

Medical Policy

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| Policy Number: | 5 FIVE |
| Purpose: | To outline all steps that are to be taken when providing all aspects of medical attention. |
| Scope: | The wellbeing and safety of all stakeholders is important, preventative, and responsive measures must be in place to maximise the health and safety of all stakeholders at Birralee. |

Relevant Legislation

National Law

- 165 Offence to inadequately supervise children
- 167 Offence relating to protection of children from harm and hazards
- 174 Offence to fail to notify certain information to Regulatory Authority

National Regulations

- 85 Incident, injury, trauma and illness policies and procedures
- 86 Notification to parents of incident, injury, trauma and illness
- 87 Incident, injury, trauma and illness record
- 88 Infectious diseases
- 89 First aid kits
- 90 Medical conditions policy
- 91 Medical conditions policy to be provided to parents
- 92 Medication record
- 93 Administration of medication
- 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
- 95 Procedure for administration of medication
- 97 Emergency and evacuation procedures
- 101 Conduct of risk assessment for excursion
- 102C Conduct of risk assessment for transporting of children by the education and care service
- 103 Premises, furniture and equipment to be safe, clean and in good repair
- 104 Fencing
- 117 Glass
- 122 Educators must be working directly with children to be included in ratios
- 123 Educator to child ratios—centre-based services
- 136 First aid qualifications
- 137 Approval of qualifications
- 161 Authorisations to be kept in enrolment record
- 162 Health information to be kept in enrolment record
- 168 Education and care service must have policies and procedures
- 170 Policies and procedures to be followed
- 171 Policies and procedures to be kept available

- 172 Notification of change to policies or procedures
- 173 Prescribed information to be displayed
- 176 Time to notify certain information to Regulatory Authority
- 177 Prescribed enrolment and other documents to be kept by approved provider
- 183 Storage of records and other documents

National Quality Standard

- Element 2.1.1 – Wellbeing and comfort – Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
- Element 2.1.2 – Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- Element 2.2.3 – Child protection – Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
- Element 3.1.1 – Fit for purpose – Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
- Element 3.1.2 – Upkeep – Premises, furniture and equipment are safe, clean and well maintained.
- Element 3.2.1 – Inclusive environment – Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
- Element 5.1.1 – Positive educator to child interactions – Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
- Element 5.1.2 – Dignity and rights of the child – The dignity and rights of every child are maintained.

Supporting Documents / References:

- Revised National Quality Standard
- Education and Care services Regulations and laws
- Staying Healthy Edition 5

Related Policy or Documents:

- Health Policy
- Safety Policy
- Hygiene Policy
- Mental Health
- Food

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| Attachment One: | Therapeutic Goods Administration https://www.tga.gov.au |
| Attachment Two: | Australian Pesticides and Veterinary Medicines Authority https://apvma.gov.au/ |
| Attachment Three | |

Contents

| | |
|--|----|
| First Aid | 4 |
| Administration | 4 |
| First Aid Kits | 4 |
| Incident | 5 |
| Injury | 5 |
| Trauma | 6 |
| Illness | 7 |
| Serious Injury / Illness / Incident | 8 |
| Record Keeping | 8 |
| Medical Management | 8 |
| Ongoing Medical Conditions..... | 8 |
| Asthma | 9 |
| Diabetes | 9 |
| Centre Ongoing Medication..... | 9 |
| Management Plan..... | 10 |
| Risk Minimisation Plan..... | 10 |
| Communication Plan..... | 10 |
| Medication | 10 |
| Labelling | 10 |
| Administration | 10 |
| Panadol / Ibuprofen / Oral Pain Relief for Children..... | 11 |
| Exceptions to Administrating Medicines | 11 |
| Exempt Medications | 12 |
| Non-exempt medications | 12 |
| Insect repellents..... | 12 |
| Ongoing Medication Form | 12 |
| Non ongoing Medication Form | 12 |
| Storage | 12 |
| Record Keeping | 13 |
| Allergies | 13 |

| | |
|-----------------------------------|-----------|
| Food Preferences | 13 |
| Food Allergies..... | 13 |
| Anaphylaxis | 14 |
| Introducing Foods to Babies | 14 |
| Immunisation | 14 |
| Children..... | 14 |
| Employees..... | 14 |
| Visitors and Students | 15 |
| Record Keeping | 15 |
| Definitions:..... | 15 |
| Policy Details:..... | 16 |

