

HIV AIDS AND HEPATITIS POLICY

Policy Statement

1. VALUES

North Brighton Kindergarten is committed to:

- Ensuring no employee, prospective employee, parent/guardian or child is discriminated against or harassed on the grounds of having, or being assumed to have, HIV/AIDS or a hepatitis infection
- Ensuring no child, parent/guardian, staff member or any other person participating in the program is excluded on the basis of HIV/AIDS or hepatitis
- Ensuring no child, staff member, parent/guardian or other person present at the centre is denied first aid at any time
- Endorsing a respectful, caring and supportive approach
- Helping to inform parents/guardians and staff about the facts of HIV/AIDS and hepatitis
- Assuring users of the centre that North Brighton Kindergarten is aware of its responsibilities for providing a safe environment for staff, children and parents/guardians
- Assuring the community that North Brighton Kindergarten is carrying out its responsibilities in relation to government legislation concerning HIV/AIDS, the Occupational Health and Safety Act 2004 and the Health Act 1958
- Ensuring confidentiality for staff and users in relation to the HIV/AIDS and hepatitis status of persons concerned
- Fulfilling obligations under all relevant state and Commonwealth legislation.

2. SCOPE

This policy applies to the staff, parents/guardians, children, volunteers and any other persons involved with North Brighton Kindergarten.

3. BACKGROUND AND LEGISLATION

Viruses such as HIV/AIDS, which has aroused community anxiety often because of misinformation and ignorance, and hepatitis are health issues that concern everyone.

There is no obligation, legal or otherwise, for anyone to inform an employer or centre provider of their own or their child's HIV/AIDS, hepatitis B, C or other blood-borne virus status. Consequently:

- Such information must not be disclosed without the informed consent of the individual (or guardian for a person under the age of 18).
- The only reason that the parents/guardians would inform the staff of the child's blood-borne disease status would be for the benefit of the child.
- Any information received must be kept securely within the centre. Access to this information must only be by the person who has been informed.
- Information relating to the blood-borne status will be destroyed once the person leaves the employment of, or ceases to attend, the centre.
- No routine or mandatory blood-borne disease testing may be carried out on centre users or staff.

- No testing may be carried out without the informed consent of the individual and provision of pre- and post-test counselling by an accredited counsellor or qualified medical practitioner.

Relevant legislation may include but is not limited to:

- *Education and Care Services National Law Act 2010*
- Education and Care Services National regulations 2011
- *Equal Opportunity Act 1995*
- *Health Act 1958*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *Occupational Health and Safety Act 2004.*

4. DEFINITIONS

AIDS: Acquired immune deficiency syndrome.

Department of Education and Early Childhood Development (DEECD): The state government department responsible for the funding, licensing and regulation of children's services in Victoria.

HIV: Human immunodeficiency virus. This is a virus that is carried in blood and other body fluids. HIV infection is called AIDS when it becomes fully developed in the body.

Hepatitis: This is a general term for inflammation of the liver, which can be caused by alcohol, drugs (including prescribed medications) or viral infections. There are several types of viral hepatitis, namely A, B, C, D, E and G.

Infection control: The name given to a combination of basic hygiene measures to prevent the spread of infection.

NHMRC: National Health and Medical Research Council.

5. SOURCES

- DEECD, *Children's Services Guide*
- National Health and Medical Research Council 2005, *Staying Healthy in Child Care: Preventing Infectious Disease in Child Care* (4th edition)
- Hepatitis Australia: www.hepatitisaustralia.com.

