

Lady Gowrie Community Kindergartens

HIGH TEMPERATURE MANAGEMENT POLICY

CONSIDERATIONS:

NATIONAL QUALITY STANDARDS	2.1, 2.2
NATIONAL LAW ACT & NATIONAL REGULATIONS	Law: Sections: 167, 174 Regulations: 85-87, 93, 136, 161, 168, 177, 183

POLICY STATEMENT:

To manage illness in the Service with particular regard to high temperature in young children. To undertake to follow parent/guardian instructions without compromising the best interests of the child.

RELEVANT FORMS/MATERIAL:

- Lady Gowrie Community Kindergartens Administration of Emergency Paracetamol Form
- Lady Gowrie Qld Incident, Injury, Trauma and Illness Record
- Lady Gowrie Community Kindergartens Record of Infectious Illness Register
- The Individual Child's Kindergarten Enrolment Form
- Lady Gowrie Community Kindergartens Cleaning and Sanitisation Policy (including Pest and Weed Management)
- Lady Gowrie Community Kindergartens Exclusion and Recording of Illness and Infectious Diseases Policy
- Lady Gowrie Community Kindergartens Hand Hygiene and Infection Prevention Policy
- Notification of Serious Incident (ACECQA)

SOURCES:

- National Health and Medical Research Council (2012) *Staying Healthy in Early Childhood Education and Care: Preventing Infectious Diseases in Child Care (5th Ed, Updated June 2013)* Commonwealth of Australia: Canberra
- Children's Health Queensland Hospital and Health Service (2022). Queensland Paediatric Fact Sheet: Fever.
- Education and Care Services National Law (Queensland) Act
- Education and Care Services National Regulations (Accessed 2023)

Reviewed : April 2023

Date to be Reviewed: October 2024

IMPLEMENTATION	
REMEMBER	<p>A high temperature in young children is often the first symptom of illness or infection. As children are often unable to explain symptoms if they feel unwell, staff need to be aware of signs and symptoms of illness.</p> <p>Signs and symptoms of illness may include High fever, drowsiness, lethargy and decreased activity, breathing difficulty, poor circulation, poor feeding, poor urine output, red or purple rash, a stiff neck or sensitivity to light or pain (Staying Healthy).</p> <p>Children's temperatures can alter rapidly.</p> <p>Digital thermometers are most appropriate for Kindergarten Services. Mercury thermometers are no longer used with small children due to risk of breakage and leakage of mercury. Under the arm, Ear (tympanic) or forehead thermometers should be used in accordance with manufacturer's instructions.</p> <p>Some children may experience a febrile convulsion when they have a fever. A febrile convulsion does not harm the child. In the instance of a child having a febrile convulsion staff will follow their first aid training and call an ambulance to attend to the child.</p>
WHAT YOU NEED TO KNOW FEVER	<p>The normal temperature for a child is up to 37.9 degrees Celsius.</p> <p>A fever is when the child's temperature is equal to or greater than 38.0 degrees Celsius.</p>
RECORDING A CHILD'S TEMPERATURE	<p>If a child is suspected to have a high temperature, staff must first ensure they assess the situation and take immediate steps to reduce the child's temperature (Step 1 below), notify the Responsible Person and take the child's temperature, recording this in the relevant section on the Administration of Emergency Paracetamol Form. No Paracetamol is to be administered at this time.</p>
WHAT YOU SHOULD DO	<p>STEPS TO REDUCE A HIGH TEMPERATURE:</p> <ol style="list-style-type: none"> 1. Remove the child's excess clothing (e.g., jumpers and jackets) whilst taking into account the temperature of the room. Ensure the child is not shivering. Sponging of the child with tepid (warm) water or fanning the child is not recommended. 2. Encourage the child to drink small amounts of water often, to help prevent dehydration. 3. Constantly observe and monitor the child for any changes. Never leave the child unattended. The child should be made comfortable on a bed or sofa and

where possible, positioned away from other children, ensuring supervision for all children can be maintained.

4. Ten minutes after the child's temperature was first taken, take the child's temperature again and record this on the Administration of Emergency Paracetamol Form. **No** Paracetamol is to be administered at this time. Notify the **Responsible Person** of the child's current temperature. Access the child's Enrolment Form and view the authorisation section at the back regarding administration of paracetamol – **do not** administer Paracetamol at this stage.

5. If at any time the child deteriorates quickly or becomes unresponsive, the first aid action plan (DRSABCD) and calling 000 for an ambulance must be undertaken.

- D Danger
- R Response
- S Send for Help
- A Airway
- B Breathing
- C CPR
- D Defibrillation (where device is available)

6. Where the child's temperature is **under 38.0 C** continue to monitor the child and record their temperature at ten-minute intervals on two more occasions.

In the instance the child's temperature is rising, continue to record this for two more ten minute intervals (recording at this interval may continue while the Responsible Person considers if the child is well enough to remain in care or the temperature reaches 38.0 C or greater and step 7 onwards as relevant to temperature reading is then commenced).

Where the child's temperature remains under 38.0 C, staff will continue to observe the child's engagement in the program and their wellbeing and record their temperature again, if the child exhibits symptoms that there is reason to check their temperature again, the ten minute cycle and process as outlined above is then commenced again.

