Illness and Emergency Care Policy

1. Authorisation
   This policy was adopted by the Brookville Kindergarten Committee of Management, at the Committee meeting on 12 June 2002.

2. Review Date
   This policy was reviewed in May 2009, according to DEECD regulations and updates, and will be updated as required.

3. Scope
   This policy applies to the Committee, staff, parents/guardians, children, volunteers and students involved with the service.

4. Background and Relevant Legislation
   Children’s Services Regulations 1998. (This requires services to put procedures in place for dealing with illness and emergency care.)
   Children’s Services Act 1996.
   School Exclusion Table, which is based on Schedule 5 of the Health (Infectious Diseases) Regulations 1990 (Referred to in regulation 39 of the Children’s Services Regulations 1998).

5. Definitions
   Exclusion: Unable to attend or participate in the program.
   DEECD Department of Education and Early Childhood Development
   Illness: Any sickness and/or associated symptoms that affect the child’s normal participation in the program.
   Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.
   Infectious diseases: A disease that could be spread by air, water, interpersonal contact etc.
   Injury: Any harm or damage to a person.
   Medication: Any substance that is administered for the treatment of an illness or condition.
   Minor accidents: Accidents where a cut, scratch, bruise is small, does not require medical attention and does not affect the consciousness of the child.
   Serious medical emergency situations or accidents: Accidents or situations where the child requires medical attention, and/or which affects the consciousness of the child.

6. Policy Statements
   Values
   This service is committed to:
   The safety and wellbeing of all children.
   Providing a safe and healthy environment for children while at the service.
   Responding to the needs of the child if the child is injured, becomes ill, or is traumatised while attending the service.
   Providing information regarding immunisation and the protection of all children from infectious diseases.
   Complying with all legislative requirements.
   Complying with the exclusion requirements for infectious diseases set out in the DHS School Exclusion Table. (See Appendix 2 of this policy)


**Purpose**

*This policy will clearly define:*

- Procedures to be followed if a child is sick or injured.
- Responsibilities of staff, parent/guardians and Committee.

7. **Procedures**

**Administrative and operational procedures**

*The Committee will:*

- Provide and maintain a suitably equipped First Aid Kit.
- Ensure that at least one staff member on duty with the children has the required first aid qualification.
- Develop, in consultation with staff, emergency evacuation procedures. This will be printed in the parent information handbook and displayed at the service.
- Provide appropriate equipment and materials for the implementation of the step by step infection control procedure.

*The staff will:*

- Maintain children’s enrolment records regarding their current immunisation status.
- Monitor the First Aid Kit and arrange with the Committee for it to be replenished when needed.
- Ensure emergency evacuation procedures are displayed in a prominent position and practice the emergency evacuation procedures with the children once a term.
- Ensure that the step-by-step procedure for infection control is displayed in a prominent position within the service and implemented at all times.
- Display the current Local Government immunisation dates, times and locations at the service.

*The Parent/guardian will:*

- Give authorisation for an ambulance and/or medical/hospital facility to be sought by the service in the case of a medical emergency, prior to their child commencing at the service.
- Be responsible for all costs associated with an ambulance service called to attend their child at the service.
- Provide all information required on the children’s enrolment records.
- Notify the service of any special medical treatment required for their child.
- When assisting at the service, practice the service’s step by step infection control procedures.

**Procedures for handling infectious diseases**

*The staff will:*

- Ensure that the DEECD School Exclusion Table (Appendix 2 of this policy) is displayed in a prominent position within the service.
- Adhere to the exclusion requirements for infectious diseases, as set out in the DEECD School Exclusion Table.
- Notify parent/guardians of any outbreak of an infectious disease within the service.
- Request parent/guardians to notify the service if their child has an infectious disease.
- Keep children’s enrolment records up-to-date, including the immunisation status of each child.

*The parents/guardians will:*

- Notify the service if their child has an infectious disease.
- Provide accurate and current information regarding the immunisation status of their child/children when they enrol and any subsequent changes to this while they are attending the service.
Procedure relating to children who are not immunised

The staff will advise the parent on enrolment, that during an outbreak of any of the infectious disease listed in the Immunisation Calendar attached as Appendix 1, that children who are not immunised against this disease will not be able to attend.

Procedures for administering medicine

The staff will:

- Administer all medication in accordance with the Children's Services Regulations 1998.
- Make available, at all times the service is operating, the medication book for parent/guardians to record their authorisation for the administration of any medication while the child is attending the service.
- Display in a prominent position all requirements concerning the signing of the medication book.