Procedures

The Approved Provider is responsible for:

- Providing access to current information for all staff and parents/guardians about:
 - The basic facts on preventative measures for HIV/AIDS and hepatitis
 - Where they may access further information
 - Support services as required
- Ensuring that employees understand the concepts of discrimination and harassment
- Ensuring that staff and parents/guardians have access to materials (as required) that will enable them to implement infection control procedures; the availability of this material will be monitored during OH&S checks at the centre
- Providing, as far as practicable, a healthy and safe environment

- Displaying and complying with the step-by-step procedure on infection control relating to blood-borne viruses ([Attachment 1](#)); both existing and new staff, as part of their induction and ongoing training, will be made aware of this procedure
- Providing a booklet/publication on infection control to be kept at the centre
- Reviewing staff training needs in relation to infection control on an annual basis
- Ensuring that all staff first-aid qualifications are current (CSR r63)
- Keeping confidential any verbal or written information relating to the HIV/AIDS or blood-borne disease status and condition of any child, staff member or other person involved in the centre
- Ensuring there is an adequate supply of equipment for dealing with infection control and blood spills.

The Nominated Supervisor and Certified supervisors and other educators are responsible for:

- Implementing infection control procedures for all body fluid spills and abrasions (refer to [Attachment 1](#), 'Step-by-step procedure for infection control relating to blood-borne viruses')
- Taking reasonable care and precautions to protect their health and safety and that of others in the workplace at all times
- Ensuring their first-aid qualifications are current at all times (CSR r63)
- Recording any exposure to a body fluid spill or abrasion in the accident, injury, trauma and illness book for children and the incident/injury register for staff, students and volunteers
- Notifying their employer or staff liaison officer of any event where a staff member is concerned s/he has been exposed to blood or other body fluids at the centre as soon as is practicable. e.g. Exposure to blood, blood to blood contact, needle stick injury, bite breaking skin and other events carrying risk.
- Notifying the employer and parent of any incident in which a child may have been exposed to blood or other body fluids.
- Seeking the advice of a qualified medical practitioner as soon as practicable following any incident as described in previous point.
- Keeping confidential any verbal or written information relating to the HIV/AIDS or blood-borne disease status and condition of any child, staff member or other person involved in the centre.

Parents/guardians are responsible for:

- Reading and being familiar with the policy
- Complying with the procedures outlined in Attachment 1
- Bringing relevant issues to the attention of both staff and committee

- Complying with the communicable diseases exclusion table (refer to the Management of infectious diseases policy)
- Complying with the hygiene policy and procedures of the centre when they are at the centre or involved in centre activities.

Evaluation

In order to assess whether the policy has achieved the values and purposes, the committee will:

- In consultation with staff, review the infection control procedures and adherence to them at least annually
- If appropriate, conduct a survey in relation to aspects of the policy or incorporate relevant questions within the general parents'/guardians' survey
- Take into consideration feedback regarding infection control and the policy from staff, parents/guardians and other users of the centre, and adjust infection control procedures, or provide additional information on the subject, if appropriate
- Regularly monitor research to ensure the policy meets current standards and practices by way of KPV and DEECD.

Attachments

[Attachment 1](#) : Step-by-step procedure for infection control relating to blood-borne viruses

[Attachment 2](#) : Relevant publications and training providers

[Attachment 3](#) : Background information

Authorisation

This policy was adopted by the North Brighton Kindergarten Committee of Management at a committee meeting on 5th November 2010.

Review date: October, 2013.

Step-by-step procedure for infection control relating to blood-borne viruses

This procedure is based on advice provided by the Department of Education, Employment and Training, the Department of Human Services and the NHMRC.

Blood spills

Anyone working with the children, who may need to respond to an incident involving blood, must cover any cuts, sores or abrasions on their hands and arms with waterproof dressings while at the centre.

Equipment and procedures for managing blood spills and providing first aid for bleeding

1. Cleaning and removal of blood spills

Equipment (could be kept in an easily accessible, clearly labelled bucket)

- Disposable gloves
- Disposable plastic bags (preferably zip lock)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

- Put on disposable gloves.
- Cover the spill with paper towel.
- Carefully remove the paper towel and contents.
- Place towel and gloves in disposable plastic bag, seal bag and place it in rubbish bin inaccessible to children.
- Put on new gloves and clean the area with warm water and detergent/bleach and allow to dry.
- Place gloves into disposable plastic bag, seal bag and place it in rubbish bin inaccessible to children.
- Wash hands in warm, soapy water.

