# MEDICAL CONDITION

## Relevant legislation

| | |
|---|---|
| Education and Care Services National Regulations 2011 (Amendment Regulations 2018); | 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 136, 246, 247 |
| National Quality Standard 2018 | 2.1, 2.2, 2.3, 4.1, 7.1, 7.3 |

## Background

Childcare legislation recognises that children with existing medical conditions attend early Education and Care Services . In order to uphold the safety and wellbeing of these children at all times, it requires educators to be trained to respond appropriately to conditions such as asthma, anaphylaxis and diabetes. Legislation also requires that educators must know the precise response expected of them for each individual child as detailed in a current Medical Management Plan for that child provided by the child's parent(s).

## Policy statement

This Policy details how the Coordination Unit ensures its educators are trained to respond appropriately to conditions such as asthma, anaphylaxis and diabetes. It also details how educators know the precise response expected of them for each individual child as detailed by the child's doctor.

## Strategies and practices

- At enrolment, parents are required to complete an enrolment form for their child. The form includes provision for parents to detail any medical conditions or specific health care need their child experiences (e.g. asthma, diagnosed risk of anaphylaxis, diabetes, epilepsy). In addition, the Coordination Unit purposefully directs parents' attention to this section of the enrolment form, and stresses the need for accurate and complete information for the service to effectively meet the child's medical needs. Refer to the service's *Enrolment and Orientation Policy.*

- Parents are asked to provide the Coordination Unit/ Family Day Care with any Medical Management Plan from the child's doctor. The Plan should include a photograph of the child, details of the actions to take in the event of an attack (including administering medication), written permission for the service to implement the Plan as required, and the contact details of the doctor who signed the Plan.

- The service uses the Medical Management Plan provided to develop, in collaboration with the parents, a Medical Conditions Risk Minimisation and Communications Plan for their child. The Medical Conditions Risk Minimisation and Communications Plan identifies the possible risks to the child's specific condition or health care need while at the service (e.g. exposure to known allergens) so that those risks can be minimised. Further it ensures communication processes are in place so that, at all times, Family Day Care educators have the complete, correct and up-to-date information necessary to meet the child's health needs. The service is guided by templates from recognised authorities such as Anaphylaxis Australia, Asthma Australia, and the Australian

Society for Clinical Immunology and Allergy when developing the Medical Conditions Risk Minimisation and Communications Plan.

- The service educator must follow the Medical Management Plan which includes plans for asthma, anaphylaxis and diabetes.
- The Coordination Unit / Family Day Care requires parents to provide any updates to their child's Medical Management Plan (e.g. at any time the child has been reassessed by the doctor, the child's medication has been altered or discontinued, new photograph), and at other times when the educator or Coordination Unit requests updates as agreed in the Medical Conditions Risk Minimisation and Communications Plan.
- A copy of the Medical Management Plan and the Medical Conditions Risk Minimisation and Communications Plan is filed with the child's enrolment form at the Coordination Unit / Family Day Care. A copy of the Medical Management Plan is also kept where the child's medication is stored.
- With parental consent, copies of each child's Medical Management Plan are displayed in strategic places throughout the service, including food preparation and eating areas. With the child's right to privacy in mind, the plans are not accessible to visitors or other families. A copy of the Medical Management Plan is taken on any excursion the child attends.
- All parents are handed a copy of this Policy when they enrol their child. In addition, if the parents have advised that their child has a specific health care need, the Coordination Unit discusses the Policy in detail with them, and gives them the opportunity to ask any questions necessary to ensure they understand the Policy.
- All educators, assistants and volunteers commencing at the service are given a copy of this Policy, the Policy is discussed in detail, and they are given the opportunity to clarify their understanding of the Policy.
- All medical details held by the service are kept confidential. Refer to the service's *Privacy and Confidentiality Policy*.
- The service takes every precaution to ensure that no child who has been prescribed medication in relation to a specific health care need, allergy or relevant medical condition attends the service without that medication.
- The Coordination Unit communicates the specific health needs of each child to the relevant educator. The educator is given the opportunity to ask questions to clarify the child's medical needs and their responsibilities attending to those needs. The service then completes a Medical Update Form, and provides this to the Coordination Unit promptly.
- The Coordination Unit provides all assistants and volunteers with an orientation before they commence with the service. In addition, educators inform assistants and volunteers about the specific health care needs of children in their Family Day Cares, where Medical Management Plans are displayed and where the children's medication is kept. The educators stress the importance of being alerted immediately by them of any concern regarding the health and wellbeing of any child.
- The Australasian Society of Clinical Immunology and Allergy has made available an information poster **Anaphylaxis Action Plan (General) – ASCIA**. Copies of this poster are displayed in strategic positions throughout the service including the indoor and outdoor play spaces.

