Y WA

HYGIENE, INFECTIOUS DISEASE CONTROL AND BLOOD SPILL PROCEDURE

ELC OSHC FDC

Document Number	EYL-ELCOSHCFDC-04-25-PROD
Document Hierarchy	Operational Procedure
Business Division Owner	Education Youth and Leisure (EYL)
Document Owner	Executive Manager EYL
Document Review Date	20/07/2027

This Version	Approved By	Date Approved	Date Effective
v5.0	EM EYL	July 2024	July 2024

Australian Childhood Foundation INDEPENDENTLY REVIEWED

VERSION CONTROL

Version	Description of Revision	Date Effective	Owner
v3.0	Full review	22/03/2016	EM SD
v.4.0	Requirement to wear disposable gloves if dealing with bodily fluids. Educators to encourage children to use serving tools.	23/07/2020	EM SD
V5.0	Reviewed by CS Management team Branding updated Service Delivery updated to Education Youth and Leisure (EYL) *Renamed HYGIENE, INFECTIOUS DISEASE CONTROL AND BLOOD SPILL POLICY v5.0* Includes and retires • *Dealing with Blood Spills and Other Bodily Fluids Procedure SD-ELCOSHC-04-02* • *HIV Aids Hepatitis B C Procedure SD-ELCOSHC-04-12 v3.0* • *ECL Infectious Diseases Procedure 04-13 FDC* • *Infectious Diseases Procedure SD-FDC-04-13-PROD* • *Exclusion Procedure*	July 2024	EM EYL

HYGIENE, INFECTIOUS DISEASE CONTROL AND BLOOD SPILL PROCEDURE

Implementing and adhering to the following detailed hygiene and infection control measures will help create a safer environment for children, visitors, and educators by reducing the risk of infection transmission.

1 DISPOSABLE GLOVES

Everyone should use disposable gloves when there is a risk of contact with body fluids, such as during nappy changes, wiping noses, managing cuts and abrasions, and cleaning spills. Always wash hands before and after using disposable gloves.

2 HAND-WASHING

Hand-washing is the most effective method for controlling infections in the centre.
When washing with soap and water is not possible, use an alcohol-based hand sanitiser with at least 60% ethanol or 70% isopropanol should be used as per the manufacturer's instructions.

Educators and children must wash their hands regularly with soap and water for at least 20 seconds, then dry them thoroughly, preferably with clean, single-use paper towels.

If paper towels are unavailable, electric hand dryers can be used, ensuring hands are completely dry.

Notices explaining effective hand-washing procedures will be displayed next to hand-washing basins.

2.1 Proper Hand-washing Technique

- Use liquid soap and warm running water.
- Wet hands and apply soap.
- Rub hands vigorously for at least 20 seconds.
- Wash all surfaces, including the back of hands and between fingers.
- Rinse hands thoroughly.
- Dry hands with a disposable paper towel or electric hand dryer.
- Turn off the taps with the paper towel.
- Dispose of the paper towel properly.

2.2 When to Wash Hands

- Before and after eating.
- After coughing or sneezing.
- After using the toilet.
- When changing tasks and after touching potentially contaminated surfaces.
- On arrival.
- Before and after handling food.
- Before and after changing a nappy.
- After removing gloves.
- After cleaning up blood, faeces, or vomit.
- After wiping a nose.
- Before and after administering medication.
- After handling garbage.
- After playing outside.
- Before going home.

3 PERSONAL HYGIENE

Everyone at the workplace must:

- Cover coughs and sneezes with their elbow or a clean tissue (no spitting).
- Avoid touching their face, eyes, nose, and mouth.
- Dispose of tissues and cigarette butts hygienically, e.g., in closed bins.
- Wash and dry hands completely before and after smoking.
- Clean and disinfect shared equipment after use.
- Wash body, hair (including facial hair), and clothes thoroughly every day.

3.1 Food Handlers

Good personal hygiene can prevent food poisoning.

Bacteria that cause food poisoning can be on everyone – even healthy people. You can spread bacteria from yourself to the food if you touch your nose, mouth, hair or your clothes, and then food.