2. Providing first aid to children who are bleeding

Equipment (could be kept in an easily accessible, clearly labeled bucket)

- Disposable gloves
- Disposable gloves
- Disposable plastic bags (preferably zip lock)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

- Adult treating child to cover any uncovered cuts, sores or abrasions on arms and hands with waterproof dressings.
- If time, put on disposable gloves. If gloves are not available, get someone who is wearing gloves to take over from you as soon as possible. Then wash and dry your hands.
- When cleaning or treating a child's face, which has blood on it, ensure you are not at eye level with the child as there is a chance, through their crying or coughing, for their blood to enter your eyes or mouth. If blood does enter your eyes, rinse them while they are open, gently but thoroughly for at least 30 seconds. If blood does enter your mouth, spit it out and then rinse the mouth several times with water.
- Raise the injured part above the level of the heart, unless you suspect a broken bone.
- Clean the affected area and cover the wound with waterproof dressing.
- Remove gloves and place in disposable plastic bag, seal the bag and place it in a rubbish bin inaccessible to children.
- Wash hands in warm soapy water.
- Contaminated clothing should be removed and stored in leak-proof disposable plastic bags and given to the parent/guardian collecting the child for washing.

3. Equipment and procedures for the safe disposal of discarded needles and syringes

Equipment (could be kept in an easily accessible, clearly labeled bucket)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container; or rigid-walled, screw-top, puncture-resistant plastic container available for free from local council, who may also provide free training to staff on the collection of sharps

Procedure

- Put on disposable gloves.
- Do not try to re-cap the needle or to break the needle from the syringe.
- Place the disposal container on the ground next to the syringe.
- Pick up the syringe from the middle, keeping the sharp end away from you at all times.
- Place the syringe, needle point down, in the disposal container and securely place lid on container.
- Repeat this procedure to pick up all syringes and/or unattached needles.

- Remove gloves and place gloves in disposable plastic bag, seal the bag and place it in a rubbish bin inaccessible to children.
- Clean the area as outlined in the procedures for managing blood spills
- Wash hands in warm, soapy water and dry.

Under no circumstances should work-experience students or children be asked or encouraged to pick up needles/syringes.

Syringe disposal containers or syringes must not be put in normal waste disposal bins.

Advice on the disposal of syringes can be accessed from:

- The Disposal Help Line on 1800 552355 for the location of the nearest needle exchange outlet or public disposal bin
- The environmental officer (health surveyor) at your local municipal/council offices.

4. Needle stick injuries

The Department of Human Services has indicated that the risk of infection from needle stick injury is low and should not cause alarm.

The following procedures should be observed in case of needle stick injury:

- Stay calm and encourage the wound to bleed (gently squeeze).
- Wash the affected area with cold running water and soap.
- Dry area, apply antiseptic to the wound and cover with a waterproof dressing if necessary.
- For incidents involving a staff member, report the injury to the committee/staff liaison officer as soon as practicable. The incident will need to be documented in the incident report book.
- If for a child, contact the parents/guardians as soon as practicable and provide a report to the DEECD.
- See a doctor as soon as possible and report the circumstances of the injury.