- The Asthma Foundation has made available an information poster **Asthma First Aid**. Copies of this poster are displayed in strategic positions throughout the service including the indoor and outdoor play spaces.
- The contact numbers of emergency Family Day Care are displayed beside all telephone outlets in the service.
- All EpiPens and asthma medication are stored readily accessible to the educator, but inaccessible to children. Refer to the service's *Administration of Medication Policy*.
- First Aid kits are located where educators can readily access them in an emergency. Refer to the service's *Incident, Injury, Trauma and Illness Policy*.
- The service ensures its practices in handling and preparing food and beverages consumed by children at the service prioritise the medical needs of children with known allergies. The service is a nut free zone, and educators take all reasonable steps to ensure this mandate is upheld. Refer to the service's *Nutrition, Food and Beverage Policy* and its *Food Preparation, Storage and Handling Policy*.
- At enrolment, parents are informed of the brand and contents of the sun protection cream used in the service – and they acknowledge this in writing – and the soap used for handwashing. Parents provide their own alternatives as they wish. Parents also supply any creams used for babies (e.g. for nappy change). Parents must complete a Medication Permission Form.
- The service accesses information and resources on medical conditions and their management from recognised authorities, and provides this information to educators, parents, assistants and volunteers.
- Health and safety are regular items in meetings and discussions. The topics of common allergies and medical conditions experienced by young children and how to identify and respond to them are regularly discussed during these meetings.
- The service reviews its health and safety practices regularly as part of its Quality Improvement Plan. Refer to the service's *Educator Professionalism and Ethics Policy*.
- The service maintains an up-to-date record of the First Aid and CPR status of all educators, together with their anaphylaxis and asthma management training, in its First Aid, Anaphylaxis, Asthma and CPR Register. The required number of educators with these qualifications and positioned near children meet regulatory requirements at all times, including on excursions.
- Educators intentionally teach young children about health and safety. This includes making children aware that they and/or their friends may need to take special care about some matters (e.g. the type of food they eat, the brand of sunscreen they use).
- In the event of an incident relating to a child under a Medical Management Plan, that Plan must be followed explicitly. An **Incident, Injury, Illness and Trauma Record** is to be completed.
- At this time, the service has no children who administer their own medication. However, should a specific need arise the service's practices will be adjusted to meet that need.

- Prescribed medication can only be given if it's in its original container, bearing the original label with the name of the child, the dosage to be given and is within the expiry and use by date.

- All non-prescribed medication (as an example: Paracetamol, nappy cream) must be in the original container with the original label, have clear dosage instructions and a used Date not past.

- In an emergency situation verbal authorization can be given by a parent or person listed on the enrolment form.

- Medication can be administered to a child without authorization in the case of an anaphylaxis or asthma emergency. Emergency services will be contacted immediately. The parent of the child and emergency services must be notified as soon as practicable.

- Any medication administered must be recorded by the service educator or family day care assistant on the Administration of Medication Form and signed by the parent.

- The Incident, Injury, Trauma and Illness form must be kept by the family day care educator until the child is 25 years of age. If the service educator leaves Polaris family day care service or ceases to operate, the records must be sent to Polaris family day care service upon ceasing operations.

**Communication and display of medical information**

**The Nominated Supervisor will:**

- Ensure all medical management and risk management plans are accessible to the relevant educators:
- Ensure that all the plans are current and kept up to date;
- Develop a communication plan to ensure relevant educators, assistant educators and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child and / or service;
- Ensure that families can communicate any changes to the medical management plan and risk minimisation plan; and
- Update any required plans as needed.

