

MARGARET CRIBB CHILD CARE CENTRE**HEALTH HANDBOOK****INTRODUCTION**

A child's illness can be stressful, not only for the child but for the parent(s) as well. This health book is designed to alleviate some of the stress experienced by parents when their child is ill.

Children play in close proximity to each other, thus the transmission of illness occurs easily. Keeping your child away from the Centre when he/she is ill is very important in the fight against the spread of illness. **We cannot stress this enough.**

This handbook contains questions that parents often ask about illness. If we have not answered a question that is of importance to you, please do not hesitate to ask the staff. The staff are important resource people who are very willing to answer any of your queries, to the best of their ability. The Director is also available to discuss any of your concerns about the health and well being of your child.

WHAT REGULATIONS GOVERN HEALTH AND SAFETY AT THE CENTRE?

The Centre is licensed by the Department of Communities. Thus, it is bound by the health and safety regulations as stated in the Child Care Act. These include:

- child/staff ratios,
- sizes of groups,
- space specifications,
- information about children held at the centre and,
- requirements in relation to children with infectious diseases.

Upon enrolment you are required to complete medical forms stating your child's health and immunisation record, an approval for the administration of certain medications and an approval for the Centre to act in case of an emergency.

WHEN SHOULD MY CHILD STAY AT HOME?

You are asked to keep your child at home if he/she displays any of the following symptoms:

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| vomiting | difficulty breathing |
| diarrhoea | persistent coughing |
| high fever | itchy scalp or skin |
| conjunctivitis or a discharge from the eyes | headache or a stiff neck |
| a discharge from the nose | yellowish skin or whites of the eyes |
| unusual spots or a rash | dark or tea coloured urine |
| sore throat | grey or pale coloured faeces |
| and/or | unusual behaviour or generally unwell & lethargic |

The child should be kept at home until completely well to avoid passing on the illness to others.

If your child should catch or come in contact with any of the diseases listed below it will be necessary to enforce the following regulations as stated by the National Health and Medical Research Council, December 2005.

| CONDITION | CHILD MUST NOT ATTEND CHILD CARE | EXCLUSION OF PERSONS WHO HAS BEEN IN CONTACT |
|---------------------------------------|--|---|
| Amoebiasis (Entamoeba histolytica) | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Campylobacter | Exclude until diarrhoea has ceased. | Not excluded. |
| Candidiasis | See 'Thrush' | |
| Chicken Pox (Varicella) | Exclude until all blisters have dried This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children. | Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for his/her own protection. Otherwise not excluded. |
| CMV (Cytomegalovirus infection) | Exclusion is not necessary | Not excluded |
| Conjunctivitis | Exclude until discharge from eyes has ceased. | Not excluded |
| Cryptosporidium infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Diarrhoea (no organism identified) | Exclude until there has not been a loose bowel motion for 24 hours. | Not excluded |
| Diphtheria | Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of | Exclude family/household contacts until cleared to return by an appropriate health authority. |

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| | antibiotics and the other swab 48 hours later. | |
| German Measles | See 'Rubella' | |
| Giardiasis | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Glandular fever (mononucleosis, EBC infection) | Exclusion is not necessary | Not excluded |
| Haemophilus influenzae type b (Hib) | Exclude until the person has received appropriate antibiotic treatment for at least 4 days | Not excluded |
| Hand, foot and mouth disease | Exclude until all blisters have dried | Not excluded |
| Hepatitis A | Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice. | Not excluded |
| Hepatitis B | Exclusion is not necessary | Not excluded |
| Hepatitis C | Exclusion is not necessary | Not excluded |
| Herpes simplex (cold sores, fever blisters) | Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices should be excluded until the sores are dry. Sores should be covered by a dressing where possible. | Not excluded |
| Human immouno-deficiency virus infection (HIV AIDS virus) | Exclusion is not necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses. | Not excluded |
| Hydatid disease | Exclusion is not necessary | Not excluded |
| Impetigo (School sores) | Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing. | Not excluded |
| Influenza and Influenza-like illness | Exclude until well | Not excluded |
| Legionnaires' disease | Exclusion is not necessary | Not excluded |
| Leprosy | Exclude until approval to return has been given by an appropriate health authority. | Not excluded |
| Measles | Exclude for at least 4 days after onset of rash | Immunised and immune contacts not excluded. Non-immunised contacts should be excluded until 14 days after the first day of |