Relevant publications and training providers

Organisation	Publication/Service
Department of Health Public Health GPO Box 4057 Melbourne Vic. 3001 Tel: 1300 651 160	<ol style="list-style-type: none"> 1. AIDS Your Questions Answered 2. Public Health—Hepatitis A 3. Hepatitis B—the facts 4. Hepatitis C—the facts
www.publications.gov.au	A site that provides access to a listing of Australian government publications
Information Victoria 505 Little Collins Street Melbourne Vic. 3001 Tel: 1300 366 356	<ol style="list-style-type: none"> 5. Occupational Health and Safety Act 2004. 6. Equal Opportunity Act Reprint 5 – 10 May 2007
Hepatitis C Victoria Suite 5, 200 Sydney Road Brunswick Vic. 3056 Tel: (03) 9380 4644 Toll free: 1800 703 003 Website: www.hepcvic.org.au/	Resource material titles and quantities of resources change, so it is best to check the Resource Order Form for up-to-date resource availability Please note that postage costs for bulk orders may need to be covered
Community Child Care Co Op Ltd (NSW) Unit 21/142 Addison Rd Marrickville NSW 2204 Tel: (02) 8922 6444 Website: www.csnsw.org.au	For resources and model policies
ECA –Victorian Branch PO Box 2080 Richmond South Vic. 3121 Tel: (03) 9427 8474 Toll free: 1800 356 900 Website: www.earlychildhoodaustralia.org.au	Control of infection in child care settings (available on the website)
Organisation	Training for staff
Red Cross 23–47 Villiers Street North Melbourne Vic. 3051 Information hotline: 1800 246 850	<ol style="list-style-type: none"> 7. Training across Victoria 8. First-aid courses
St John's Ambulance 170 Forster Road Mount Waverley Vic. 3149 Tel: (03) 8588 8588 Website: www.stjohnvic.com.au	First aid

BACKGROUND INFORMATION

Reviewing/changing the policy

Any review of this policy needs to ensure compliance with legislation. Where North Brighton Kindergarten is considering changing this policy, KPV recommends legal advice be sought to ensure compliance with all relevant legislation. The relevant sections of the government Acts pertaining to HIV/AIDS and discrimination are listed below.

North Brighton Kindergarten has responsibilities as an employer, under *the Equal Opportunity Act 1995*, the *Occupational, Health and Safety Act 2004* and the *Health (General Amendment) Act 1988*.

LEGISLATION

1. EQUAL OPPORTUNITY ACT 1995

Part 2, Section 6 prohibits discrimination against applicants and employees on the basis of impairment. The Act defines impairment as: including the presence in the body of organisms that may cause disease.

Section 25 of the Act states that 'if the employer genuinely believes that the discrimination is necessary to protect the physical, psychological or emotional wellbeing of the children', an exception may apply. The employer also needs to consider its responsibility to protect employees who may be infected with HIV/AIDS or hepatitis from discrimination in the workplace.

2. OCCUPATIONAL HEALTH AND SAFETY ACT 2004

- Section 21(1): 'An employer shall provide and maintain, so far as is practicable for employees, a working environment that is safe and without risks to health'
- Section 21(2): Requires an employer to provide adequate facilities for the welfare of employees
- Section 25(1): 'While at work, an employee must (a) take care of his or her own health and safety and the health and safety of anyone else who may be affected by his or her acts or omissions'
- Section 25(2): An employee shall not '(b) wilfully place at risk the health or safety of any person at the workplace'.

VICARIOUS LIABILITY

North Brighton Kindergarten will be aware that they would generally be liable for any contravention of the equal opportunity and discrimination legislation by employees or people acting as their agents. If there is a contravention of the legislation, it is important for North Brighton Kindergarten to be able to demonstrate that they took reasonable precautions to prevent the contravention of the legislation, such as the provision of staff education and training.

3. HEALTH ACT 1958

Under Section 119, the spread of infectious disease should be prevented or limited without imposing unnecessary restrictions on personal liberty and privacy. Section 128 provides that a person who, in the course of providing a service, acquires information that a person has been or is required to be tested for HIV, or is infected with HIV, must take all reasonable

steps to develop and implement systems to protect the privacy of that person. The maximum penalty for breaching this section of the Act is 50 penalty points as of July 2006.

Hepatitis

This is a general term for inflammation of the liver, which can be caused by alcohol, drugs (including prescribed medications) or viral infections. There are several types of viral hepatitis, namely A, B, C, D, E and G.

Hepatitis A

Hepatitis A (HAV) is an acute (short-term but quite severe) viral infection of the liver caused by the hepatitis A virus. The hepatitis A virus can survive both in the environment on hands for several hours and in food kept at room temperature for considerably longer and is relatively resistant to detergents.