**Educators will:**

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management plan and risks minimisation plan associated with each child diagnosed with a medical condition; and
- Ensure they are aware of their communication responsibilities

**Additional safe practices for babies**

- No additional practices are required beyond those specified in this policy for all children.

**Responsibilities of parents**

- To inform the service of any updates to their child's Medical Management Plan.

- To ensure the child's medication is brought to the service every time the child attends the service.

**Sources further reading and useful websites,**

**Sources**


- Australian Society for Clinical Immunology and Allergy. (n.d.). *ASIA Action plan for anaphylaxis*. http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis accessed 13 June 2013
- Education and Care Services National Regulations 2011 (Amendment Regulations 2018); .
- Guide to the National Quality Standard
- Education and Care Services National Law 2010
- Work Health & Safety Act 2011(Amendment Law 2018)


**Further reading and useful websites**


- Allergy New Zealand – http://www.allergy.org.nz/
- Allergy and Anaphylaxis Australia – http://www.allergyfacts.org.au/
- Anaphylaxis Australia. (n.d.). *What is anaphylaxis?* http://www.allergyfacts.org.au/allergy-and-anaphylaxis/what-is-anaphylaxis accessed 24 November 2013
- Asthma Foundation. (n.d.). *Asthma Friendly Early Childhood Education & Care* http://www.asthmafoundation.org.au/Asthma_Friendly_Child_Care.aspx accessed 24 November 2013
- Asthma Australia – http://www.asthmaaustralia.org.au/
- Asthma Foundation. *My Asthma Action Plan*. (2013). http://www.asthmaaustralia.org.au/uploadedFiles/Content/About_Asthma/Resources/AAP_DoHA.pdf accessed 24 November 2013
- Asthma Foundation Australia. *Asthma First Aid*. http://www.asthmafoundation.org.au/About_Asthma/Asthma_First_Aid.aspx?terms=asthma%20first%20aid accessed 24 November 2013
- Australian Society for Clinical Immunology and Allergy (ASCIA) – http://www.allergy.org.au/
- Department of Health (Western Australia). *Anaphylaxis Management Guidelines for Western Australian Child Care and Outside School Hours Care Family Day Care*. http://www.health.wa.gov.au/anaphylaxis/docs/child_care/11289%20CC6%20Guidelines.pdf accessed 24 November 2013
- Diabetes Australia. (2013). *Diabetes Brochures and Booklets*. http://www.diabetesaustralia.com.au/Resources/Brochures--Booklets1/ accessed 24 November 2013
- Diabetes Australia – http://www.australiandiabetescouncil.com/
- National Asthma Council of Australia. (n.d.). *Asthma Action Plan*. http://www.nationalasthma.org.au/uploads/content/341-nac_asthma_action_plan_writable_a4.pdf accessed 24 November 2013
- National Asthma Foundation Council Australia – www.nationalasthma.org.au
- Royal Melbourne Children's Hospital – http://www.rch.org.au/home/Royal Melbourne Hospital. (2010). *Caring for Diabetes in Children and Adolescents*. 3rd Ed. http://www.rch.org.au/diabetesmanual/index.cfm?doc_id=2352 accessed 24 November 2013
- The Victorian Government Department of Education and Early Childhood Development. (2008). *Anaphylaxis model policy*. http://www.allergyfacts.org.au/PDF/Anaphylaxis%20model%20policy%20Oct%202008.pdf accessed 24 November 2013

# ALLERGIES AND ANAPHYLAXIS

## Relevant legislation

| | |
|---|---|
| Education and Care Services National Regulations 2011 (Amendment Regulations 2018); | 90, 94, 136, 162, 173, |
| Education and Care Services National Law 2010 | |
| Work Health & Safety Act 2011(Amendment Law 2018) | |

## Policy statement

Allergies are an exaggerated immune response to substances in the environment, and evidence suggests that there has been an increase in severe reactions in young children.

**Symptoms of allergy:**

**Mild**: itchy eyes, sneezes, runny noses,
**Moderate**: rashes, hives, hay fever symptoms, cough,
**Severe**: asthma, chronic eczema, severe sinus problems, vomiting potentially life threatening Anaphylactic reaction: rapid swelling of affected area and/or face, mouth and throat. This condition requires instant action to avoid fatality.