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| | | appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case. |
| Meningitis (bacterial) | Exclude until well and has received appropriate antibiotics | Not excluded |
| Meningitis (viral) | Exclude until well | Not excluded |
| Meningococcal infection | Exclude until appropriate antibiotic treatment has been completed | Not excluded |
| Molluscum contagiosum | Exclusion is not necessary | Not excluded |
| Mumps | Exclude for 9 days or until swelling goes down (whichever is sooner) | Not excluded |
| Noravirus | Exclude until there has been a loose bowel motion or vomiting for 48 hours | Not excluded |
| Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome) | Exclusion is not necessary | Not excluded |
| Pertussis | See 'Whooping Cough' | |
| Respiratory Syncytial virus | Exclusion is not necessary | Not excluded |
| Ringworm/tinea | Exclude until the day after appropriate antifungal treatment has commenced | Not excluded |
| Roseola | Exclusion is not necessary | Not excluded |
| Ross River Virus | Exclusion is not necessary | Not excluded |
| Rotavirus infection | Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours | Not excluded |
| Rubella (german measles) | Exclude until fully recovered or for at least four days after the onset of rash. | Not excluded |
| Salmonella infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Scabies | Exclude until the day after appropriate treatment has commenced | Not excluded |
| Scarlet fever | See 'Streptococcal sore throat' | |

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| School sores | See 'Impetigo' | |
| Shigella infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Streptococcal sore throat (including scarlet fever) | Exclude until the child has received antibiotic treatment for at least 24 hours and the feels well | Not excluded |
| Thrush (candidiasis) | Exclusion is not necessary | Not excluded |
| Toxoplasmosis | Exclusion is not necessary | Not excluded |
| Tuberculosis (TB) | Exclude until a medical certificate is produced from an appropriate health authority. | Not excluded |
| Typhoid, Paratyphoid | Exclude until medical certificate is produced from appropriate health authority | Not excluded unless considered by public health authorities |
| Varicella | See 'Chickenpox' | |
| Viral gastroenteritis (viral diarrhoea) | Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours | Not excluded |
| Warts | Exclusion is not necessary | Not excluded |
| Whooping cough (Pertussis) | Exclude the child for five days after starting antibiotic treatment or for 21 days from the onset of coughing | Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the centre until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious. |
| Worms | Exclude if loose bowel motions present | Not excluded |

WHEN CAN MY CHILD RETURN?

The decision to exclude or readmit a child who has been sick will be solely the responsibility of the Director.

These decisions will be made in the best interest of all the children, families and the carers in the Centre taking into consideration.

- results of clinical tests;
- medical opinion;
- staff experience;
- diseases prevalent in the Centre or the community at the time of illness.

WHEN SHOULD I IMMUNISE MY CHILD?

| AGE | DISEASE AGAINST WHICH IMMUNISED |
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| DUE | |
|------------|--|
| birth | Hepatitis B |
| 2 months | Diphtheria, tetanus, pertussis (whooping cough), Polio (1 st dose) Haemophilus influenza B (HIB), Hepatitis B Pneumococcal Rota virus * |
| 4 months | Diphtheria, tetanus, pertussis (whooping cough), Polio (2 nd dose) Haemophilus influenza B (HIB), Hepatitis B Pneumococcal (7 valent) Rota virus * |
| 6 months | Diphtheria, tetanus, pertussis (whooping cough), Polio (3 rd dose) Pneumococcal (7 valent) Rota virus * |
| 12 months | Measles, Mumps, Rubella Haemophilus Influenza B (HIB), Hepatitis B Meningococcal C |
| 18 months | Chickenpox Hepatitis A (Aboriginal and Torres Strait Islanders only) |
| 2 years | Hepatitis A (Aboriginal and Torres Strait Islanders only) Pneumococcal (23 valent) (Aboriginal and Torres Strait Islanders only) |
| 4 years | Diphtheria, tetanus, pertussis (whooping cough), Polio, Measles, Mumps, Rubella |

* Rota virus – three dose course administered at 2,4 & 6 months. Commences 1st July 2007 for children born on or after May 1st 2007.

WHEN WILL THE CENTRE CALL ME?

We will call you if your child is injured or displays symptoms of an infectious illness or is distressed by illness.

If a child is so sick that they:

- sleep at unusual times;
- have a fever of 38C or above;
- is crying constantly as a result of discomfort due to the illness;
- is reacting badly to medication;
- displays a rash or discharge;
- is vomiting or has diarrhoea.

Parents will be asked to take their child home as the Centre does not have the staff resources to adequately care for the child in these circumstances. A child when ill requires *one-to-one* care and this interferes with the staff responsibilities to the rest of the group.

We will endeavour to contact you should your child require emergency medication. If you are unobtainable medication will be administered to your child at the discretion of the Director. Upon enrolment you would have been required to sign a permission form for this administration.

WHAT DO I DO IF MY CHILD REQUIRES MEDICATION?