It is primarily transmitted through faeces, when faeces get onto the hands of people and then moves from hand to mouth; for example, touching nappies, linen and towels soiled with the faeces of an infectious person. It can also be spread through contaminated water or food, when faeces get into the water supply or food (NHMRC 2005).

Symptoms can be debilitating, but most people infected with hepatitis A recover completely and once you have had hepatitis A you cannot get it again.

To avoid the transmission of hepatitis A:

- Always wash hands thoroughly after going to the toilet, before preparing and eating food, and after handling soiled linen, such as nappies
- Avoid sharing food, cutlery, crockery, cigarettes and drinks with other people
- When travelling in regions with poor sanitation, drink bottled water and avoid eating food that has been cleaned or prepared using contaminated water
- In a natural disaster, listen to warnings about contaminated drinking water and follow any instructions issued by the relevant authorities
- Consider being vaccinated (see below for more details).

Vaccination against hepatitis A is available for people aged two years and older, and the NHMRC (2005) recommends HAV vaccination for staff working with children, particularly those who work with children who are not toilet trained. The NHMRC (2003) recommends vaccination for child day care and preschool personnel:

‘Occupationally acquired HAV is not uncommon occurrence among child day care and preschool personnel. Vaccination is strongly recommended for these staff, and must be considered as a standard workplace health and safety practice’.

Hepatitis B

Hepatitis B (HBV) is a serious public health problem as it is one of the most common infectious diseases in the world. Hepatitis B is a virus that can be found in blood and body fluids, including breast milk, saliva, vaginal secretions and semen and causes inflammation of the liver. The majority of people infected with hepatitis B as adults will recover completely;

however, chronic (long-term) infection can develop in the majority of people infected with hepatitis B early in life.

Transmission is through direct contact with blood and blood products and through saliva, semen and vaginal fluids. It is not spread through either food or water or normal social contact, such as kissing, sneezing or coughing, hugging or eating food prepared by a person with hepatitis B.

The most common ways hepatitis B is spread include:

- Sexual contact
- Sharing of injecting equipment
- Needle stick injuries in the health care setting
- Reuse of unsterilized or inadequately sterilised needles
- Child-to-child transmission through household contact, such as biting
- Sharing personal items, such as razors, toothbrushes or nail clippers.

There is no legal obligation for people with hepatitis B to tell their employer. There is no specific employment law for people with hepatitis B, but some protection is provided under the *Disability Discrimination Act (1992)* (Cwlth) and individual state and territory Anti-discrimination or Equal Opportunity Acts.

To avoid transmission of hepatitis B:

- Consider being vaccinated; adult vaccination against hepatitis B involves three doses given over six months
- Practice safe sex (use a condom)
- Wash hands after touching blood or body fluids
- Wear disposable gloves if giving someone first aid, or cleaning up blood or body fluids
- Avoid sharing toothbrushes, razors, needles, syringes, personal hygiene items and grooming aids or any object that may come into contact with blood or body fluids
- Use new and sterile injecting equipment for each injection
- Cover all cuts and open sores with a band-aid or bandage
- Wipe up any blood spills and then clean the area with household bleach
- Throw away personal items such as tissues, menstrual pads, tampons and bandages in a sealed plastic bag
- Immediate family members and sexual contacts of people with chronic hepatitis B should be vaccinated against hepatitis B.

Exclusion is not necessary. The NHMRC (2003) advises:

‘Staff of child day centres will normally be at minimal risk of HBV. If advice on risk is sought, the inquiry should be directed to the local public health authority.’

Hepatitis C

Hepatitis C is a virus that causes liver inflammation and liver disease. It is a slow-acting virus and, for most people, does not result in serious disease or death. Primarily transmitted by blood–blood contact, great care needs to be taken when dealing with blood spills or blood products.