**Triggers of allergy:**

Almost anything potentially, but most commonly;

- Milk and egg products
- Fish, especially shell fish
- Insect bites/stings, especially bee/wasp, jumping jacks
- Some fruit, especially strawberries
- Some plants and flowers, both by direct contact and by pollen
- Nuts and nut products, especially peanuts

Of these, bee stings and peanuts have been particularly implicated in anaphylaxis, and so need to be closely monitored and exposure minimized in Family Day Care.

## Strategies and practices

- Polaris Family Day Care service will ensure that all FDC Educators, FDC Educator Assistants and Co-ordination unit staff have completed (HTLAID004) First aid, Anaphylaxis and Asthma management training that has been approved by the Secretary and update this training annually.

- Parents must identify all known medical conditions and/or allergies on enrolment and a medical management plan must be completed by the child's doctor and provided to the service before the first day of the child's Education and Care. Updates to the medical management plan can be communicated to the child's FDC Educator or to the Co-ordination unit and will be communicated to all concerned and placed in the child's enrolment record.

- In the case of severe allergy especially where anaphylaxis is possible an Anaphylaxis management plan is required to be developed by the child's doctor, given to the FDC Educator and a copy placed on file at the Co-ordination Unit. If the child has an Adrenaline auto-injection device (e.g. Epipen) it must be checked by the FDC Educator every time the child is in care and placed in a prominent position, it must be with the child on all outings. If the child comes without the Adrenaline auto-injection device (e.g. Epipen), or it is out of date, care will be refused. In the case of In-venue FDC for school aged children, where the child is coming straight from school, if the Adrenaline auto-injection device (e.g. Epipen) is not present the Parents will be contacted and asked to collect the child or bring the Adrenaline auto-injection device (e.g. Epipen).

- A copy of each child's individual medical management plan will be displayed in the Education and care environment.

- FDC Educators, FDC Educator Assistants, Volunteers and Co-ordination unit staff will familiarise themselves with each child's medical management plan and follow each child's individual medical management plan should an incident requiring such present itself.

- A risk minimisation plan will be developed in consultation with the child's parents to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.

- If it is deemed necessary, other Children and/or Parents will be informed about allergy management, including details of items not to be brought into care.

# ASTMA

## Relevant legislation

| | |
|---|---|
| Education and Care Services National Regulations 2011 (Amendment Regulations 2018); | |
| Education and Care Services National Law 2010 | |
| Work Health & Safety Act 2011(Amendment Law 2018) | |

## Policy statement

An asthma specific policy is necessary because:

- Asthma is a chronic health condition affecting 1 in 9 Australian children.
- It is a common reason for childhood admission to hospital.
- Community education and correct asthma management will assist to minimise the impact of asthma.
- It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Polaris Family Day Care recognises the need to educate its staff and parents/carers about asthma and to promote responsible asthma management strategies.

It is therefore the responsibility of the Co-ordination unit to ensure that FDC Educators have the knowledge and skills to treat asthma symptoms with appropriate first aid procedures.

The onset of asthma can occur at any time. Any attack is potentially life threatening and should be taken seriously.

Asthma management should be viewed as a shared responsibility. Whilst Polaris Family Day Care recognises its duty of care toward children with asthma during their time in care, the responsibility for ongoing asthma management rests with the Parents.

In the case of serious injury or illness, the FDC Educator is not required to treat or diagnose the condition apart from carrying out the appropriate first aid procedures. Diagnosis and treatment are the responsibility of the ambulance officer or medical practitioner in attendance.

Any breathing difficulty can be life threatening. The first attack can occur at any time and at any age. This asthma policy does not ask FDC Educators to diagnose what is causing the difficulty. It simply asks that they treat the symptoms with first aid procedures.

**This policy should be read in conjunction with the medication policy.**

## Strategies and practices

**Medical Information**

- Enrolment forms should seek to determine the child's asthma history. E.g. "Has your child ever had asthma?"
- The Parent as per the Medication Policy should complete an Asthma Action Plan.