The parents/guardians will:

- Ensure they record any medications to be administered at the service in the medication book.
- Provide medications that are to be administered at the service in their original container bearing the original label, instructions and the expiry date.
- Notify staff of the appropriate storage for medication provided.

Procedures for handling minor accidents

Staff will:

- Provide first aid as required.
- Record all details, including the treatment given, in the accident, injury and illness book.
- Notify the parent/guardian either immediately after the accident, or when they collect their child from the service, depending on the severity of the accident and the emotional state of the child.

Procedures for handling emergency medical situations or accidents

Staff will:

- Notify parents/guardians immediately of any serious medical emergency or accident concerning their child, and make arrangements for the child to be collected from the service as soon as possible.
- Carry out all possible medical assistance for the child, prior to the parent or ambulance arriving.
- In accordance with regulation 32 of the Children's Services Regulation 1998, staff can remove a child requiring medical, hospital or ambulance care from the premises without the parents/guardians consent.
- Where an ambulance is required and the parent/guardian is not present to accompany the child, the unqualified staff member and/or a nominated representative of the licensee will accompany the child in the ambulance. The qualified staff member will remain at the service and a Committee licensee representative will be called in to assist them.
- Record relevant information will be recorded in the accident, injury and illness book.
- Notify a Licensee’s representative of the Committee of any accident as soon as practicable. This representative and a staff member will complete the claim form in the most recent DEECD publication Insurance Guide for Non-Government Organisations.

The Licensee’s representative will:

- Notify their regional DEECD office of the death of a child or an accident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital.
- Complete the Accident, Injury and Illness Record (Children’s Services Licensee’s Handbook) and forward this as soon as practicable to the relevant regional DEECD office.
Procedures when ill children are sent to the service, or become ill at the service

To reduce the risk of spreading infection, children will not be accepted or will be sent home if they are displaying the symptoms of:

- Gastroenteritis.
- Respiratory infection (more than just the common cold).
- Hand, foot and mouth disease (when weeping blisters are present).
- Any of the Infectious diseases listed in the DEECD School Exclusion Table (Appendix 2 in this policy).

Parents/guardians will be requested by staff to collect their child, if the child shows any of the symptoms of the illnesses or Infectious diseases listed above.

An ill child will be kept comfortable and under observation until the parent/guardian or person authorised to collect the child from the service arrives to collect the child.

Information relating to the accident/symptoms shown by the child, will be recorded by staff in the accident, injury and illness book.

The staff will notify a Licensee representative of the Committee of any illness that requires treatment by a medical practitioner or an admission to hospital. The nominated representative will notify the regional DHS office as soon as practicable and will complete the Accident, Injury and Illness Record (Children’s Services Licensees Handbook) and forward this to the relevant regional DEECD office as soon as practicable.

8. Key Responsibilities and Authorities

The Committee is responsible for:

- Implementation of the policy within the service.
- Rostering at least one staff member with the required first aid qualification on duty whenever children are being cared for or educated by the service.
- Developing emergency evacuation procedures in consultation with staff and ensuring that these are practiced at least once per term.
- For approving any changes to the policy.

The staff are responsible for:

- Day-to-day implementation of the policy.
- Practicing the emergency evacuation procedures with the children each term.
- Displaying at the service:
  - Current Local Government immunisation dates, times and locations.
  - DEECD School Exclusion Table.
  - Emergency Evacuation Plan.
  - Monitoring the First Aid Kit and reporting requirements regarding this to the Committee.

9. Resources and Support

Training

Staff will inform the Committee six months prior to the expiration of their first aid qualifications.

All staff will be trained in infection control procedures, either on the job or through an external agency.

Related Documents

- DHS School Exclusion Table (Copies available by contacting Communicable Diseases Unit on 9637 4126 or 9637 4125.)
- DHS Insurance Guide for Non-government Organisations (These are generally revised annually).
- DHS Children’s Services Licensing Operational Guide.
- DHS Children’s Services Licensees Handbook.
- Staying Healthy in Child Care (Commonwealth Department of Health and Family Services).
Emergency Procedures, Guidelines for Kindergartens and Child Care Centres (DHS, Metropolitan Fire Brigade, and the Country Fire Authority).


**Phone Numbers to be displayed**

Licensee representatives of the Committee
DEECD Regional Office
Ambulance
Local Fire Brigade
Police
Poisons Information Centre
Asthma Victoria

**10. Evaluation**

In order to assess whether the policy has achieved the values and purposes set out under ‘6. Policy Statement’, the Committee will:

Use a quality assessment tool, for example the *Preschool Quality Assessment Checklist*.