First Aid

Administration

All Employees excluding kitchen, administration and casual Employees will be required to have a current First Aid and Cardiopulmonary Resuscitation [CPR] certificate. Employees not holding a current First Aid and Cardiopulmonary Resuscitation certificate will not apply First Aid. All Employees will follow first aid training procedure, including the correct use of Personal Protective Equipment [PPE], when applying first aid. Employees will call an ambulance on 000 if they deem further treatment is required.

First Aid Kits

Each room and outdoor environment will have first aid kits that will be checked monthly for out-of-date items and restocked as required. All first aid kits will be clearly marked, and all Educators will know where to access a first aid kit from in the environment they are in.

All First Aid Kits will contain:

- First Aid Instructions
- Adhesive Strip Band Aids
- Non-allergic Adhesive Tape
- Wound Dressing
- Triangle Bandage
- Hospital Crepe
- Splinter Probes
- Safety Pins
- Scissors
- Tweezers
- Gloves

- Sterile Saline Solution
- A Plastic Bag, note pad and pen

Incident

An incident is an event that does not cause injury. An incident that has caused no disruption to children and Employees, will be discussed with children in an age-appropriate manner and until all children's questions have been answered. An incident that causes children and adults distress, will require Management to:

- Remain calm
- Contact Families and let them know what has happened
- If required ask Families to collect their child/ren
- Talk to children about the incident in an age-appropriate manner
- Offer counselling to children, Employees and Families when required
- Report incident to regulatory authority if required under legislation
- Report the incident to emergency services if required
- Contact the committee of management

Injury

All injuries will require attention. Minor injuries are injuries that do not require immediate medical attention or immediate communication to the Family, except for biting and minor head injuries where courtesy calls will be made. Minor injuries include scrape, graze, small bruising, biting, head injury that does not need immediate medical treatment or causes secondary complications, splinter, hit, slip, trip, fall, burn, sunburn, small bleed. Employees will assess the minor injury and apply the appropriate first aid.

Serious injuries are any injuries requiring further and/or immediate medical attention. Employees administering first aid will assess the situation and when deemed a serious incident will:

- Contact the emergency service 000
- Contact the Family and explain the situation and that the ambulance has been contacted
- Remain with the child, reassure the child, and make child comfortable
- Remove other children from the situation
- Provide information to the ambulance officers as requested
- Complete all required documentation on the injury
- Have an Educator travel with the child if ratios allow and the Family has not arrived
- If ratios do not allow call Family and let them know the child is in the ambulance
- Report the injury to the regulatory authority in the required time frame
- After the injury check in with the Family on the child's condition
- Reflect as a team and support each other

Trauma

Traumatic events involve circumstances that are either life threatening or have potential for serious harm. Events include but not limited to physical or sexual assault, natural disasters, and serious accidents. Any person/child involved in a traumatic event will be provided with support and counselling if required. It is mandatory for Educators to report incidents of abuse concerning children, all Educators will follow the appropriate procedure when reporting any concerns.