- It is the Parents responsibility to keep the Service and the FDC Educators informed, in writing, of any changes to their child's asthma as they occur.

- Recording an asthma attack should occur as per the illness report form, or in the event that medication is administered, as per the Medication form.

**Asthma awareness:**

- FDC Educators should be aware of children with asthma in their care, and have knowledge of the symptoms, triggers and treatment procedures for each child.

- Children with asthma should be given the same opportunities as other children in care.

- FDC Educators should manage their own asthma effectively.

**Emergency management**

- Emergency asthma management procedures should be on display in a prominent place at all times.

- FDC Educators should recognise and treat symptoms early. Regardless of whether these are mild, moderate or severe, treatment must commence immediately as delay may increase the risk to child's health and safety.

- Follow the child's emergency management plan where possible.

- In the absence of a child's management plan, follow the 4 step Emergency Asthma Management procedures. Refer to flow chart at the end of this policy.

- Contact Parents/emergency contact person.

- In the event that an ambulance has been called, FDC Educators should continue to administer medication and contact the Parent or emergency contact person. The child should be handed over to the ambulance officers for treatment and the FDC Educator should remain with the other children in care.

- If administering asthma first aid removes the FDC Educator from the supervision of other children in care, FDC Educators should follow the standard procedures for supervision for any emergency situation.

- A record of any asthma attack should be placed in the Incident file. A record of medication administered should be placed in the Medication file.

**First or unknown attack**

- If a child suddenly develops a wheeze or complains of difficulty in breathing and/or has an incessant cough or wheeze, appropriate care must be given immediately WHETHER OR NOT the child is known to have asthma.

- Sit the child down and remain calm to reassure them.

- Give 4 separate puffs of a blue reliever puffer (inhaler) one at a time Ask the child to take 4 breaths through a spacer after each puff.
- Wait 4 minutes - REPEAT if no improvement.

- If still no improvement after a further 4 minutes -Call an ambulance immediately (dial 000). State clearly, the child is “having an asthma attack”.

- Keep giving 4 separate puffs of a blue reliever puffer through a spacer every 4 minutes until the ambulance arrives.

- In an emergency the blue puffer reliever can be accessed from the first aid kit if the FDC Educator has a BAN, or borrowed from another child.

- This treatment could be lifesaving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse is not due to asthma. Reliever puffers are extremely safe, even when the child does not have asthma.

**Cleaning of devices**

Devices (e.g. puffers and spacers) that are used by more than one child, e.g. from the first aid kit, must be thoroughly cleaned after each use to prevent cross infection.

Following these steps can easily clean devices:

- Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into 2 parts.
- Wash thoroughly in hot water and detergent.
- Do not rinse.
- Allow devices to ‘air dry’ (do not wipe dry).
- When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies) paying attention to the inside and outside of the mouthpiece of the devices.
- When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing 1 or 2 “puffs” into the air. A mist should be visible upon firing.

If any device is contaminated by blood, throw it away and replace the device.

**Training**

All FDC Educators must undertake an accredited course in Emergency Asthma Management as part of their first aid training.

FDC Educators who have completed the accredited course in Emergency Asthma Management may wish to apply for a BAN, enabling them to legally hold a blue reliever puffer in their first aid kit. It is illegal for a service to purchase and supply FDC Educators with blue reliever puffers.

# DIABETES

## Relevant legislation

| | |
|---|---|
| Education and Care Services National Regulations 2011 (Amendment Regulations 2018); | 90 |

## Background

Educator must ensure that each child with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes management plan provides educator with all required information about that child's diabetes care needs.

The child's diabetes medical specialists may include an endocrinologist, diabetes nurse educator and other allied health professionals.

Most children with type 1 diabetes can enjoy and participate in programs and activities to their full potential, but are likely to require additional support from service to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

## Policy statement

Polaris will not accept children into care until the child's medical plan is completed and signed by Doctor and the educator has been trained on how to manage the individual child's diabetes.

**Definitions:**

The terms defined in this section relate specifically to this policy.

•Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type 1 diabetes is life threatening.

