



Illness and Medication Policy

Aim

The service will implement policy and procedures to maintain a healthy and safe environment for children and educators, along with the management of medication and when a child falls ill while at the centre.

Strategies

A child who has fallen ill at the Centre

- Be aware of symptoms of illness throughout the day, such as prolonged coughing, breathing difficulty, yellow skin or eyes, watery/red eyes, unusual spots or rashes, fevers, unusual behaviour, scratching, stiff neck, loss of appetite and/or nose discharge.
- If possible or necessary, separate the child from other children, comfort the child, providing a comfortable quiet area.
- Take the child's temperature, if feverish. If temperature is at 38 degrees or above the family must collect the child as **this is a sign of the body fighting off a form of infection** and they **should attend a GP to have them seen**. This ensures we are aiming to prevent and control the spread of any infectious disease within the centre.
- Ring parents informing them of illness and ask them to collect their child with an approximate time they will arrive, especially if temperature is 38 degrees or above as mentioned in this policy.
- A child who has been collected or left the centre with a temperature of 38 degrees or above should not return to care until at least 24 hours later to further prevent the spread of anything infectious.
- Wash your hands before re-joining the main group of children.
- Continue to assess and record child's condition.
- Complete an Incident, Injury, Illness and Trauma record with details of illness and have parent sign when they collect the child.
- If the child has a high temperature, educators may obtain permission over the phone to give Panadol. This will also be documented on the child's enrolment form whether permission has been given to administer Panadol at any time. ***Please note that during our first aid training of Provide an emergency first aid response in an education & care setting, it is recommended that we do not administer Panadol as this only masks the symptoms of what type of illness is occurring in the body. Cold compress and less layers of warm clothing are the options until a parent collects unless they firmly request for Panadol to be administered of which we will then do so***
- If a child has had Panadol or Nurofen administered, it is best practice not to send them back to care. We recommend a child not having had any Panadol or Nurofen for 24-48 hours and fever free before they can return to the service.
- Child or educators are unable to return to the service until at least twenty four (24) hours of medication has been issued, or 24-48 hours of no vomiting or diarrhoea if these symptoms are present.



- Educators or children are not to attend prior to the date of a Doctor's certificate as the service is not covered by insurance.

Contagious Diseases as listed on NHMRC Recommended Period of Exclusion list of Infectious Diseases (attached to Policy)

- Children and or educators who have or suspect to have other infectious diseases other than those listed within the document from the NHMRC Recommended Period of Exclusion list of Infectious Diseases should be excluded as recommended.
- Seek advice from your Public Health Unit for meningitis, food poisoning, gastroenteritis, streptococcal infection, tuberculosis, hepatitis A.
- Families are notified of the outbreak of any infectious disease currently at the service along with incubation and exclusion periods and information from Staying Healthy in Childcare 5th Edition.
- Recommend that the child see their GP to confirm contagious illness and provide clearance when they can return to care.
- A notice is to be posted in public view, informing them of illness with a background, symptoms, signs, and exclusion time, stating suspected or confirmed illness.
- The child or educator is not to return until the recommended exclusion time has been reached, a Doctor's certificate stating the infection is resolved or no longer contagious will be requested by the Nominated Supervisor before allowing child or educator to return.
- All children who are not immunised will not be enrolled at the service unless on a catch up schedule.

Hygiene control and procedures

- Educators will ensure they continue to implement hygiene processes to ensure high standards of hygiene and infection control at all times.
- This includes ensuring they, and children, wash hands frequently with soap and water including before and after eating or handling food, going to the toilet, changing a nappy, handling play dough, using gloves, and after wiping or touching nose and cleaning up spills of body fluids
- Encourage the children to cough and sneeze into their inner elbow, or use a tissue to cover their mouth and nose and placing tissues in the bin immediately after use
- Educators to be exercising this above etiquette for themselves at all times too
- If using alcohol-based hand sanitiser in place of soap it will contain 60-80% alcohol and antibacterial soap/gel will never be used.
- Cleaning procedures will always be completed such as disinfecting surfaces with an anti-viral disinfectant after cleaning with detergent and water, cleaning hard surfaces and toys more often than necessary during an outbreak of an illness or such.
- Daily cleaning tasks are upheld and documented to ensure that standards of hygiene and infection control are implemented.