See also *Nutrition Food Beverage and Dietary Requirements Policy ELCOSHCFDC-04-01*

3.1.1 Personal Hygiene Tips

- Wash and dry hands thoroughly before handling food and frequently during work.
- Dry hands with a clean towel, disposable paper towel, or under an air dryer.
- Never smoke, chew gum, spit, change a baby's nappy, or eat in food handling or storage areas.
- Never cough or sneeze over food.
- Wear clean protective clothing.
- Keep personal items away from food storage and preparation areas.
- Tie back or cover long hair.
- Keep fingernails short and clean.
- Avoid wearing jewellery, or only wear plain-banded rings and sleeper earrings.
- Cover all cuts and wounds with a wound strip or bandage.
- Change disposable gloves regularly.
- Advise your supervisor if you feel unwell and avoid handling food.

4 FOOD HYGIENE

(See the Y WA Nutrition Policy for information about food safety and breastmilk)

- Ensure children do not eat food handled by another child unless the child has washed their hands and is helping prepare food.
- Use separate cloths or tissues for wiping different children's faces and noses.
- Prepare, keep, and serve food hygienically. (See *Policy*)
- Educate children on hygiene principles and include hygiene practices in their program.

4.1 Eating and Drinking Utensils

- Each child will have their own utensils for each meal, which will be washed after each use.
- Encourage children not to use utensils that have been used by another child or dropped on the floor.
- Use appropriate serving tools (e.g. tongs and ladles) for self-serving portions of food.

- Clean bottles, dummies, and teats after each use and store in separate airtight containers for each child. Parents are responsible for supplying bottles, dummies, and teats for their child.

5 CLEANING SURFACES

- Clean surfaces with warm soapy water after each activity and thoroughly daily.
- Wash floors in the babies, toddlers, and kindy rooms daily.
- Clean areas contaminated with body fluids immediately.
- Inside bins should be emptied and cleaned daily.

6 NAPPY CHANGING

6.1 Designated Nappy Change Area

- Nappy changing will be done in a designated area, well-stocked with paper towels, towelettes, plastic bags, fresh nappies, clean clothes, and a rubbish bin with a sealed lid lined with plastic.
- At the end of each day, the nappy change area will be cleaned with warm soapy water and left to air dry.

6.2 Hygiene After Nappy Changes

- After each nappy change, wash both the child's and caregiver's hands and clean the change table.
- Fold soiled Disposable nappies onto themselves and dispose of nappies by placing in sealed plastic bags and then into a hands-free lidded bin.
- The dignity and need of privacy of each child are respected during nappy changing.

7 TOILETING

- Ensure accessibility to children.
- Encourage children to flush toilets and wash hands after use.
- Observe *Supervision of Children Policy*.

8 FACE AND NOSE WIPING

- When wiping children's faces and/or noses, everyone should always wear gloves when feasible, and ensure any cuts or abrasions are covered with bandages.
- Use separate cloths or tissues for wiping faces and noses of different children. Dispose of tissues immediately after use.

9 INDIVIDUAL BEDDING

- Each child will have their own bedding, which will be washed at least once a week or after soiling.
- Gloves must be worn by anyone when handling soiled clothing or linen.

9.1 Cleaning Process

- Soiled clothing or bed linen will be rinsed and then soaked for a minimum of 30 minutes in a nappy sanitiser.
- Items will be washed in the machine with hot water.
- Best practice is to dry linen on the line in the sun, weather permitting, or in a dryer on rainy or heavily cloudy days.

10 TOYS

- Wash toys in hot soapy water, rinse under running water, and dry in the sun.
- Select new toys based on ease of cleaning.
- Do not share toys in the babies' room.
- Limit shared toys for children not toilet-trained and those who mouth objects.
- Place mouthed toys away from others and clean toys during quieter times

10.1 Play dough

- Play dough is not to be kept for longer than a week, even though playdough with a high salt content discourages germs from living and multiplying.
- Children and adults should wash their hands with soap and water or use an alcohol-based hand-rub before and after using play dough.
- In the event of an outbreak of vomiting or diarrhoea, educators are to dispose of any play dough that has been used by the children and a new fresh batch is to be made daily until the outbreak has ceased.

10.2 Sandpits

- Sandpits should be closely covered when the service is unattended, to prevent contamination from animal faeces and protect them from inappropriately discarded sharp or dangerous objects.
- If the sandpit cannot be covered easily, the sand should be raked daily raking and exposed to the sun.
- Sand that is contaminated by animal or human faeces, blood or other body fluids should be removed.
- Adults and children must wash their hands with soap and water or use an alcohol-based hand rub before and after playing in the sandpit.