•Type 2 diabetes: Occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

•Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

•Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of food
- undertaking unplanned or unusual exercise.
- It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.
- The child's diabetes management plan will provide specific guidance for services in preventing and treating a hypo.
- Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin
- consuming too much food
- common illnesses such as a cold
- stress.

•Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

•Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level.

•Insulin pump: A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

•Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

**Strategies and practices**

**The Educator is responsible for:**

- ensuring that the parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Policy and the Dealing with Medical Conditions Policy.

- ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential

- ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment
- ensuring that all educator is aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes management plans

- ensuring that the educator, staff, Tutors, volunteers and others at the service follow the child's diabetes management plan in the event of an incident
- ensuring that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

**Parents/guardians are responsible for:**

- reading the service's Diabetes policy
- informing educator, either on enrolment or on initial diagnosis, that their child has diabetes
- providing a copy of their child's Diabetes Management Plan to the educator and ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the service
- working with educator to develop a Risk Minimisation Plan for their child
- providing an adequate supply of appropriate diabetes medication and equipment for their child at all times
- notifying educator, in writing, of any changes to the information on the Diabetes Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's diabetes
- encouraging their child to learn about their diabetes and to communicate with educator if they are unwell.

# DENTAL HEALTH

## Relevant legislation

| | |
|---|---|
| Education and Care Services National Regulations 2011 (Amendment Regulations 2018); | 77 |
| National Quality Standard 2018 | 2.1, 2.2 |

## Background

Healthy teeth and gums are necessary for general good health. They play an important part in the digestion of food, correct speech and self-confidence through enhancing our appearance. Keeping healthy primary (baby) teeth until they fall out naturally is crucial in maintaining the space for permanent (adult) teeth.

Given the number of children who attend Family Day Care and the length of time they spend in care, Family Day Care plays a significant role in the prevention of teeth and gum diseases in young children, and in the development of healthy teeth and gums. Further, Family Day Care provides the ideal opportunity to instil in children long-term oral health habits.

## Policy statement

The Service and the service promote good dental habits, and are also committed to minimising any risk to children's dental health from food and drink consumed at the service. The Service and Family Day Care follow recommendations from the recognised dental health authorities, and provides this information to families.

## Strategies and practices

- The *Dental Health Policy* is explained to parents when they enrol their child with the service, and their attention is specifically drawn to their responsibilities under this Policy. Educators also explain the Policy in more detail when the child commences with them. The *Dental Health Policy* is also included in the Parent Handbook given to all parents.

- The oral health message is promoted amongst families through notice boards, newsletters, information nights, verbal communication, parent-educator meetings, pamphlets and dental health educational materials, and the celebration of Dental Health Week (3-10 August). Due consideration is given to home languages.

- Educators are provided with professional development opportunities in oral health and have access to resources and updates from the recognised dental authorities.

- Children are given water when thirsty, and unflavoured milk when hungry. Natural fruit juices are preferred to cordials or fruit drinks. Natural fruit juices provided from home are diluted with water 50:50.

- Parents are asked to provide healthy foods in their children's lunchboxes, particularly fruit and vegetables for morning and afternoon tea. Foods high in sugar in children's lunchboxes are returned home, and educators may suggest alternatives.

- Children are encouraged to drink water or rinse their mouth out after eating.

- Educators use opportunities that arise during children's play and at meal and snack times to talk to the children about dental health issues. The service resources include plastic 'healthy food,' and toys and dolls with teeth. When appropriate to children's interest and the program, educators intentionality teach children about looking after their teeth through activities such as: action songs and rhymes; books puzzles and games; food preparation; and, cooking experiences.

- To ensure that children receive early positive experiences, the service arranges for dentists and appropriate allied dental health professionals to visit the service to talk to the children about dental hygiene.

**Additional safe practices for babies (0-2yrs)**

- Mothers are encouraged and supported to breastfeed.
- Only milk or water is used in baby bottles.
- The use of pacifiers (dummies) is discouraged, and parents' attention drawn to the tooth decay risks associated with their use. If parents still request a pacifier be used, educators try to minimise its use. Pacifiers are stored in clear labeled containers when not required. Honey, sweetener or any other substances are not used on pacifiers.
- Jam and honey is not served to children under 12 months of age.
- Fluids may be introduced in a cup from 6 months of age.
- Parents are encouraged to introduce solids from 6 months of age, as solids satisfy the child's hunger requiring fewer bottle feeds. Bottles are discouraged after 12 months.
- Educators do not put children to sleep with milk or formula in their bottles. Educators remove a child's bottle as soon as feeding is completed.

