Ariah Park Preschool

Health & Wellness Policy

Aim

The centre aims to:

1. Provide a healthy environment that will foster general wellness and wellbeing in children and thus support their ability to actively explore and learn in this early childhood setting

2. Support families by appropriate duty of care practices to foster the ongoing health and wellness of children at the centre

3. Interact with and support community health programs as necessary, in this rural area

4. Support the Director financially and in terms of time release to undertake mandatory health related training, and where possible, any other staff

To this end this policy will address the following health and wellness procedures:

1. Mandatory health training & certification of staff
2. Fever/Acute fever/convulsions
3. Allergies/severe allergies/anaphylaxis
4. Asthma
5. Head lice
6. H.I.V.

Legislative Requirements

Education and Care Services Australian National Regulations 2011

Occupational Health and Safety Act 2000

Occupational Health and Safety Regulation 2001

Who is affected by this policy?

Children

Families

Staff

Management

Relevant Early childhood professional standards

Early Childhood Code of Ethics:	1-1, 1-2, I-5, II-1, IV-2, IV-3
Early Years Learning Framework:	Outcomes 1.1, – Principles – 1, 2, 4
Education & Care Services National Regulations:	89, 92-95, 136, 160-162, 168(2,IV)
National Quality Framework:	Quality areas – 2.1, 2.3, 5.1.1, 6.2.1, 6.3.1

Sources/References

Education and Care Services Australian National Regulations 2011

Anaphylaxis Australia

http://www.allergy facts.org.au/foodalerts.asp (Retrieved January 2012)

Asthma Facts. Asthma Foundation Australia

http.//www.asthmaaustralia.org.au (Retrieved January 2012)

NSW Government: NSW Health: Allergies & Anaphylaxis

http://www.health.nswgov.au/factsheets/general/allergies.html

(Retrieved January 2012)

NSW Government: NSW Health. Head lice

http://www.health.nsw.gov.au/PublicHealth/environment/headlice/index.asp

(Retrieved January 2012)

Procedures re:

1. Health certification of staff

The Director and Committee of Management must ensure that:

1.1 At least one educator (but not necessarily the same person) has (1) a current approved First Aid certificate, (2) undertaken anaphylaxis management training and (3) undertaken emergency asthma management training (Education & Care Services National Regulation No. 136). The Director of the centre must be trained/certified in all these areas

1.2 This certification is updated as per the requirements. Training in relation to the emergency management of anaphylaxis, asthma and CPR must be updated each year, regardless of whether or not the person has a First Aid Certificate, i.e. four separate training sessions may be required. Given this fact, the Committee of Management will allocate the staff one child free day a year or two half days for this training to occur in order to complete the mandatory training in all these areas. This is to allow for training to occur at the centre, hopefully for all staff

1.3 The Committee of Management will cover the Director's costs for health training as required by the regulations, and will if finances allow, also cover the cost of training for assistant staff. If the service is required to have a certified supervisor other than the Director, the committee will also fund the mandatory health training for this person

2. Fever/acute fever/convulsions

If a child has a minor fever but seems well and is happy there is no need to treat a fever. With a moderate fever the child should be observed and if necessary allowed to rest and encouraged to drink small, frequent amounts of water. In all cases the child's parents will need to be informed when they collect their child.

2.1 Managing fever

2.1.1 Staff should help the child feel more comfortable by removing some clothing, sponging with luke warm water and fanning the child. If the child becomes too cool, they should put on more clothing . The child should be encouraged to drink small, frequent amounts of water. These procedures will not reduce the fever but will help the child to feel more comfortable

2.2.1 Children with a fever are not usually interested in eating and need not be encouraged to eat

2.3.1 Staff should continually watch the child for signs that they may be feeling worse and parents will be informed when collecting the child

2.2. Managing acute fever

An acute fever is when the body temperature rises to above 38oC. It is of course preferable that a child this sick would not be in the centre but in the unusual event that this may occur, the following procedure will be carried out.

2.2.1 Parents or emergency contact will be contacted to collect the child immediately.

2.3 Managing convulsions

Of those children under 6 years who may have an acute fever (over 38 deg C),1 in 30 may have a febrile convulsion at one time or another. This usually happens between the ages of 6 months and 6 years. Febrile convulsions are not harmful and do not cause brain damage. They are, however, quite upsetting to witness. Most children with febrile convulsions only ever have one fit. There is no increased risk of epilepsy in children who have febrile convulsions (Royal Children's Hospital, Sydney). There is nothing that can be done to make the convulsion stop. The important thing is that staff members remain calm, this will also reassure the other children

Signs and symptoms of a convulsion:

The child usually loses consciousness.

Their muscles may stiffen or jerk and this may last for several minutes

The child may go red or blue in the face.

When the movements stop, and the child regains consciousness but is sleepy or is often irritable afterwards.