ATTACHMENT 2 MINIMUM PROCEDURES/WORK INSTRUCTIONS

Exposure to Blood or Bodily Fluids

1 MANAGING BLOOD SPILLS

A blood spill is defined within hygiene practices as any instance where blood or body fluids are present on a surface, which can pose a risk of transmission of blood-borne pathogens. The key aspects of a blood spills procedure typically include:

1. **Immediate Isolation**: Isolating the area to prevent access by children and other staff.
2. **Personal Protective Equipment (PPE)**: Using gloves, masks, and other protective gear to handle the spill.
3. **Cleaning and Disinfection**: Using appropriate disinfectants to clean the affected area thoroughly.
4. **Disposal**: Safe disposal of contaminated materials, including used gloves and cleaning materials.
5. **Hand Hygiene**: Ensuring that all individuals involved wash their hands thoroughly after handling the spill, and before and after wearing gloves.
6. **Documentation**: Recording the incident and the actions taken to manage the spill.

2 EXPOSURE TO BLOOD OR BODILY FLUIDS

If an educator or child is exposed to blood or bodily fluids via a cut or a splash to the eyes, nose, or mouth:

1. **Immediately**: Wash away the remaining blood or fluid.
2. **Skin Contact**: If blood contacts the skin but there is no cut, wash with soap and water.
3. **Eye Contamination**: Rinse eyes gently with water or saline solution.
4. **Mouth Contamination**: Spit out blood and rinse with water several times.
5. **Report the Incident**: Complete an Accident/Incident report form and notify the parent. If an educator, student, or volunteer is contaminated, notify the Supervisor/Director and Direct Line Manager immediately.

3 NEEDLESTICK INJURIES

Immediate Action: First Aid: Encourage the injured person to wash the wound thoroughly with soap and water. If bleeding, allow it to bleed freely for a short time.

Report the Injury: Notify the supervisor or designated first aid officer immediately.

Incident Report: Complete an incident report detailing the circumstances of the injury, including how it occurred, the type of needle, and any first aid administered.

Medical Evaluation: Seek immediate medical evaluation for the injured person to assess the risk of infection and the need for post-exposure measures.

4 CLEANING SPILS OF BLOOD AND BODILY FLUIDS

- Wear gloves.
- Mop up spills with a paper towel and dispose of it properly.
- Clean the surface with warm soapy water.
- Disinfect larger contaminated areas with a bleach solution (1 part bleach: 10 parts water).
- Wash hands thoroughly after cleaning.

5 CLEANING SPILLS OF FAECES, VOMIT, OR URINE

- Wear gloves.
- Soak up spills with paper towels and dispose of them properly.
- Clean the surface with warm water and detergent.
- Disinfect surfaces.
- Wash hands thoroughly after cleaning.

The schedule at Attachment 4 is also found at Attachment 1 of the *Y WA Managing Medical Conditions Policy ELCOSHCFDC* **EYL-ELCOSHCFDC-04-13** and Attachment 1 of the *Medical Conditions and Administering Medication Procedure FDC* **EYL-FDC-04-13-PROD**.

ATTACHMENT 4 (FOR INFORMATION ONLY)

This advice does not take the place of advice from a medical professional. Always

- Follow the directions in the individual child's Medical Management (Action) Plan,
- Call for help if in doubt.
- Keep Parent informed.
- Be prepared when on excursions or journeys.
- Keep records.
- Report incidents.

MANAGEMENT OF MEDICAL CONDITIONS ELCOSHC

Contents

1. Allergy
2. Anaphylaxis
3. Asthma
4. Diabetes
5. Epilepsy
6. Temperature and fever management
7. Febrile convulsion,
8. ADHD
9. Teething Infectious Diseases

1. Exclusion Criteria

Always refer to the child's Medical Management) Action Plan

1 ALLERGY

Prior to commencement of care for a child with a diagnosed allergy, the parent will be required to provide a *Medical Management (Action) Plan* signed by a medical practitioner which.

- explains the allergen,
- what the child's reaction is likely to be, and
- what action staff should take if an allergic reaction occurs.

1.1 Communication

The Responsible Person is required to complete a *Risk Minimisation and Communication Plan* with the parent and will ensure:

- The *Medical Management (Action) Plan* is displayed in a private area which is easily accessible to all Educators;
- This information about the child and condition is communicated to all Educators.