**Responsibilities of parents**

- To provide nutritious foods and drinks according to information contained in the Service's *Dental Health Policy* and in its *Nutrition, Food and Beverages Policy*. Food and drinks brought from home should be nutritious, provide variety and follow current dietary guidelines.

**Sources**

- Education and Care Services National Regulations 2011 (Amendment Regulations 2018); .
- Guide to the National Quality Standard .

**Further reading and useful websites**

- Centre for Community Child Health – http://www.rch.org.au/ccch/
- NSW Health – http://www.health.nsw.gov.au
- The Royal Children's Hospital Melbourne. *Childcare and children's health: An information sheet for parents (Oral Health)* Vol 14 No 2 June 2011 http://www.rch.org.au/emplibrary/ccch/CCH_Fact_Sheet_-_Oral_health.pdf accessed 22 November 2013

# HEAD LICE

## Relevant legislation

| | |
|---|---|
| Education and Care Services National Regulations 2011 (Amendment Regulations 2018); | 85, 86, 87, 88 |
| National Quality Standard 2018 | 2.1, 2.3 |

## Background

In early Education and Care Services , children have close contact with each other and this provides the opportunity for head lice to be transferred from head to head. Head Lice continue to cause concern and frustration for some parents, educators and children.

Whilst parents have primary responsibility for the detection and treatment of head lice, the service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

## Policy statement

This Policy outlines the roles, responsibilities and expectations of the service and parents to assist with a consistent and coordinated approach to treating and controlling head lice.

## Strategies and practices

- At enrolment, parents are provided with information about the service's Head Lice Policy, and with up-to-date and accurate information on the detection, treatment and control of head lice.
- Parents are asked to agree to giving educators permission to discreetly examine their child's hair in the event educators observe the child demonstrating signs of discomfort.
- Information and brochures are available at the service for parents and educators. Educators receive training about head lice.
- Children do not share hats or bedding at the service.
- Parents of children with long hair are asked to tie the hair back before coming to the service.
- Parents are asked to check children's hair regularly for head lice. Parents are expected to ensure that their child does not attend the service with untreated head lice. Parents are asked to notify the service if their child is found to have live lice and when appropriate treatment was commenced.
- Parents of a child found to have head lice while at the service are contacted immediately to come and collect their child. The child can only be accepted back into the service the day after appropriate treatment has started and the child no longer has live head lice.
- Educators and the Coordination Unit maintain a sympathetic attitude and not stigmatise families who are experiencing difficulties controlling head lice.

- The service informs all parents when an outbreak of head lice has occurred in the service. Individual children/families are not identified. All parents are provided with factual information, and are asked to check their own child's head daily once head lice have been detected in the service.
- Educators will regularly inspect their own household members for head lice and treat them if necessary.
- After a case of head lice has been detected in the service, all items such as hats, bedding and dress-up clothes which may have been used by the child are washed in hot soapy water and hung out to dry in the sun.
- Maintain a sympathetic attitude and avoid stigmatizing or blaming families who are finding it hard to control head lice.

**Additional safe practices for babies**

- N/A

**Responsibilities of parents**

- To agree to give educators' permission to check their child's hair when appropriate.
- To tie back their child's long hair.
- To check children's hair regularly for head lice and advise the service if head lice are detected.
- To collect their child in the event of head lice being detected in the child's hair, and to treat the hair accordingly.

**Sources, further reading and useful**

**Sources**


- Education and Care Services National Regulations 2011 (Amendment Regulations 2018); .
- Guide to the National Quality Standard .
- Work Health & Safety Act 2011(Amendment Law 2018)
- Victorian Government Health Information. *Model Headlice Policy.*
- http://www.health.vic.gov.au/headlice/childcare.htm accessed 23 November 2013