Where the child does not have a high temperature but is showing signs and symptoms that they are unwell and it is not in their best interest and for their wellbeing, to remain at the Service, as per the Exclusion and Recording of Illness and Infectious Diseases Policy, the Responsible Person will consider if the parent/guardian needs to be contacted. This contact may include communicating that the child's temperature is being monitored and if it reaches 38.0 or higher a second phone call will be placed to the parent/guardian to arrange collection of the child from care.

7. Where the child's temperature is **38.0 or greater**, a phone call **must** immediately be made to the parent/guardian, advising them that the child has a high fever/temperature and needs to be collected from care. Ask the parent/guardian for verbal permission to administer one dose of Paracetamol and confirm if any administration of Paracetamol or pain relief medication has taken place earlier in the day. Record this information on the Administration of Emergency Paracetamol Form.

	<p>8. Where the parent/guardian cannot be contacted, contact the emergency contacts listed in the child's Enrolment Form (confirm on Enrolment Form this person has authorisation to consent to administration of medication), advising them that the child has a high fever/temperature and needs to be collected from care. Ask the emergency contact for verbal permission to administer one dose of Paracetamol and confirm if any administration of Paracetamol or pain relief medication has taken place earlier in the day.</p> <ul style="list-style-type: none"> - If verbal permission has not been given to administer Paracetamol, inform the parent/guardian/emergency contact that if the child's temperature continues to rise to 39.0 C degrees or higher while waiting for collection, then an ambulance will be called. <p>9. If the parent/guardian/emergency contact cannot be located to give verbal permission and/or collect the child and if the child's temperature reaches over 39.0 C, the Responsible Person will call an ambulance and continue trying to locate parent/guardian/emergency contact. Staff will advise the emergency services or registered medical practitioner, if written consent for administration of one dose of Paracetamol has been provided by the child's parent/guardian on the Enrolment Form.</p> <p>Staff will advise the emergency services or medical practitioner of the child's arrival time at the Service and confirm if the child has been in attendance at the service for 4 hours or longer, in consideration of any Paracetamol or pain relief medication which may have been administered prior to the child attending the Service.</p> <p>Where <u>a registered medical practitioner or emergency service provides verbal permission</u> (as per Regulation 93 (5)), the teacher/educators will administer a single dose of Paracetamol. The name of the registered medical practitioner / emergency service personnel and time of permission is to be recorded on the Administration of Emergency Paracetamol Form.</p> <p>When a child is being transported to hospital, a staff member will travel with the child and carry all supporting documentation.</p> <p>If a staff member is unable to travel with the child to the hospital due to staffing requirements being met at the Service, documentation is to be handed to the emergency personal and the Approved Provider/Executive Committee / CGB informed that the child is going to travel without staff. The Approved Provider / Executive Committee / CGB will decide if additional staffing can be arranged within a short time period.</p>
<p style="text-align: center;">VERBAL PERMISSION TO ADMINISTER PARACETAMOL PROVIDED</p>	<p>Where permission has been given to administer Paracetamol follow the Procedure for Administering Emergency Paracetamol below:</p> <ul style="list-style-type: none"> - Check the expiry date of Paracetamol. - Two staff are to confirm age of child and dose to be administered (note that the smaller amount in an age range is to be administered). - Follow normal process in administering medication with a teacher/educator administering and second teacher/educator checking dose. - Complete Administration of Emergency Paracetamol Form.

	<p>- Continue to observe, support and monitor the child recording their temperature at least every ten minutes to check that it is not continuing to rise. If the child's health continues to deteriorate the Responsible Person will call an Ambulance (this includes if the child's temperature reaches 39.0 C or above, or there are other signs and symptoms that the child's condition is deteriorating and there is immediate concern for the child's health and wellbeing).</p>
COMPLETION OF IITI RECORD	Complete the Incident, Injury, Trauma and Illness Record and give a copy to the parent/guardian/emergency contact on arrival / or to the staff member who accompanies the child in the ambulance to hospital.
TRANSPORT TO HOSPITAL	Please note that in instances of children being transported to hospital and inability to contact parent/guardian/emergency contact, the Approved Provider/Executive Committee (if not contactable then the CGB) is to be notified immediately.
WHAT YOU SHOULD DO	<p>In the instance of a child attending a registered medical practitioner, hospital or this <u>urgent medical attention</u> ought to have been reasonably sought, the Regulatory Authority must be informed, and Notification of a Serious Incident completed through the NQA IT System.</p> <p>At all times when supporting the child, staff will follow the Lady Gowrie Hand Hygiene and Infection Prevention Policy.</p> <p>When the child has been collected from the Service, staff will undertake cleaning of resources or environment as required (Lady Gowrie Community Kindergartens Cleaning and Sanitisation Policy).</p>
EXCLUSION PERIOD	A child with a fever is to be excluded for a full 24 hours after the temperature has returned to normal and remained normal, without the need for any medication, unless they have a doctor's certificate indicating the child is fit and well to return to the Kindergarten Service. This ensures that the child is not returning unwell, supporting the child's wellbeing and not spreading infection to others.
NEVER ADMINISTER ASPIRIN	Never administer Aspirin to children. Side effects can cause stomach upsets and gastric bleeding with a rare but potentially fatal condition called Reye Syndrome.