1.2 Allergy Management on Excursions

When an enrolled child diagnosed with an allergy is attending an excursion. Or on a regular journey, the Responsible Person will ensure the relevant medication and *Medical Management (Action) Plan* is transported with the child.

1.3 Allergic Reaction

The suitably qualified Educator will

- follow the *Medical Management (Action) Plan*,
- implement immediate first aid,
- stay with the child at all times,
- continue to monitor the child's condition and treatment administered as per the *Medical Management (Action) Plan*,
- Call 000 if the child is having a life-threatening reaction, or as directed by the *Medical Management (Action) Plan*.

The Educator or Responsible Person will

- contact the parent.

2. contact their direct line manager following the *Incident Reporting Procedure (Incident, Injury and Trauma Policy)*.

2 ANAPHYLAXIS MANAGEMENT

Prior to commencement of care for a child with a diagnosed risk of Anaphylaxis:

- the parent will be required to provide a *Medical Management (Action) Plan* signed by a medical practitioner.
- The service must have Educator in attendance who has undertaken approved Anaphylaxis Management training and who is immediately available in case of an anaphylaxis emergency.
- A child cannot be accepted on any day without the required auto-injection device.

2.1 Communication

All precautions are taken to ensure that children and young people are safe. This involves effective communication between families and staff on which foods the child can have or has been exposed to.

The Responsible Person will ensure:

- A *Risk Management Minimisation and Communication Plan* is completed in collaboration with the parent/guardian;
- An alert with photo of the child is displayed in a private area which is easily accessible to all Educators;
- The *Medical Management (Action) Plan* and *Risk Management Minimisation and Communication Plan* are shared with all Educators;
- A notice is displayed prominently in the main entrance stating an enrolled child is at risk of Anaphylaxis. (The notice protects the child's privacy by not identifying the child);
- The parent of the child can communicate any changes to the *Medical Management (Action) Plan* and *Risk Management Minimisation and Communication Plan* for the child by speaking with or emailing the Responsible Person;
- The parent is aware of and provided with access to the *Medical Conditions and*

Medications Policy and opportunities for providing feedback.

2.2 Anaphylactic Medication: Adrenaline Auto-injection Device

Parents must bring an in-date Adrenaline auto-injection device (e.g. EpiPen, Anapen, or Jext) to the service every day when the child arrives, or leave a device at the service. A child cannot be accepted into care on any day without the required medication/device.

The medication/device must be handed to an educator at the service.

The adrenaline auto-injection device will be stored at the service:

- in a location that is known to all staff and easily accessible to adults but inaccessible to children;
- away from direct sources of heat;
- with a copy of the *Medical Management (Action) Plan* and the *Medical Risk Management Minimisation and Communication Plan* for each child at risk of anaphylaxis.

2.3 Excursions

The adrenaline auto-injection device and *Medical Management (Action) Plan* are to be taken on any excursion or regular journey that the child attends.

The *Excursion Risk Assessment* should include consideration of the anaphylactic risks to the child.

2.4 Managing an Anaphylactic Reaction

In the event of an allergic reaction of a child diagnosed at risk of anaphylaxis

The Educator trained in anaphylaxis management will:

- follow the *Medical Management (Action) Plan* and implement immediate first aid, and
- stay with the child at all times.

Another staff member will immediately call an ambulance (000).

The Responsible Person in Charge will contact:

- the parent,
- the children Services Management Team and follow the Incident Reporting Procedure.

3 ASTHMA

The Y WA will ensure:

- Educators responsible for administering asthma reliever medication to children, have attended *Emergency Asthma Management* (EAM) training.
- There is an Educator who has undertaken *Emergency Asthma Management* (EAM) training in attendance and is immediately available in case of emergency.

3.1 Communication

The parent' is responsible for providing a *Medical Management (Action) Plan* signed by a medical practitioner at the time of enrolment of a child diagnosed as having asthma, or, as soon as the child is diagnosed.

The Nominated Supervisor will ensure:

- A *Risk Management Minimisation and Communication Plan* is completed in collaboration with the parent for children with a *Medical Management (Action) Plan*.
- A copy of the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan* are the service and advise assistants, volunteers and students of the requirements of the *Medical Management (Action) Plan*.

The Nominated Supervisor will ensure the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan*, and the following information is shared with Educators and Y WA people at the service:

- the child's name, and photo/identifying the child,
- room, or group where the child is educated and cared for (in the child's *Risk Minimisation and Communication Plan*),
- where the *Medical Management (Action) Plan* is stored,
- where the child's preventer/reliever medication etc. is stored,
- which Educators are responsible for administering treatment,
- how to ensure the relevant medication is available for the child when they are attending the service.