Assess whether a satisfactory resolution of issues relating to accidents and illness of children at the service.

If appropriate, conduct a survey in relation to this policy or incorporate relevant questions within the general parent/guardian survey.

Take into account reports from staff regarding the policy.

Monitor complaints and incidents regarding accidents and illness of children attending the service.
Appendix 1: Immunisation Calendar

Based on the National Health and Medical Research Council (NHMRC) Australian Standard Vaccination Schedule.

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>2 mths</th>
<th>4 mths</th>
<th>6 mths</th>
<th>12 mths</th>
<th>18 mths</th>
<th>4-5 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP Diptheria/Tetanus/Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV Oral Polio Vaccine-Sabin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Measles Mumps Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib PedvaxHiB/Hib TITER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some children may also have been administered with any of the following immunisations:

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>Date Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (three injections)</td>
<td></td>
</tr>
<tr>
<td>Childhood Pneumococcal Vaccine</td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
</tr>
</tbody>
</table>
## Communicable Diseases

### Minimum Period of Exclusion from Schools and Children’s Services Centres for Infectious Diseases

**Cases and Contacts**

The following table indicates the minimum period of exclusion from schools and children’s service centres required for infectious diseases cases and contacts as prescribed under Regulations 13 and 14 of the Health (Infectious Diseases) Regulations 2001 — Schedule 6. In this Schedule 'medical certificate' means a certificate of a registered medical practitioner.

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Exclusion of Cases</th>
<th>Exclusion of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoebiasis (Entamoeba histolytica)</td>
<td>Exclude until diarrhoea has ceased</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>Exclude until diarrhoea has ceased</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion</td>
<td>Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Exclude until medical certificate of recovery is received</td>
<td>Exclude family/household contacts until cleared to return by the Secretary</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Exclude until discharge from eyes has ceased</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later</td>
<td>Exclude family/household contacts until cleared to return by the Secretary</td>
</tr>
<tr>
<td>Haemophilus type b (Hib)</td>
<td>Exclude until medical certificate of recovery is received</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hand, Foot and Mouth disease</td>
<td>Until all blisters have dried</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Herpes (‘cold sores’)</td>
<td>Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Human immuno-deficiency virus infection (HIV/AIDS)</td>
<td>Exclusion is not necessary unless the child has a secondary infection</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Influenza and influenza like illnesses</td>
<td>Exclude until well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Leprosy</td>
<td>Exclude until approval to return has been given by the Secretary</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Measles</td>
<td>Exclude for at least 4 days after onset of rash</td>
<td>Exclude family/household contacts until cleared to return by the Secretary</td>
</tr>
<tr>
<td>Meningitis (bacteria)</td>
<td>Exclude until well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>Exclude until adequate carrier eradication therapy has been completed</td>
<td>Not excluded if receiving carrier eradication therapy</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>Poliomyelitis</td>
<td>Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Ringworm, scabies, pediculosis (head lice)</td>
<td>Re-admit the day after appropriate treatment has commenced</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rubella (german measles)</td>
<td>Exclude until fully recovered or for at least four days after the onset of rash</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Salmonella, Shigellosa</td>
<td>Exclude until diarrhoea ceases</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Exclude until medical certificate of recovery is produced</td>
<td>Not excluded unless considered necessary by the Secretary</td>
</tr>
<tr>
<td>Streptococcal infection (including scarlet fever)</td>
<td>Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Trachoma</td>
<td>Re-admit the day after appropriate treatment has commenced</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Typhoid fever (including paratyphoid fever)</td>
<td>Exclude until approval to return has been given by the Secretary</td>
<td>Not excluded unless considered necessary by the Secretary</td>
</tr>
<tr>
<td>Verotoxin producing Escherichia coli (VTEC)</td>
<td>Exclude if required by the Secretary and only for the period specified by the Secretary</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>Exclude the child for 5 days after starting antibiotic treatment</td>
<td>Exclude unimmunised household contacts aged less than 7 years and close child care contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10 day course of antibiotics</td>
</tr>
<tr>
<td>Worms (Intestinal)</td>
<td>Exclude if diarrhoea present</td>
<td>Not excluded</td>
</tr>
</tbody>
</table>

Exclusion of cases and contacts is NOT required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Cytomegalovirus Infection, Molluscum contagiosum, or, Parvovirus (erythema infectiosum fifth disease).