There is no vaccine for hepatitis C yet

Hepatitis D

Hepatitis D is a liver disease caused by the hepatitis D virus, which is a defective virus that needs the hepatitis B virus to exist. It is found in blood and although the most severe form of viral hepatitis, it is not a common cause of liver disease in Australia. The mode of transmission and control is similar to Hepatitis B.

Infection with hepatitis D can be prevented by the hepatitis B vaccine.

Hepatitis E

Hepatitis E can be transmitted from contaminated water or from person to person by the faecal–oral route. Although little is known about this virus, hepatitis E causes an acute (short-term) illness and does not develop into a chronic (life-long) infection; however, the infection is more severe among pregnant women in the third trimester. It is found most commonly in developing countries, especially India, Asia and Central America.

Prevention relies on the provision of clean drinking water and good personal hygiene.

Currently, there is no vaccine available for the prevention of hepatitis E.

Hepatitis G

Hepatitis G is a newly discovered form of liver inflammation caused by hepatitis G virus (HGV), also called hepatitis GB virus—a distant relative of the hepatitis C virus. Little is known about the frequency of HGV infection, the nature of the illness or how to prevent it. What is known is that transfused blood containing HGV has caused some cases of hepatitis. What little is known about the course of hepatitis G suggests that illness is mild and does not last long, with no evidence of serious complications. However, it is possible that, similar to other hepatitis viruses, HGV can cause severe liver damage, resulting in liver failure. When more patients have been followed up after the acute phase, it will become clearer whether HGV can cause severe liver damage.

Since hepatitis G is a blood-borne infection, prevention relies on avoiding any possible contact with contaminated blood.

HIV/AIDS

HIV is a virus that attacks the body's immune system. AIDS is a severe, life-threatening disease that represents the late clinical stage of infection with HIV.

Infection with HIV does not mean that a person has AIDS.

Social contact such as hugging, shaking hands, sharing household items, toilet seats, swimming pools or pets with a HIV-infected person carries no risk of transmission; however, HIV can be transmitted by:

- Unprotected sexual intercourse with an infected person
- Inoculation with infected blood, blood products and through transplantation of infected organs, bone graft, tissue or semen
- An infected woman to the foetus during pregnancy or breastfeeding
- Needle stick injuries or other exposure to blood and body fluids by health care or emergency workers.

- Prevention controls include:
- Public education
- Use of appropriate infection control.
- There is currently no vaccine or cure for AIDS, although there are drugs that work against HIV and are thought to delay the progression to AIDS.

Training

Training in infection control can be provided on the job, by other staff or by an external source.

References

NHMRC 2003, *Australian Immunisation Handbook*: A copy of this publication is available at www.immunise.health.gov.au or by contacting the Immunisation info line on 1800 671 811 or by emailing handbook@health.gov.au

NHMRC 2005, *Staying Healthy in Childcare: Preventing Infectious Diseases in Childcare, 4th edition*

The Blue Book: Hard copies may be purchased from Information Victoria, 356 Collins Street Melbourne 3000; telephone: 1300 366 356 (local call cost) or online at Information Victoria Bookshop (www.bookshop.vic.gov.au/)

AIDS/STD Unit, Victorian Government Department of Health & Community Services, *AIDS: Your Questions Answered*

Best Practice – Quality Area 2

PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending North Brighton Kindergarten
- responsibilities of educators, parents/guardians and the Approved Provider to ensure the safe administration of medication at North Brighton Kindergarten.

POLICY STATEMENT

6. VALUES

North Brighton Kindergarten is committed to:

- providing a safe and healthy environment for all children, educators, staff and other persons attending the service
- responding immediately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration of medication in accordance with legislative and regulatory requirements.

7. SCOPE

This policy covers the administration of both prescribed and non-prescribed medication at North Brighton Kindergarten, including during offsite excursions and activities.

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of North Brighton Kindergarten.