Treatment during a convulsion

2.3.1 The child will be placed on a soft surface, lying on his or her side or back The child will not be restrained

2.3.2 Staff will not put anything in the child's mouth. The child will not choke or swallow their tongue as was once commonly thought

2.3.3 Staff will focus on the changing state of the convulsion, and how long it lasts plus any other details that will need to be included in an incident report.

2.3.4 Staff will call an ambulance on 000 if the convulsion lasts longer than five minutes and/or the child does not wake up when the convulsion stops. Staff will also contact the parents as soon as possible

2.3.5 If it was not necessary to call an ambulance, staff will still contact the parents and advise them to take the child to see the family doctor as soon as possible

2.3.6 Staff will fill out an Incident Report Form

3. Allergies/severe allergies/anaphylaxis

Severe allergic reactions are usually triggered by a limited number of allergic exposures. These include injection, swallowing, inhaling or skin contact with an allergen by a severely allergic individual. Examples of injected allergens are bee, hornet, wasp and yellow jacket stings; certain vaccines that have been prepared on an egg medium; and allergen extracts used for diagnosis and treatment of allergic conditions. Antibiotics such as penicillin can trigger a reaction by injection or swallowing.

Anaphylaxis is a severe allergic reaction with symptoms such as shortness of breath, wheezing, swelling of the tongue, swelling or tightness in the throat, rash, and loss of consciousness. It is a life-threatening condition that requires emergency treatment. Common substances which can cause severe allergic reaction include bee stings, insect bites, nuts, eggs, fish, drugs etc. Ariah Park Preschool aims to minimise substances that have the potential to cause a severe allergic reaction to the children who attend the centre.

Anaphylaxis is an emergency condition requiring immediate professional medical attention. Adrenaline is a drug that should be given by injection without delay. Adrenaline comes in multiple formats, one of them called EpiPen® that might be carried by individuals. At least one staff member should be trained in the administration of an EpiPen®. Antihistamines may be given to further reduce symptoms (after lifesaving measures and adrenaline are administered) but if so this must be part of the child's emergency medical plan that parents develop with the Director at the initial enrolment interview

Management of allergic reactions including anaphylaxis

3.1 The centre Director will obtain medical information at the initial enrolment interview regarding any identified allergies in children who will be attending the centre. The parents will be asked for supporting documentation and with the Director will discuss strategies to minimise risks for the child, and will develop an emergency medical plan. This plan must be discussed with all staff and be readily accessible for all staff. It must be signed and dated by both the Director and parents with a copy given to the parents and should include:

Clear identification of the child (photo)
Documentation of the allergic triggers
Documentation of the first aid response including any prescribed medication, plus EpiPen® if needed
Identification and contact details of the doctor who has signed the action plan

3.2 Staff will be trained to undertake a preventative approach with children known to have allergies. For example the Director will ensure that no poisonous plants or plants known to cause skin irritations etc are growing at the centre. Carpets will be cleaned regularly and staff will ensure there is no dampness or mould in the building

3.3 All staff members will have received instruction in anaphylaxis management training including EpiPen® use. If for some reason this is not always possible or the staff member is away from the centre then the parents must be informed before a child at risk of anaphylaxis is left at the centre. Nonetheless the Director will ensure that all staff are informed of the necessary First Aid procedures should they be present when a child has a severe allergic reaction

3.4 Staff will ensure there is no trading and sharing of food, food utensils and food containers at the centre. Children with severe food allergies will only eat lunches and snacks that have been prepared at home

3.5 Bottles, other drinks and lunch boxes provided by the parents for their children will be clearly labelled with the name of the child for whom they are intended

3.6 The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children. This will occur at the discretion of the Director

3.7 Food preparation staff/volunteers should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods

3.8 Parents will be asked not to send food containing highly allergenic foods such as egg and nut products to the centre as the case arises.

3.9 Children who have been prescribed an EpiPen® cannot attend the centre unless they have it with them. All EpiPens® must be signed in and placed in a box containing the child's photo, and kept on top of the First Aid Kit. It is the parent/s responsibility to ensure their child's EpiPen® is not out dated

3.10 On special occasions such as excursions, staff will increase their supervision of anaphylactic children

3.11 In some circumstances it may be appropriate that a highly allergic child does not sit at tables where the food to which they are allergic is being served. All tables must be cleaned and sanitised after food has been consumed there

2.12 In the situation where a child who has not been diagnosed as having an allergy yet appears to be having an anaphylactic reaction, staff will immediately:

- Commence First Aid measures
- Call an ambulance 000
- Contact the parent/guardian or nominated emergency person if the parent/s are not available

4. Asthma

It is the parent/s role to inform the Director at the initial enrolment interview if their child has asthma. Details of the child's medication and any other management procedures must be discussed. The child must provide an asthma action plan signed by their doctor as well as their medication which will remain at preschool. This is the parents' responsibility. All asthma medication will be stored safely at the centre out of reach of children and dispensed as per this centre's Medication Policy procedures.