Traumatic events caused by Employees at the centre will:

- See the Employee stood down immediately
- The Family member contacted
- The emergency services called, ambulance and police
- All required paperwork on the trauma will be completed and provided to the emergency services when requested
- The trauma will be reported to the regulatory authority in the appropriate time frame
- Work with all parties to investigate the trauma
- Offer counselling to all parties
- Comply with the outcome and recommendations from all parties

Other traumatic events at the centre will:

- Use the emergency procedure appropriate to the situation
- Keep the children safe and secure throughout
- Report the traumatic event to the regulatory authority in the required time frame
- Work with all parties to investigate the trauma
- Offer counselling to all parties
- Comply with the outcome and recommendations

Traumatic events happening to a child outside the centre and that has been communicated to Employees by the Family will see:

- Employees ensuring privacy of the Family and child
- Support the Family and child and follow their direction in moving forward
- Provide the child with a consistent environment they can feel safe in
- Monitor the child and provide Family with updates

Traumatic events happening to a child that have been communicated or shown to an Educator by the child will:

- Be reported by the Educator to the appropriate authority under mandatory reporting laws
- Documentation will be completed and provided to the appropriate authority on request
- The Educator will support the investigation and answer all required questions
- The child will be supported
- The centre will follow the directions from the appropriate authority to ensure the safety of the child
- The event will be reported to the regulatory authority in the required timeframe

- Privacy for the Family and child will always be maintained

Illness

Types of illnesses will require different responses from Employees.

- Minor illness = child shows symptoms of an illness, runny nose, but is not limited by the symptoms
- Medium illness = child shows symptoms of an illness and is restricted by illness
- Serious illness = child has varying symptoms and does not participate in the program
- Infectious disease = child shows symptoms of an infectious disease
- Temperatures

Minor illnesses including colds and teething will be monitored by Employees and if the child is happy and content no action, other than monitoring temperature is required. Temperatures will be monitored, and further action will be required if the child's temperature increases.

Medium illnesses will show signs of the child being unsettled and not engaging in the program. The child's temperature will be taken and if not over 38.5°C or 38°C for a baby the Family will be contacted, and the child's condition explained to them. The Family will make the decision to collect or leave the child in care. When the child remains at the centre, Employees will make the child comfortable and monitor progress, taking the child's temperature at regular intervals. If the child's condition worsens the Family will be contacted again to collect the child.

Serious illness in a child will incapacitate the child, who will not want to participate in the program, being lethargic, complaining of illness, and/or upset and crying. The Family will be contacted immediately and asked to collect the child. The Family will be required to organise collection of the child as soon as possible.

Infectious disease, when confirmed will have the child excluded from the centre for the period recommended by the Queensland Department of Health. Management on confirmation of infectious disease, will then pass on information to all other families via the closed Facebook page, and flyers placed on the entrances to the building. Employees will follow cleaning procedures to ensure the spread of the disease is contained. Employees will be required to ensure families follow exclusions periods, providing Families with information on exclusion periods and the disease signs and symptoms when requested.

Temperatures will be monitored and a temperature of 38°C in babies will require Families to collect their baby and exclude from the centre until the temperature is no longer present. Children's temperature will be monitored once over 38°C and families contacted to collect their child if temperature goes over 38.5°C, the child will be excluded from the centre until temperature is no longer present.

Pain relief will only be given to children in accordance with the Panadol / Ibuprofen / Oral Pain Relief for Children sub section of this policy.

Employees will assess an illness and if it is deemed a serious illness that requires immediate medical attention the Employee applying first aid will make the judgement and call an ambulance and the Family immediately. If the ambulance transports the child to hospital and the Family are not present an Employee (when Employee to child ratios allow) will accompany the child and wait with the child until a Family member arrives.

Serious Injury / Illness / Incident

A serious Injury, Illness or Incident is:

- A death of a child
- An injury, illness, or incident that a responsible person would consider the child needing urgent medical treatment or hospitalisation
- Emergency services attended the centre to treat a child
- A child is missing from the centre and cannot be located
- A child is taken from the centre by an unauthorised person
- A child is either locked out of or locked in the building

All serious injuries, illnesses and incidents will be dealt with in a professional manner and all required first aid and record keeping will be completed and submitted with the regulatory authority within the required time frame.