8. BACKGROUND AND LEGISLATION

Background

Medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child. In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation following the direction of the child's medical management plan. In this circumstance, the child's parent/guardian and/or emergency services must be contacted as soon as possible (Regulation 94)¹. When educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, and must follow the guidelines of this policy and the procedures outlined in Attachment 1 – Procedures for the safe administration of medication.

¹ Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, p.63

A medication record² must be completed with the following information:

- a) the name of the child
- b) the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- c) the name of the medication to be administered
- d) the time and date the medication was last administered
- e) the time and date or the circumstances under which the medication should be next administered
- f) the dosage of the medication to be administered
- g) the manner in which the medication is to be administered
- h) if the medication is administered to the child:
 - i) the dosage that was administered
 - ii) the manner in which the medication was administered
 - iii) the time and date the medication was administered
 - iv) the name and signature of the person who administered the medication
 - v) the name and signature of the person who checked the dosage, if another person is required under Regulation 95 to check the dosage and administration of the medication.

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. Where a service chooses to allow self-administration of medication, the Approved Provider must consider the risks associated with this practice and their duty of care, and develop appropriate guidelines to clearly specify the circumstances under which such permission would be granted and the procedures to be followed by staff at the service.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
 - Specific Regulations: 92, 93, 94, 95, 96
 - Related Regulations: 90, 91, 160, 161, 162, 168, 177, 178, 181–184
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - Standard 2.1: Each child's health is promoted
 - Elements 2.1.1 and 2.1.4
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*

9. DEFINITIONS

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

www.acecqa.gov.au

² A template of a medication record can be downloaded from <http://acecqa.gov.au/resources-and-templates/>

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

Medication (prescribed): Medicine, as defined in the *Therapeutic Goods Act 1989* (Cth), that is:

- authorised by a health care professional
- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Medication (non-prescribed): Over-the-counter medication, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

10. SOURCES AND RELATED POLICIES

Sources

- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (ACECQA, Oct 2011)
- *Guide to the National Quality Standard* (ACECQA, Oct 2011)
- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at www.nhmrc.gov.au/guidelines or email nhmrc.publications@nhmrc.gov.au. (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- Anaphylaxis Australia: www.allergyfacts.org.au/foodalerts.asp
- Asthma Australia: www.asthmaaustralia.org.au
- HealthInsite: www.healthinsite.gov.au
- Immunise Australia Program: www.immunise.health.gov.au
- National Health and Medical Research Council (NHMRC): www.nhmrc.gov.au
- National Prescribing Service (NPS): www.nps.org.au

Service policies

- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Administration of First Aid Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Anaphylaxis Policy*

- *Dealing with Infectious Diseases Policy*
- *Privacy and Confidentiality Policy*
- *Enrolment and Orientation Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that medication is not administered to a child being educated and cared for by the service unless it is authorised, and the medication is administered in accordance with the procedures prescribed in Regulation 95
- ensuring that a medication record that meets the requirements set out in Regulation 92(3) is available at all times for recording the administration of medication to children at the service (Regulation 92). (Refer to the template *Medication Record* (p.171) in the *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* or visit <http://acecqa.gov.au/resources-and-templates/>)
- ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))
- ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- ensuring that at least one educator on duty has a current approved first aid qualification (Regulation 136). (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, KPV recommends that **all educators** have current approved first aid qualifications.)
- developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (see Attachment 1 – Procedures for the safe administration of medication)
- ensuring that all educators are familiar with the procedures for the administration of medication
- ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d))

The Nominated Supervisor is responsible for:

- ensuring that medication is only given to a child where authorisation has been provided, and medication is administered in accordance with legislation and this policy (Regulation 93(3))
- ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form, and displayed for use by those caring for children (being sensitive to privacy requirements)
- documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)
- informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose as prescribed in the medication record, staff forgot to administer the medication or the medication was administered at the wrong time. Staff

must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs

- informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use
- informing parents/guardians that paracetamol is not supplied by North Brighton Kindergarten and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2 – Administration of paracetamol).