4.1 The child will be comforted, reassured and placed in a quiet area under the direct supervision of a suitably experienced member of staff

4.2 Asthma medication will be immediately administered as outlined in the child's asthma management/medical emergency plan

4.3 The parent/guardian will be contacted by phone immediately if staff become concerned about the child's condition or if this is requested in the child's asthma management plan

4.4 In the event of a severe attack, the ambulance service will be contacted immediately and the Asthma Management Plan will be implemented until the ambulance officers arrive

5. Head lice

The Director will:

5.1 Ensure that is staff are concerned that a child may have head lice, parents are called and permission sought for staff to check the child's hair.

5.2 Include staff in any inspection of head lice

5.3 Advise parents immediately if a child has head lice. Parents will be asked to collect their child and commence treating their child's hair by combing and applying a head lice solution from a pharmacy. The Director will refer the parents to immediately obtain hair lice treatments and further information from a local pharmacist. This is important as the whole family will need to be treated

5.4 Provide up to date information on head lice from a recognised authority and display this information at the centre or distribute it by other means

5.5 Keep families informed if there is someone at the centre with head lice (at the same time preserving children's anonymity). Children with long hair will be required to tie their hair back

6. H.I.V.

In relation to HIV/AIDS, the biggest problem is the lack of understanding in the general community.
AIDS is a medical condition that can damage the immune system of the body. It is caused by a virus, which is transmitted by the exchange of body fluids, which primarily occurs through sexual contact.
Transmission of AIDS through blood products has also occurred, however the risk of contracting AIDS from a blood transfusion is low and is estimated to be about one in 1,000,000, particularly now that donations of blood are screened for HIV. This means that HIV positive people cannot donate their blood. Most children infected with the HIV virus have become infected in utero or as the result of a blood transfusion.

The confidentiality of medical information regarding an HIV positive child must be observed and is a legal right of the child or adult. By law parents are not required to inform the centre if they or their child has HIV, but in the event that they do, the information disclosed to the Director must not be divulged to other staff members unless the parent provides written authorisation for the Director to do so. By law, HIV positive children must be accepted into schools and early childhood centres. Similarly, staff members who have been infected by HIV are not obliged to divulge their status to their employer but are expected to act in a responsible manner towards other staff members, parents and the children in their care.

Preventative management of HIV:

6.1 Staff in the Centre will carry out routine universal hygiene precautions at all times to prevent the spread of any infection. These will be the same procedures for hand washing etc that are in the General Hygiene & Wellbeing Policy and will be common practice at the centre

6.2 Care will be exercised by staff regarding exposure to body fluids or blood as per the centre's General Hygiene & Wellbeing Policy

6.3 To perform resuscitation on any child including a child infected with HIV, simple precautions will be taken. The use of disposable mouth to mouth masks will be used

6.4 Unwell children will be assessed by their doctor before they are excluded

6.5 Children with abrasions will cover these abrasions whilst attending the centre. If abrasions cannot be covered, as a precaution it may sometimes but not always be necessary for the child to be excluded from the centre until the wound has healed or until abrasion can be covered

6.6 No HIV positive child, staff member or parent shall be denied First Aid at any time

6.7 Current information about H.I.V. will be available to staff and families on request

The Director will ensure that this policy is maintained and implemented at all times.

Review

The rationale and procedures for reviewing this policy are twofold. They are as follows:

(1) The policy will be formally reviewed after three years. All formal reviews will be conducted by the Committee of Management, the Director, parents, and interested community members if the Director feels it is necessary. For example the Director might decide that the health and hygiene policies should be considered by a local doctor or nurse as part of the formal review process. All formal reviews will be recorded as per the 'Centre Review Sheet – Formal Three Yearly Review Form' attached to each policy. Given the large number of policies that early childhood centres are now required to develop, it is considered that a formal review does not need to be taken more frequently because (1) this policy needs time for staff to adapt to and time to run so as to enable a well informed evaluation/review during the third year and (2) the formal, three year review process will be a demanding one for the preschool Committee

of Management which is composed of voluntary members, and therefore should occur regularly but not excessively.

(2) Within this three year period however the policy will still be monitored and minor adjustments can be made in line with daily occurrences or needs at the centre. This will occur as part of an ongoing process of review undertaken by the centre Director and staff during each calendar year. These reviews will be recorded and dated as per the 'Director's Annual Review Form' and these will also be attached to each policy, along with the formal, three yearly reviews.

The Director's annual review will occur on an ongoing basis and will thus ensure this policy is continually updated. For example if updates are received from a government department that warrant immediate change of some policy procedures, or if implementing a policy has resulted in agreement by staff that minor modifications are necessary before the policy is enacted upon again, these improvements can be made immediately through the Director's annual review process and then presented to the Committee of Management for ratification at the next formal, three yearly review.

Reviewed: 14th November 2014 Signed: Leanne Nixon