Record Keeping

Whenever first aid is given, a report will be required. Non serious first aid issues will require an incident, illness, or injury report to be completed by an Employee. For non-serious issues the centre's online form only will need to be completed and then signed by the Family, a witness and the Employee member writing the report. All serious issues will require the centre's form to be completed as well as lodging the incident with ACEQCA, including all other documentation requests. At times Employees will also be required to write supporting documentation, including observations of children's behaviour or that of their Family as well as writing detailed witness reports. This type of documentation will be on the Birrallee letter head, with the date, page number, all relevant information and a signature of the Employee making the report. All reports once signed are a legal document and Employees are required to ensure accuracy and professionalism when completing all areas of the form. Privacy always needs to be maintained and completed forms need to be placed in the individual child's folder and secured in the locked filing cabinet in the office. Once the child has left the Centre the file will be securely stored for the required length of time as per legislation.

Medical Management

Ongoing Medical Conditions

Families of children with ongoing medical conditions will be required to inform the centre on enrolment of the child's condition and provide all relevant medical history and treatment. A doctor's action plan and any medication will be required before the child attends and everyday thereafter that the child is at the centre, if the child does not have their medication, they will not be able to

attend. Management will work with the Family, providing them with the centre's medical policy as well as having regular communications with the Family to ensure any changes to the child's condition is known and procedures developed to support these changes. All Employees and volunteers will have access to the child's action plan, know who the child is and what room the child attends. All Employees and volunteers will know the child's management plan and risk minimisation plan and have access to these plans on an ongoing basis. All Employees and volunteers will know where the medication is stored for immediate administration.

Asthma

Families of children with Asthma will be required to inform the centre on enrolment of the child's condition and provide all relevant medical history and treatment. A doctor's action plan and any medication will be required before the child attends and everyday thereafter that the child is at the centre, if the child does not have their medication, they will not be able to attend. Management will work with the Family, providing them with the centre's medical policy as well as having regular communications with the Family to ensure any changes to the child's condition is known and procedures developed to support these changes. All Employees and volunteers will have access to the child's action plan, know who the child is and what room the child attends. All Employees and volunteers will know the child's management plan and risk minimisation plan and have access to these plans on an ongoing basis. All Employees and volunteers will know where the medication is stored for immediate administration.

Diabetes

Families of children with Diabetes will be required to inform the centre on enrolment of the child's condition and provide all relevant medical history and treatment. A doctor's action plan and any medication will be required before the child attends and everyday thereafter that the child is at the centre, if the child does not have their medication, they will not be able to attend. Management will work with the Family, providing them with the centre's medical policy as well as having regular communications with the Family to ensure any changes to the child's condition is known and procedures developed to support these changes. All Employees and volunteers will have access to the child's action plan, know who the child is and what room the child attends. All Employees and volunteers will know the child's management plan and risk minimisation plan and have access to these plans on an ongoing basis. All Employees and volunteers will know where the medication is stored for immediate administration. If required, training will be provided to Employees to ensure testing and administering of medication is completed accurately and confidently by employees.

Centre Ongoing Medication

The Centre will keep asthma, and anaphylactic medication in the emergency evacuation bag, for emergency use only. The medication will only be used when the child's medication is unavailable due to evacuations or if directed by medical personal to do so. The medication will be checked regularly and updated as required.

Management Plan

A management plan will be created by the child's doctor for all ongoing medical conditions and provide the centre with all the information required to provide treatment to the child. A photo of the child will be attached to the plan and one copy will be displayed in the Employees room, one copy will be kept with the child's medication and one copy will be kept in the child's file. To ensure the privacy of the child a notice will be displayed in the room explaining that there is a child with a medical condition within the environment, it is the responsibility of all Employees and volunteers to know and respond to the child's medical needs.

