are contained in Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition. Staff should also see the CatholicCare Work Health and Safety Policy and 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.

Relevant Legislation
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)

Related Policies
Illness and Infectious Diseases Policy
CatholicCare Work Health and Safety Policy and Procedures

Key Sources

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 action plans have not been provided to the service as is required under the Education and Care Services National Regulations.

Background to policy and procedures
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. Bandaids). 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 their child’s allergies and their management in the form of an Allergy Emergency Medical Plan. This must be provided prior to the child starting at the service.
- Documentation from the child’s doctor confirming their child’s asthma and their management in the form of an Asthma Management Plan. This must be provided prior to the child starting at the service.
- Documentation from the child’s doctor confirming any other medical condition for which their child is diagnosed along with a Medical Management Plan. This must be provided prior to the child starting at the service.
- Information about any changes to their child’s health in regard to medical conditions while they are attending the service.
- Doctor’s name, address and phone number, emergency contact names and phone numbers. This 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 do not have not been previously diagnosed in the event of an asthma or anaphylaxis emergency.

**Educators must implement the following**

- Display information about children’s allergies, diabetes, asthma or other medical condition in the children’s rooms and kitchen or in the case of family day care and in home care keep in an accessible position. Educators should make themselves knowledgeable about this information.
- Follow regulations and other guidelines when administering medication and treatment in emergencies i.e. obtaining parental or guardian written consent and a signed and completed Medication Authority Form. Please see the Medications 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, details practices related to the handling, preparation and consumption of food.
  - If necessary, notifies 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 on site an adrenalin auto injector (EpiPen) and an emergency asthma kit with reliever medication to administer in the case of an anaphylaxis or asthma emergency for a child nor previously diagnosed with these conditions. See the Medications Policy for further information on storage and administration procedures.
In the Waitara Early Learning Centre and all Outside School Hours Care Centres educators must implement the following in relation to food preparation:

- Ensure that nuts are not allowed into the children’s rooms under any circumstances. Signs stating this policy must be visible throughout the centre. In the case of the Early learning Centre also ensure eggs are not allowed in children’s rooms.
- Ensure educators are familiar with meals and snacks that are required for any children with diabetes
- In the Early learning Centre, prepare egg and nut free birthday cakes on the premises. This will be done by the cook
- Plan the children’s menu with consideration to children’s individual needs such as gluten intolerances, preservative 202 intolerances or food allergies.
- Check the allergy chart on a daily basis prior to preparing meals and snacks
- Sweep up food scraps on the floor and table immediately after meals to reduce the risk of consumption (e.g. child with Coeliac may be tempted to eat a piece of bread off the floor)
- In the Early Learning Centre, bring only fruit to the centre. Please leave any other food products at home or in the car. Please ensure children do not walk into the room eating food brought from home (except fruit)

In Family Day Care, In Home Care and the Early Learning Centres educators must implement the following:

- As much as possible, ensure children do not trade or share food, food utensils and food containers.
- Ensure educators are familiar with meals and snacks that are required for any children with diabetes
- Where possible, ensure all children with food allergies only eat food and snacks that have been prepared for them at home. Otherwise, ensure food has been prepared according to the child’s family’s or doctor’s instructions.
- Restrict the use of foods likely to cause allergy in craft and cooking play.
- Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, where possible have a “food free policy” for that particular food, e.g. a “Nut Free Policy”, which would exclude children or other people visiting the educator’s or child’s home from bringing any foods containing nuts or nut products. If a food free policy is not possible ensure the Risk Minimisation Plan details how the child with the allergy will be kept safe.
- Ensure children identified as allergic to specific triggers and substances do not have access to or contact with those substances.

First Aid
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 person flat or, if breathing is difficult, allow to sit
   - Administer auto-injector (EpiPen)
   - Keep child in ling or sitting position
3. Dial 000 for an ambulance and notify the family in accordance with the Accident, Injury and Trauma Policy and the First Aid Action Policy.
4. Families must provide written authorisation at enrolment for educators to administer an EpiPen in the event of an anaphylaxis emergency.

All educators must be up to date with the use of EpiPens through Emergency Anaphylaxis Training.

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
3. Dial 000 for an ambulance and notify the family in accordance with the Accident, Injury and Trauma Policy and the First Aid Action Policy.
4. 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
5. Families must provide written authorisation at enrolment for educators to administer relieving medication in the event of an anaphylaxis emergency.
6. All educators must have undertaken emergency asthma training

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 Accident, Injury and Trauma Policy and the First Aid Action Policy.
2. 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 Policy
Accident Injury and Trauma Policy
First Aid Action Policy

**Relevant Legislation**
*Education and Care Services National Regulations: 2013 (reg 90 and 94)*

**Key Sources**
Asthma Australia website ([www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)) accessed on 22/10/2013

Australasian Society of Clinical Immunology and Allergy website ([www.allergy.org.au](http://www.allergy.org.au)) accessed on 22/10/2013

St John Ambulance website ([www.stjohn.org.au](http://www.stjohn.org.au)) accessed on 22/10/2013

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 and with the guidelines set down in the CatholicCare Broken Bay Medication Management Policy.