Any substance other than food will be considered as medication. Please do not forget to inform

staff about any medications given to your child before arrival. (this includes Panadol, Nurofen and Bonjela)

Prescribed Medication - In line with the Centre's Medication Policy (see below), if your child requires prescribed medication you will be required to fill in a medication form obtainable from the Office.

Non-Prescribed Medication – A medication form must be completed, and the medication must have a pharmacist's label on it clearly stating the child's name and applicable dosage. If the medication does not have a pharmacist's label on it, staff are unable to administer it.

MEDICATION POLICY

AIM

To comfort the child displaying symptoms of illness.

RATIONALE

If a child develops symptoms of illness whilst at the Centre appropriate measures will be taken to deal with them. Only Panadol and Bonjela, will be administered by staff in the event of a parent being uncontactable or an emergency. All other medications require specific written instructions before they will be given to a child.

PROCEDURE

Fever

If a child develops a high temperature all efforts will be made to reduce it naturally by first removing excess clothing. However sometimes it may be necessary to reduce the fever by administering Panadol.

The Director will check the "Permission to Administer Medication" form and contact the parent. The Group Leader will administer the medication. Such incidents are to be recorded on the "Staff Medication Administration" form. Parents must sign this form when they collect their child. The Director will sign the form also.

The same procedure is followed for Bonjela.

Prescribed Medication (Short term)

Staff at the Centre will only administer prescribed medications when:

- the parent has filled in a medication form obtainable from the office
- the medication has been presented to the office
- evidence of dosage, dates, child's name needs to be provided on bottle (pharmacists label) or letter from doctor.

The Group Leader who administers the medication is to record the date, time, medication and dosage on the back on the Medication Form. This will be verified by the Assistant.

Prescribed medication (long term)

Where medication for treatment of long term conditions or complaints such as asthma or epilepsy is needed, either intermittently or on a continuous basis, the above conditions also apply.

In addition parents should acquaint the staff (both verbally and in writing) with the particular manifestations of the condition as they apply to their child including such details as likely severity of attacks, warning signs, methods of acute care etc. A letter from the child's doctor or specialist is required detailing the medical condition of the child.

Source: Childcare Regulations, 2003

Queensland Health (Drugs and Poisons Regulations 1996, Authority Section 269, July 2000)

Reviewed: April 2007

Next Review: April 2009

WHAT IF MY CHILD HAS ASTHMA OR AN ONGOING CONDITION?

If your child has an ongoing condition which requires daily medication you must fill out an Asthma Management Form. An example appears below:

ASTHMA ACTION PLAN DETAILS

- Emergency contact & Doctor:
- Signs & Symptoms of asthma:
- Signs of deteriorating asthma:
- Triggers:
- Details of medications used:
- Your preferred asthma first aid plan:

HOW WILL YOU FIND ME?

It is very important to keep your telephone numbers up-to-date so that we can contact you if your child is ill. Please inform us if you have a change of home or business address or telephone numbers. We are required to update our records every six (6) months. Prompt return of the form greatly assists the management of the Centre.

HOW MANY DAYS SICK AM I ENTITLED TO AND STILL RECEIVE CHILDCARE ASSISTANCE?

Families are eligible for 30 days of allowable absences for each child per financial year.

Absences which do not count towards the 30 days limit can be claimed if the following supporting documentation is kept:

- a medical certificate if the child or any member of the family is ill

- a medical certificate or written statement from the parent or service if the child is excluded from care due to an outbreak of an infectious disease which the child has not been immunised against
- a statement from the parent or employer confirming that the parent works rotating shifts or has rostered days off.

IS THERE EMERGENCY CARE?

It is important to have a plan for when your child is sick so as to cause as little disruption as possible. Emergency care can take the form of a family member or neighbour who may be available for short term care. It may be appropriate to contact an agency to arrange assistance.

IS THERE A DENTAL HEALTH PROGRAM?

The University of Queensland Dental School and Dental Health authorities have advised us that the brushing of teeth is only necessary twice a day and is successful when supervised in a one-to-one situation by parents. Hence, we have a policy of dental education at the Margaret Cribb Child Care Centre. This program is planned around three areas:

- Children - visits by dentists, pamphlets, toothbrushes, toothpaste supplied to the children. encouragement to eat nutritious foods, encouragement to brush regularly.
- Parents - information by dental health authorities and dietitians in the form of pamphlets and information evenings.
- Staff - seminars by dental health authorities and dieticians.

CLOTHING

Please ensure that your child wears clothing that is suitable for play. Clothes that offer sun protection during outdoor play are very important. So please remember to dress your child in shirts with sleeves & a wide brimmed or legionnaires hat. Our Sun Protection policy is listed below.

Extra clothes during winter when the weather is unpredictable will ensure your child is comfortable all day, so please keep a warm jumper in their bag.