Risk Minimisation Plan

The risk minimisation plan will be created by Management in conjunction with the Family. The risk minimisation plan will provide Employees with strategies to reduce the chance of the child suffering symptoms of their medical condition. The risk minimisation plan will be reviewed every six months or sooner if the child's condition changes. All Employees and volunteers will have the risk minimisation plan communicated to them, have access to the plan and implement strategies to ensure the ongoing medical safety of the child.

Communication Plan

The communication plan will be created to provide information to Families on the various communication methods used at the centre and who is informed of their child's condition. Families will be required to sign the form to acknowledge they understand the communication process.

Medication

Labelling

All forms of medication [medication is anything that is applied or administered to the body] including nappy creams, teething gels and pain relief are required to have clear instructions on how to apply the medication and be in the original container. Medications not exempt or classed as low risk from the Therapeutic Goods Administration will also require a chemists label with the child's name and instructions for administration.

Administration

Families requiring medication to be administered by Educators will be required to complete a either an ongoing or non-ongoing medication form providing all required information is accurately completed. Educators when administering medication will check the completed form to ensure all information provided by the Family matches the information on the medicine container. No medication can be administered if any information is incomplete, not suitable for the age of the child or not following the below requirements for administering medication

- There is no signature from the authorised Family member
- Expiry date on bottle has passed
- The child's name does not match the name on the medication form
- The medication is not named on the form, or is the wrong medication

- The dosage is different to the dosage on the medication container
- How the medicine is to be given is not stated
- The time and date the medicine is to be given is not provided
- The time and date of the last dosage given to the child is not provided

If the Educator has checked and all information required on the medication form is complete and correct, the medicine will be administered. For non-ongoing medication the Educator will have another Educator check and witness the procedure ensuring:

- The medication form is complete
- The medicine is in its original container
- The dosage the Educator is giving to the child is accurate
- The date and time given is being followed
- The medication is being given to the correct child
- The medication is being administered in the correct manner
- The dosage given is recorded
- The date and time given is recorded
- The name and signature of the Educator is recorded
- The name and signature of the witness is recorded

All Educators will follow the policy and be knowledgeable on the correct procedure, management will ensure policy and procedure is compliant.

The Director or 2IC will check all forms are complete and filed according to legislation.

No child will be allowed to self-administer medication.

Panadol / Ibuprofen / Oral Pain Relief for Children

No Panadol / Ibuprofen / oral pain medication for children will be kept on the premises and Families will require a doctor's certificate for Educators to administer pain relief. These forms of medication can mask the symptoms of illness in children, inhibiting Educators from being able to monitor children's health efficiently. Children with teething issues will be permitted to use a teething gel, or the Family will need to seek permission from a doctor to administer Panadol/Ibuprofen/Oral pain relief for teething.

Exceptions to Administering Medicines

The only exception to the administering medication is an asthma, diabetes or anaphylactic emergency. If an Educator decides that immediate first aid is required for asthma, diabetes, or anaphylactic emergency, medication will be administered, and the Family and emergency services will be notified immediately. Educators will follow all requirements of the emergency services once contact has been made. The Director or 2IC will follow up the emergency by submitting the appropriate documentation to the Regulatory Authority.

Exempt Medications

The Therapeutic Goods administration has deemed certain medications as exempt from the Australian Register of Therapeutic Goods (ARTG). Some of these medications include sunscreen, nappy rash cream and ointments. If your child's uses any of the exempt medications a chemist label is not required. The medication needs to be in the original container with all instructions clearly visible, including age restrictions. No medication will be used on a child if under the age restriction on the label. A list of all current exempt medications will be available in the family handbook and it is the responsibility of the Director or 2IC to ensure the list is correct and add to the list if further medications are found to be exempt.

Non-exempt medications

All medications not exempt from the Australian Register of Therapeutic Goods (ARTG) will require a Chemist label clearly stating the child's name and the administration instructions. If the Chemist label states instructions as apply as directed, the directions on the medication need to be visible.