PROCEDURES
Procedures for accepting medication
If children require medication while they are in care, parents must inform the staff member/educator upon arrival at the service. Only medicines prescribed by a medical doctor will be administered. Educators and carers must not accept medication that has not been prescribed by a medical doctor.

Over the counter medicines and complementary and alternate medicines will not be administered by educators and carers unless they are accompanied by a letter from a medical doctor.

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, eg. Dosage, Number of times per day 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. Parents must complete an “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
- Date

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

Procedures for 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.

Educators must not administer medication if all the above conditions are not met.

**Procedures for 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.

**Procedures for administering medication that is “as required”**

When a child with an ongoing medical condition requiring medication is enrolled in the service, an Action Plan, which has been completed by the child’s Doctor, must be supplied to the service. The Action Plan must contain the following information:

- If a child is on permanent prescribed medicine, eg. asthma medication, 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 the Medical Doctor detailing the number of doses per hour/ day.

- These instructions are to be updated by the Doctor 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 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.

**Medication Forms**

- In the case of Family Day Care, educators are required to keep a copy of all Medication Forms for a period of 2 years from the date on the Medication Form. They are also required to provide
a copy of all Medication Forms to the Family Day Care office as soon as practicable.

- In the case of early learning centres and outside school hours care, all completed medication forms are to be placed on the child’s file.

**Procedures for 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 having a high temperature. This 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 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 them
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’s temperature is on or above 38.5 degrees then one dose of paracetamol may be given, in accordance with the manufacturers 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. **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 the case of family day care, the educator will phone/ contact the Family Day Care office with all details and this will be added to the child’s details/ forms. This is to be done immediately after the administration of the medication.
7. **The parents/ guardian must sign a Paracetamol 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*

Educators must not administer medication if all the above conditions are not met. Educators must **not give any unidentifiable medication**, or medication that doesn’t meet the above guidelines.
Procedures for 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. (see the Managing Asthma, Allergies, Anaphylaxis, Diabetes and other Medical Conditions Policy)

Ventolin and an Epipen is kept on the site of each children’s service for administration in case of an anaphylaxis or asthma emergency for children who have not been previously diagnosed with these conditions. These must be kept 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. 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 Administration of Asthma and Anaphylaxis Medication Form
3. The parents/guardian must sign the Administration of Asthma and Anaphylaxis Medication Form as soon as they arrive at the service or as soon as is practicable. This form must be filed as per the instructions for Medication Forms listed above

Topical Applications (creams and ointments)
The only topical applications to be administered by educators without prescription or without a letter from a medical Doctor will be as follows

- Zinc and Castor Oil cream will be supplied in the early learning and care centre at Waitara and used for nappy changes. This cream can be supplied by parents for use by early learning centre staff and family day care carers.
- For skin conditions such as excema and dermatitis, sorbolene cream can be supplied by parents to be administered by educators. However, any other types of cream must be accompanied by a letter from a medical Doctor.
- Educators
- in all programs will apply sunscreen as per the procedure in the Sun Protection Policy

Any other types of creams requested for use by parents and obtained “over the counter” must be accompanied by a letter from a medical Doctor.

Relevant Legislation:
Education and Care Services National Regulations 2013 (Reg 92 – 96)
Public Health Act 1991 (NSW)
Occupational Health & Safety Act 2000 & Regulations 2001 (NSW)
**Related Policies**

*Illness and Infectious Diseases Policy*
*Sun Protection Policy*
*CatholicCare Broken Bay Medication Management Policy*

**Key Sources**


Children’s Hospital at Westmead (2010) *Fact Sheet: Nappy Rash*.

Children’s Hospital at Westmead (2010) *Fact Sheet: Eczema*.


National Health and Medical Research Council (2013) *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* (5th Edition)


The Cancer Council NSW. *Information Sheet: Sunscreen*.

NUTRITION AND FOOD POLICY

POLICY STATEMENT
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 the Dietary Guidelines for Children and Adolescents in Australia and to develop healthy eating habits. These 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 and, where they send food from home, to talk with educators about the types of food to provide. Staff and educators will discuss with families the amounts of food their children eat while in care.

We aim to promote lifelong learning for children, educators and families about healthy food and drink choices.