Certified Supervisors and other educators are **responsible for:**

- ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child (Regulation 160(3)(iv))
- administering medication in accordance with Regulation 95 and the guidelines set out in Attachment 1 – Procedures for the safe administration of medication
- communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours
- ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication
- obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))
- ensuring that two staff members, one of whom must be an educator, are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record
- ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
- ensuring that parents/guardians take all medication home at the end of each session/day.

Parents/guardians are responsible for:

- ensuring that any medication to be administered is recorded in the medication record kept at the service premises
- providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- ensuring that the details of authorised persons are kept up to date in the child's enrolment form
- ensuring that prescribed medications to be administered at the service are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date (Regulation 95(a)(i))
- ensuring that prescribed medications to be administered at the service are within their expiry date
- physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- clearly labelling non-prescription medications and over-the-counter products (for example sun block and nappy cream) with the child's name. The instructions and use-by dates must also be visible

- ensuring that no medication or over-the-counter products are left in their child's bag or locker
- taking all medication home at the end of each session/day
- informing the service if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service
- ensuring that their child's enrolment details are up to date, and providing current details of persons who have lawful authority to request or permit the administration of medication.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol

AUTHORISATION

This policy was adopted by the Approved Provider of North Brighton Kindergarten on 16th July, 2012

Review date: JULY 2015

ATTACHMENT 1

Procedures for the safe administration of medication

Two persons (one of whom must be an educator) are responsible for the administration of any medication³. At least one of these persons must hold a current approved first aid qualification. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication (Regulation 95(c)). Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication

9. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
10. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
11. Check that *prescription medication*:
 - is in its original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it (if the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
12. Check that *non-prescription medication*:
 - is in the original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
13. When administering the medication, ensure that:
 - the identity of the child is confirmed and matched to the specific medication
 - the correct dosage is given
 - the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
 - both staff members complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
 - the Nominated Supervisor or Certified Supervisor informs the parent/guardian on arrival to collect the child that medication has been administered and ensures that the parent/guardian completes the required details in the medication record.

³ Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the administration of the medication for a defined period (up to six months). In these cases:

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (or on display, where appropriate)
- the medical management plan should define:
 - the name of the medication, dosage and frequency of administration
 - conditions under which medication should be administered
 - what actions, if any, should be taken following the administration of the medication
- when medication is required under these circumstances, educators/staff should:
 - follow the procedures listed above
 - ensure that the required details are completed in the medication record
 - notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.

ATTACHMENT 2

Administration of paracetamol

There may be times when a child develops a fever while at the service. When this occurs, there may be a need to administer paracetamol.

A high fever in a young child can be a sign of infection and must be investigated to find the cause. However, fever itself is not necessarily an indicator of serious illness. The normal temperature range for a child is up to 38°C. Fevers are common in children and if the child appears happy and well, there is no need to treat a fever, but it is important to watch the child for signs that the fever is a symptom of an illness that may worsen.

In the case of a high fever, parents/guardians will be notified and asked to collect the child as soon as possible to take the child to a doctor/hospital, or an ambulance will be called to the service. While the service is waiting for the child to be collected by the parent/guardian, staff will use measures, such as removing clothing and encouraging the intake of fluids, to keep the child cool, comfortable and well hydrated.

Paracetamol is not appropriate first aid or emergency treatment, and will be treated as any other medication, including requiring prior written and signed consent for its administration.

If parents/guardians request that educators/staff administer paracetamol, educators/staff should:

- administer only to a child who has a temperature above 38.5°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- use only single doses, disposable droppers or applicators and only use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

Educators *will not*:

- in any circumstance, administer paracetamol to a child under the age of six months while in the care of the service (an infant with acute fever must be treated as a medical emergency)
- administer paracetamol for mild fever (under 38.5°C), gastroenteritis or as a sedative.

Reference

Royal Children's Hospital Melbourne (2011), *Fever in children*, viewed 16 May 2012:
www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200