Insect repellents

Insect repellents are not classed as medications and are monitored by the Australian Pesticides and Veterinary Medicines Authority. The Australian Pesticides and Veterinary Medicines Authority classify insect repellents as household insecticides and therefore no chemist label is required. Families requiring insect repellent to be applied to their child, will ensure the insect repellent is in the original container with all instructions clearly visible, including age restrictions. No insect repellent will be used on a child if under the age instructed on the label.

Ongoing Medication Form

An ongoing medication form is for medication used for all medications and insect repellents that are ongoing, including nappy rash creams, teething gels, eczema creams etc. The medication form will contain all the relevant information and Family consent; however, the Family will only need to sign once for the duration of the application of the medication. The Director or 2IC will be responsible for ensuring the ongoing medication form is compliant with all legislation and stored in the child's file.

Non ongoing Medication Form

Will need to be completed each time the child brings medication for administering. The medication form will have all required information to ensure the correct administration of medication. The Family will be required to complete the form each day the medication is administered. The medication will not be administered without a completed medication form, once the medication is administered it is the responsibility of Educators to complete the administering part of the medication form. The Director or 2IC will be responsible for ensuring the medication form is compliant with all legislation.

Storage

All medications with the exclusion of asthma and anaphylactic medication will be kept in a locked cabinet or in a refrigerator that children do not have access to. Asthma and anaphylactic medication will be stored in the room attended by the child with the condition, the medication will be kept out

of reach of children, but quickly accessible to Educators. The child's action plan will be kept with the medication allowing Educators to administer the medication quickly and correctly. It is the responsibility of the Director or 2IC to ensure all action plans are up to date and stored with medication. All medication requiring refrigeration will be kept either in the refrigerator in the kindergarten kitchen are or in the nursery refrigerator, both refrigerators are behind locked gates. All medication requiring refrigeration will be stored in a food grade, non-insulated container. All medication that does not require refrigeration will be stored in a locked medicine cabinet in each of the rooms, the children will have no access to the cabinet.

Record Keeping

All records of medication administered will be completed correctly, this is the responsibility of all Educators administering medication. The completed forms will be placed in the individual child's folder and Director or 2IC will check all details are complete. The child's file, once the child has left the Centre, will be archived for the appropriate time designated by the Regulatory Authority. It is the responsibility of the Director or 2IC to ensure documentation is stored and kept for the required time.

Allergies

Food Preferences

It is the responsibility of Families to inform Management of any food preferences their child may have. A food preference may be a lifestyle choice, religious choice, or child initiated preference. Management and Employees will respect the Family's choice and ensure their child always follows their dietary choices. Management will then inform all Employees of the food preference and provide each room with documentation explaining that a child with a food preference is in their room, as well as placing the child's name and their food preferences in the Employees room. Children will not be named on the room documentation to ensure their privacy is maintained, it is the responsibility of all Employees to know all children's food preferences and ensure they are adhered to. The Centre cook will ensure separate foods are available to the child whenever they attend the centre and to ensure no cross contamination has occurred during the preparation of foods.

Food Allergies

It is the responsibility of Families to inform Management of any food allergies their child may have. All food allergies will require a doctor's action plan, the child's medication, a risk minimisation plan and a communication plan to be at the centre on all days the child attends. The Family, Management and Employees will have regular communications to ensure the most current information is on the child's file and Employees are able to provide correct first aid in the case of a reaction. Management will provide each room with documentation explaining that a child with a food allergy is in their room, as well as placing the child's name and their food allergy in the Employees room. Children will not be named on the room documentation to ensure their privacy is maintained; it is the responsibility of all Employees to know children in the centre with food allergies. Management will, when possible, remove any allergy foods from the menu on days that the child attends, if it is not possible, the Centre cook will provide separate food for the child, ensuring no cross contamination

has occurred during the preparation of foods. All food allergy plans will be reviewed every six months.

Children who do not have their medication with them will not be able to attend.