3.2 Asthma Medication

It is the parent's responsibility to ensure the correct medication is provided to the service for the child whenever they attend the service. Children and young people diagnosed with asthma will not be accepted into care on any day that there is no reliever medication provided.

The Responsible Person will store asthma reliever medications appropriately:

- out of reach of children, in a central location, easily accessible to adults.
- with the *Medical Management (Action) Plan* in accordance with the *Medical Management (Action) Plan*.
- according to any instructions on the label.

3.3 Administering Medication

Educators responsible for administering asthma reliever medication to children should have attended Emergency Asthma Management (EAM) training.Self-administration of asthma medication should be followed if set out in the *Medical Management (Action) Plan.*

3.4 Excursions

The relevant medication and *Medical Management (Action) Plan* are to be transported with the child when attending excursions or regular journeys.

The Excursion Risk Management Plan should consider the risk of an asthmatic episode.

3.5 Managing an Asthmatic Episode

If an enrolled child has an asthma attack, the educator will follow

- the *Medical Management (Action) Plan*
- implement immediate first aid,
- call an ambulance immediately (dial 000),
- stay with the child at all times.,
- continue to monitor the child's condition and treatment per the *Medical Management (Action) Plan*.

The Responsible Person will contact:

- the parent as soon as possible, and Children's Services' management team *Injury, Incident and Trauma Reporting Procedure*.

4 DIABETES

4.1 Communication

Prior to the commencement of care of a child with diabetes the parent is required to provide a *Medical Management (Action) Plan* signed by a medical practitioner

The Nominated Supervisor will discuss with the parent how the child's diabetes is managed at home and complete the *Communication Plan* and *Risk Minimisation and Communication Plan* in collaboration with the parent.

Forward to the children Services Management Team copies of the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan*

The Nominated Supervisor will ensure Y WA People at the service are informed of:

- the child's name, and photo/identifying the child,
- room, or group where the child is educated and cared for (in the child's *Risk* Minimisation *and Communication Plan*),
- where the child's *Medical Management (Action) Plan* is located,
- where the child's medication etc. is stored,
- which Educators are responsible for administering treatment.

The Responsible Person will communicate with the parent to ensure:

- the relevant medication is available for the child when they are attending the service;
- the use of any monitoring equipment is explained and understood.

4.2 Excursion Management

When an enrolled child diagnosed with diabetes is attending an excursion, regular journey, or any event outside the service, the Responsible Person will ensure the appropriate monitoring equipment, any prescribed medication, and a copy of the diabetes *Medical Management (Action) Plan* are transported with the child.

Possible triggers for diabetic events will be considered in the Excursion Risk Assessment.

- the relevant medication and *Medical Management (Action) Plan* are transported with the child on excursions or regular journeys.

4.3 Diabetes *Medical Management (Action) Plan*

The Diabetes *Medical Management (Action) Plan* should be signed by a medical practitioner and provide information on day-to-day and emergency management of the child's medical condition. Information should include:

- blood glucose testing - BG meter and acceptable levels
- insulin administration
- food, carbohydrate counting
- timing of meals and snacks
- how to store insulin correctly
- how the insulin is delivered to the child - as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- oral medicine the child may be prescribed
- managing diabetes during physical activities and excursions
- how to treat the child for high and low BGL
- when to call an ambulance
- how the parent will communicate information about the child's condition and recent circumstances and any changes.

4.4 Medication

The parent supplies all necessary blood glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment.

The parent is to ensure that there are emergency foods or drinks available with the child's medications.

4.5 Managing High and low blood glucose levels (BGL)

Always refer first to the child's *Medical Management (Action) Plan* for testing and administration of medication details.

Older children or Young people may do their own BGL testing and insulin injections.

BGLs are usually much more variable in young children.

It is always best to watch for and manage diabetic triggers (e.g. missed or late meals and snacks, over exertion, too much carbohydrate/sugar, teething, illness etc) rather than waiting for symptoms to occur.

4.5.1 Low blood glucose level (BGL) – hypoglycaemia (hypo for short)

Low blood sugar is usually due to excessive insulin. Some contributing factors might include:

- too much insulin or other medication
- not having eaten enough carbohydrates or other correct food
- missing or delaying a meal or snack
- exertion, unaccustomed or unplanned physical exercise
- the child being more stressed or excited than usual.