PROCEDURES
Provision of food
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

Families supply all of the food that children require in vacation care. This includes lunch and snacks. The foods provided must

- Be adequate to cover all of the child’s food needs while they are in care. In doing so, they should represent the amounts a child would eat while at home.
- 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.

From time to time lunch or a snack may be provided for children during Vacation Care as part of a programmed activity. When this is the case parents will be given details of the food provided.

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.
Any food provided is prepared so that all food is free of nuts. However, it is unavoidable that labels on some products used will state “may contain traces of nuts”. Staff will ensure food containing these products is not given to children with nut allergies. Staff 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.

Please see the Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy for more information.

**Water**

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.

**Family Input**

The weekly menu will be displayed for parents to read with a comments box or book beside it. Parents are welcome to write comments and suggestions for foods and place in this box. Parents are also able to ask for the recipes of meals/snacks served at the centre.

**Special occasions**

Special events and birthdays may be celebrated in the services. This often involves food. During these events staff 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.

**The Eating Environment**

Staff 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 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 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
- 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.
- Model good hygiene practices such as washing hands before eating.

**Learning about nutrition**
Helping children to learn about healthy foods is an important part of the program. Staff and 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.
- Role modelling healthy eating and drinking water, as appropriate
- Sharing information with families about healthy snack options, ways of integrating fruit and vegetables, offering appropriate drinks

**Related Policies**

*Dental Policy*

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

**Relevant Legislation:**

*Education and Care Services National Regulations (2011) pp 99 - 101*

**Key Sources**


*Fact Sheet: Choose Water as a Drink* retrieved from [www.healthykids.nsw.gov.au](http://www.healthykids.nsw.gov.au) on 1/2/2012

*Fact Sheet Dietary Guidelines for Children and Adolescents* in Australia retrieved from [www.nutritionaustrlai.org](http://www.nutritionaustrlai.org) on 15/5/2012


Nutrition Australia website ([www.nutritionaustralia.org](http://www.nutritionaustralia.org)) accessed on 1/2/2012
SUN PROTECTION POLICY

POLICY STATEMENT
The major cause of skin cancer is UV radiation from the sun. 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.
- Set out the measures to be taken for protecting the skin of children and educators against the harmful effects of the sun's rays.
- Promote awareness amongst children, parents and educators about the dangers of over exposure to the heat and sun's rays.

PROCEDURES
Using shade for outdoor play
During the hottest months children will be encouraged to play in the shade as much as possible. In the 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 and shade is adequate.

In family day care and in home care, 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.

Outdoor activities must be set up in shaded areas.

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 6cm, 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.

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 required during the months of June and July as the UV radiation levels are lower.

The centre based programs will use a broad spectrum SPF30+, water resistant sunscreen. Educators in family day care and in home care 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 to complete a Sunscreen Authority Form and give this 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.

**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

- **October to March**: Outdoor play will be avoided, as much as possible and practical, between 11.00am and 3.00pm. Full sun protection must be used at all times during these months.
- **April to September (excluding June and July)**: Outdoor activity can take place at any time. However between 10.00am and 2.00pm sun protection must be used i.e hats and sunscreen.
- **June and July**: Sun protection is not required. However, 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.

**Going on excursions**

When planning excursions educators will consider the availability of shade at the excursion destination, the time of year the excursion is being planned for and the time of day. Educators will also ensure that when taking children on excursions

- Families and volunteers will be reminded in notices of sun protection requirements for the excursion.
- Sunscreen is applied before leaving on the excursion. This must be reapplied 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 must be avoided.

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

- Encouraging children to drink extra water
- Ensuring outdoor activities are set up in shaded areas
- Testing fixed outdoor equipment and ground cover to ensure it has not become overheated. This means that: (1) Equipment must be made inaccessible to children if hot to touch, (2) Children must be kept inside if ground cover is hot to touch.
- Avoiding, as much as possible, outdoor play if temperatures are extremely high, i.e. temperatures over 35 degrees Celsius.

**Educating about sun protection**

Carers, families and educators will be provided with up to date sun protection information through pamphlets, 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.

**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 7.5cm, 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.

**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 contained in the *Health Handbook for Families* which is given to all families when they enrol in the service. It is also given to all new educators. It is made available to students and volunteers in the policy handbook.

**Relevant Legislation**

*Education and Care Services National Regulations (2013) (Reg 114)*
*Occupational Health & Safety Act 2000 & Regulation 2001*

**Related Policies**

*Clothing Policy*
*Excursion Policy*
Key Sources
The Cancer Council NSW website (www.cancercouncil.com.au) accessed on 22/10/2013
Education Queensland (2013) Managing Excessive Heat in Schools
accessed from www.education.qld.gov.au on 22/10/2013