Anaphylaxis

It is the responsibility of Families to inform Management of anything that causes an anaphylactic reaction to their child. All anaphylactic reactions will require a doctor's action plan, the child's medication, a risk minimisation plan, and a communication plan that will be available at the Centre on all days the child attends. The Family, Management and Employees will have regular communications to ensure the most current information is on the child's file and Employees are able to provide correct first aid in the case of a reaction. Management will provide each room with documentation explaining that a child with an anaphylactic reaction is in their room, as well as placing the child's name and their anaphylactic triggers in the employee's room. Children will not be named on the room documentation to ensure their privacy is maintained; it is the responsibility of all Employees to know children in the Centre with anaphylactic reaction. Signs will also be placed in both foyers, to remain complaint with legislation, letting all stakeholders know there is a child with anaphylaxis in building. Triggers for the child will be handled with care around the child, ensuring the child has no contact at any time. The Centre cook will prepare, store, and handle all food for the child away from trigger foods. All anaphylactic management plans will be reviewed every six months.

Children who do not have their medication with them will not be able to attend.

Introducing Foods to Babies

The centre will not be responsible for introducing new foods to babies, we will only mimic what Families are already doing at home. This will ensure babies are tolerant of foods provided at the centre and are less likely to have an unknown reaction while at the centre. Nursery Employees are to communicate with Families on introduced foods and ensure no new foods are given to the baby.

Immunisation

Children

All children are required to be immunised if attending Birralee Childcare Centre. Management will ensure all families are aware of the immunisation requirements and their responsibility to provide the appropriate Centrelink or doctors certificate of current immunisation status. Once enrolled the Family is required to provide Management with an updated immunisation certificate after each immunisation. It is Managements responsibility to obtain the documentation for the child's file.

Employees

All Employees will be required to provide their immunisation documentation. Employees unable to provide the documentation will be required to undergo testing to show their immunisation status or be excluded from the Centre without pay until an outbreak is no longer present. Employees will be strongly advised to get the recommended booster shots for:

- Influenza
- Pertussis (Whooping Cough)
- Any other shots that the individual from test results does not have immunity to

The centre will cover the cost of booster shots.

Immunisation records will be a requirement for all new Employees to provide before commencing employment.

Visitors and Students

Visitors and students will not need to provide immunisation documentation; however, they will be excluded from attending the centre when there is a case of an infectious disease in the centre or if they are feeling unwell. Management is responsible in informing visitors and students of their obligations.

Record Keeping

Management is responsible for collecting all required documentation and keeping files up to date.

Definitions:

| Term | Definition | Source |
|-------------------------------------|--|--|
| First Aid | Help given to a sick or injured person until full medical treatment is available. | www.google/define |
| Cardiopulmonary resuscitation [CPR] | Cardiopulmonary resuscitation is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest | www.wikipedia.com |
| Personal Protective Equipment [PPE] | Personal protective equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter. | www.wikipedia.com |

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| 000 | 000 (also known as Triple Zero) is the primary national emergency number in Australia. | www.wikipedia.com |
| ACECQA | The Australian Children's Education and Care Quality Authority (ACECQA - pronounced a-see-kwa) is an independent national authority that assists governments in administering the <u>National Quality Framework</u> (NQF) for children's education and care. | www.acecqa.gov.au |
| Anaphylaxis | An acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. | www.google/define |
| Allergy | A damaging immune response by the body to a substance, especially a particular food, pollen, fur, or dust, to which it has become hypersensitive. | www.google/define |

Policy Details:

| Date Created | Date Due for Review | Date Revised | Date Authorised by Committee of Management |
|--------------|---------------------|--------------|--|
| 25/01/2021 | | 22/10/21 | 14/05/2021 |
| | 25/01/2022 | 28/11/2023 | 30/11/2023 |
| | 20/05/2024 | 10/06/2024 | 14/06/2024 |
| | 20/5/2025 | 12/05/2025 | 23/05/2025 |
| | 23/05/2026 | | |