If a child is wearing a Continuous Glucose Monitoring (CGM) device, it will sound an alert when they are below their target range.

Refer first to the child's *Medical Management (Action) Plan*, which may suggest treating immediately often by eating something sweet. children may travel with a prepared hypo-kit containing carbohydrates (biscuits juice etc). If the *Medical Management (Action) Plan* indicates treating hypo with foods do not place anything in the mouth of a child who is unconscious.

Hypoglycaemia can happen very quickly and can progress quickly to slurred speech, confusion loss of consciousness. If this occurs administer First Aid and call an Ambulance (000). A severe hypo can also cause a seizure (fit).

- Consult the child's Medical Management (Action) Plan.
- Seek Medical advice (Call 000) if the child does not respond or symptoms worsen.
- A blood glucose check should be done to confirm hypoglycaemia before treating, but do not delay treatment.

4.5.2 High blood glucose level (BGL) – hyperglycaemia or 'hyper' for short.

Check the child's Medical Management (Action) Plan.

Hyperglycaemia is having too much glucose (sugar) in the blood. Hyperglycaemia is usually due to insufficient insulin.

Hyperglycaemia happens gradually. The early symptoms (thirst and going to the toilet a lot) can be mild but may progress to the child feeling drowsy and confused and needing urgent medical attention.

4.6 Diabetic Event

Follow the child's Medical Management Action Plan

- Implement immediate first aid
- Stay with the child at all times
- If directed by the *Medical Management Plan*, call an ambulance (000).
- If the child does not respond to steps within the *Medical Management (Action) Plan* call an ambulance (000).
- Do not put anything in the mouth of an unconscious child.
- Continue first aid measures and follow instructions provided by emergency service.
- Contact the parent as soon as practicable.

3. Notify the children's Services' Management team per the Incident Injury Trauma and Illness Policy.

5 EPILEPSY

Epilepsy is more than just seizures. There are over 60 types of epilepsy and everyone's experience with the condition is different.

The child diagnosed with epilepsy must have a *Medical Management (Action) Plan* that details:

- The child's seizure types (may be more than one)
- Seizure triggers
- How to support the child during seizures
- Emergency procedures that should be followed in the event of a seizure.

See Epilepsy Management Plans - Epilepsy Smart Australia

6 TEMPERATURE AND FEVER

6.1 Thermometers

Make sure the thermometer is clean.

Digital thermometers are most appropriate for taking the temperatures of children.

Aural (tympanic. in the ear) temperatures or infrared forehead thermometers are recommended

Each thermometer method measures temperature in a different way, and the results can vary depending on the type of thermometer used.
Check the manufacturer's instructions to find out how to use the thermometer. Mercury thermometers are no longer to be used with children and plastic tape thermometers used on the forehead are not reliable.

6.2 Normal Body Temperature

Body temperature is usually lowest in the early hours of the morning and highest in the late afternoon and early evening.

The average body temperature for children is about 37°C depending on age, time of day, the individual child, what they have been doing, and how the temperature is taken. A fever is a temperature of 38°C or higher. See Fever in children.pdf (health.wa.gov.au) and Fever and high temperature: kids and teens | Raising Children Network)

Approximate normal body temperature	Age
1 and younger	37.5°C - 37.7°C.
2 - 5 years	37.0°C - 37.2°C
5 to adult	36.5°C to 38°C

6.3 Higher than Normal Temperature

If a child has a higher-than-normal temperature and is also displaying signs of ill health such as drowsiness, paleness, breathing difficulty, less urine than usual or any of the symptoms listed in the exclusion criteria below, notify the parent to collect the child.

6.3.1 High temperature indicator guidelines

When a child's temperature is between 37.7°C – 38°C while at the Centre, the Educators will:

- take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.
- Monitor the child's temperature and general condition every ½ hour, or more frequently if the condition worsens;
- Record observations on a *Monitoring an Unwell Child or Young Person Chart (Appendix 6)* for the parent's information on collection of their child;

- Provide the child with plentiful amounts of water or fluid to drink;
- NOT administer over-the-counter (OTC) medication to a child with a temperature without formal advice from a medical professional.

The parent will be notified that their child needs to be collected from the centre as soon as possible if the child:

- requires one-to-one attention for a lengthy period, or
- is too unwell to continue to participate in the program, or
- continues to deteriorate, and/or
- their temperature continues to increase above 38°C.