Administering Medication

- A completed medication form is required from a parent or guardian prior to medication being administered.
- Medication is to be stored OUT OF REACH OF CHILDREN, either in a locked cupboard, high shelf or locked container in fridge (if appropriate).



- Medication is NEVER to be left in a child's bag and must be collected upon arrival.
- Educators are to check for the correct name on prescriptions, original container and expiry date. If found non-compliant, educators should not administer such medication and contact the child's parent(s).
- One educator is to follow the medication form, firstly ensuring it is completed correctly, to measure correct dose and a second educator is to witness the administration.
- Both educators are to sign the medication administration form.
- The medicine is to be placed back in the correct storage facility, ready for collection.
- Medication forms are to be kept in a common place to remind educators, but at the same time displayed in such way to protect the child's privacy.
- Children who attend the service with non-prescribed medications, educators and families must ensure that they complete a medication form following the correct procedures as outlined above. It is to the Nominated Supervisors discretion to contact families if there is a concern with ongoing use of non-prescribed medications E.g. Panadol or/and ongoing use of cough medicines etc. The Nominated Supervisor

may request for families to obtain medical permission from the child's Doctor to continually administer non-prescribed medications to the child at the service.

Relevant Legislation

National Quality Standards, Education and Care Services National Regulations and Early Years Learning Framework

National Quality Standard

Standard 2.1 – Each child's health is promoted

Element 2.1.2

Standard 2.2 – Each child is protected

Element 2.2.2

Standard 7.1 - Governance supports the operation of a quality service.

Element 7.1.2

National Regulations

Part 4.2 Children's health and safety

Division 1 – Health, safety and wellbeing of children

Regulation 77 – Health, hygiene and safe food practices

Division 2 – Incidents, injury, trauma and illness

Regulation 85 - Incident, injury, trauma and illness policies and procedures

Regulation 86 - Notification to parents of incident, injury, trauma and illness

Regulation 87 - Incident, injury, trauma and illness record

Regulation 88 – Infectious diseases

Regulation 89 – First aid kits

Division 4 – Administration of medication

Regulation 92 – Medication record

Regulation 93 – Administration of medication

Regulation 94 - Exception to authorisation requirement—anaphylaxis or asthma

Emergency

Regulation 95 – Procedure for administration of medication



Early Years Learning Framework

Learning Outcome 1 – Children feel safe, secure and supported

Learning Outcome 2 – Children are connected with and contribute to their world

Learning Outcome 3 – Children become strong in their social and emotional wellbeing

Learning Outcome 4 – Children are confident and involved learners

Learning Outcome 5 – Children are effective communicators

United Nations Convention On The Rights Of The Child

Article 24 - Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

Resources

- *Education and Care Services National Regulations October 2011*
- *Belonging, Being & Becoming: The Early Years Framework for Australia*
retrieved from : https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf
- *National Quality Standard* retrieved from:
<https://www.acecqa.gov.au/nqf/national-quality-standard>



- *United Nations Convention On The Rights Of The*

Child retrieved from:

[https://www.unicef.org.au/Upload/UNICEF/Media/Our%20work/childfriendlycr
c.pdf](https://www.unicef.org.au/Upload/UNICEF/Media/Our%20work/childfriendlycr
c.pdf)

- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition), 2013.
- *NHMRC [The National Health and Medical Research Council]* retrieved from: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

Monitoring and Review

- Review the *Illness and Medication Policy* every 12 months.
- Provide families with opportunities to contribute to the review of this policy.