Should the temperature continue to rise (above 40 °C) contact parent and inform them that the temperature has gone up and establish how far away from the centre/service they are. If the parent cannot attend to collect the child, call an ambulance (000).
While waiting for the parent or ambulance:

- continue to offer small, frequent amounts of fluids to drink or an ice block,
- always stay with the child,
- document all observations and conversations with parents in the *Monitoring Unwell Child or Young Person Chart (Appendix 5)*.

HD_Fever-in-babies-and-children_Infographic_Aug-2023.pdf (healthdirect.org.au)

7 FEBRILE CONVULSION

A febrile convulsion (or febrile seizure) is a seizure associated with a high body temperature (fever) but without any serious underlying health condition such as epilepsy.

Should a child go into febrile convulsion:

- One Educator stays with the child;
- Let the convulsion run its course.
- Move any dangerous items out of the way.
- Monitor the length of convulsion.

- Second Educator calls an ambulance 000, and the parent.

If the family cannot arrive in time, ensure:

- an appropriate person accompanies the child in the ambulance AND stays with the child until the parent arrives.
- the child's file accompanies them to the hospital in case any further information is needed.

The Nominated Supervisor will follow up with any required action and notify the children's Services Management Team.

8 ADHD MANAGEMENT

Attention Deficit Hyperactivity Disorder (ADHD) is classified as a neurodevelopmental disorder with an onset typically before 12 years of age. Symptoms include difficulties with attention and/or hyperactivity and impulsivity, which are incongruent with a person's age and interfere with activities. (See Australian ADHD Professionals Association (AADPA), (AADPA Guideline)).

Parents and carers should oversee ADHD medication for children and young people. Adolescents should be encouraged to take responsibility for taking their medications. Behaviour management is the most common nonpharmacological approach for treating ADHD and associated impairments.
See child's *Medical Management (Action) Plan*; and *Behaviour Management Plan.*
Australian Evidence-Based Clinical Practice ADHD Guideline (aadpa.com.au)
Where the medical plan is clear that medication needs to be administered to a child or young person at a time when that child or young person is in care, then it is the parent's responsibility to ensure that the in-date prescribed medication is made available.
The child or young person may be refused care if the correct and required medication is not supplied.

9 TEETHING

When their child is teething, the parent should let Educators know, so that the child's needs are met. The parent may supply teething rings and rusks. Children who are teething may present with signs that may mask symptoms of being unwell.

When the child who is teething displays symptoms which include: high temperature, flushed cheeks, loose stools, drooling, the centre will contact the parent who will either:

- come to the centre to collect the child; or
- give verbal or written authority by text or e-mail for the centre staff to administer teething serum or gel as per the manufacturer's instructions.

10 INFECTIOUS DISEASES

In the event of an outbreak an infectious disease at the centre; educators, families, visitors and the WA Health Department will be notified in accordance with the *Communicable Diseases Guidelines*. The *Western Australian Department of Health Control of Communicable Diseases Manual* and *Childcare centres and schools (health.wa.gov.au)*, provide guidance on infectious periods of specific diseases and exclusion periods for Child Care Services.

A child or staff member who has any of the following symptoms cannot be admitted to the centre:

- ear, eye or discoloured nasal discharge;
- an undiagnosed rash;
- high temperature (see High Temperature Management below);
- infectious sores or diseases (child needs medical practitioner clearance before re-admittance);
- vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout);

4. any obvious signs of ill health e.g. obvious difficulty breathing, barking cough (exception children with diagnosed Cystic Fibrosis, rib retraction etc.).

11 EXCLUSION CRITERIA

The *Western Australian Department of Health Control of Communicable Diseases Manual* and *Childcare centres and schools (health.wa.gov.au)*, provide guidance on exclusion periods for Child Care Services. Exclusion periods will apply to children and staff according to these guidelines or latest WA Health Department information.

A child or staff member who has any of the following symptoms cannot be admitted to the centre:

- ear, eye or discoloured nasal discharge;
- an undiagnosed rash;
- high temperature (see High Temperature Management below);
- infectious sores or diseases (child needs medical practitioner clearance before re-admittance);
- vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout);
- any obvious signs of ill health e.g. obvious difficulty breathing, barking cough (exception children with diagnosed Cystic Fibrosis, rib retraction etc.).