In summer, water play is very popular, so an extra change of clothes to replace a wet set can be useful. Above all, make sure you send your child in clothes that they feel free to play in & are not conscious of having to keep clean.

Please remember to clearly label all of your child's belongings.

5.9

SUN PROTECTION POLICY

AIM

Queensland has the highest rate of skin cancer in the world. Of all new cancers diagnosed in Australia each year, 80% are skin cancers. Given that children in child care are there during peak ultraviolet radiation (UVR) times throughout the day, early childhood settings play a major role in both minimising children's UVR exposure and providing an environment where policies and procedures can positively influence long term behaviour.

Skin damage, including skin cancer, is the result of cumulative exposure to the sun. Research shows that sunburn contributes to skin cancer and other forms of skin damage such as sunspots, blemishes and premature aging. Most skin damage and skin cancer is therefore preventable.

Ultraviolet radiation (UVR) levels are highest during hours that children are at child care settings. As children will spend a portion of their day outdoors, we are committed to protecting them from the harmful effects of the sun.

With this in mind, the Margaret Cribb Child Care Centre realises the need to protect children's skin and educate them about SunSmart behaviour, thus reducing the risk of skin damage from exposure to the sun (Queensland Cancer Council, Early Childhood Policy Guidelines).

RATIONALE

Current scientific and anecdotal evidence suggests that overexposure to ultraviolet (UV) radiation during childhood contributes to an increased risk of skin cancer throughout an individual's lifetime (Cancer Council Australia, 2005b).

Preventing sunburn and overexposure to UV radiation assists in reducing the probability of skin cancer and further skin damage. Sun protection policies and procedures are a life long commitment to infants, young children and adults to reduce the incidents of skin cancer and eye damage. (Cancer Council Australia, 2005a).

The Margaret Cribb Child Care Centre has a duty of care to ensure that all persons¹ are provided with a high level of sun protection during the hours of the service's operation.

It is understood by staff, children and families that there is a shared responsibility between the service and other stakeholders that the Sun Protection Policy and procedures are accepted as a high priority.

In meeting the service's duty of care, it is a requirement under the Occupational Health and Safety Act ² that management and staff implement and endorse the service's Sun Protection Policy, and ensure a level of protection to all persons who access the service's facilities and/or programs.

PROCEDURE

Managing the physical environment

Times of UV radiation exposure

- The peak UV radiation periods are 10.00am – 3.00pm. Outdoor activity will be limited during these times or when UV levels are 3 and above.
- Staff will utilise the shaded areas of the outdoor environment for play.

¹ Persons – is defined as children, parents, families, staff, carers, coordination unit staff, management, student and volunteers, regardless of age or gender, who access the child care service for any reason.

² There are legislative Acts and regulations for each state and territory that address the issue of Occupational Health and Safety. Services are advised to seek information that is relevant to their jurisdiction.

Shade provision, outdoor play and outdoor play equipment

- The service will consider the availability of shade when planning and programming for outdoor play experiences.
- Outdoor equipment that is not fixed will utilise the shaded areas of the outdoor environment at all times of the day.
- The service will continually assess the shade coverage of the outdoor play environment and seek avenues to improve the conditions if required.
- The service will plan and program for outdoor play experiences during non-peak UV radiation hours of the day.
- Outdoor play equipment that is fixed will be monitored for usability throughout the day by staff.

- Staff will ensure that the infants outdoor play environment utilises as much dense shade as possible.

Protective behaviours and practices

Hats

- All children must wear an approved sun protective hat that is either: a broad brimmed, bucket or legionnaire's style, when outdoors.
- It is recommended that a sun protective hat adequately covers the face, back of the neck and ears.
- Children who do not have a hat will be asked to play indoors or under shade structures, however this may not always be possible due to staffing ratios. Therefore, children without hats will be restricted to shaded areas when outdoors if children cannot be supervised indoors.
- Spare hats may be available for children who do not have a hat. The service will ensure that hats are laundered after each use to minimise cross infection (for example, head lice).

Clothing

- Loose fitting and closely woven fabrics assist in protecting children from exposure to the sun.
- It is recommended that shirts have a collar to protect the nape of the neck and long sleeves.
- Longer style tops and shorts are acceptable items of clothing to protect children from the sun.
- Sleeveless shirts, dresses and singlets are not considered as appropriate clothing to protect children from the sun. Children may need to change their clothing or not be allowed to access outdoor play.

Sunscreen

- Cancer Council SPF30+ broad spectrum water resistant sunscreen is applied to exposed skin of children.
- The service does supply sunscreen.
- Permission will be sought at enrolment from the family for the service to apply sunscreen.
- Sunscreen must be applied at least 20 minutes before commencing outdoor play (or as per manufacturer's instructions).
- Sunscreen must be reapplied every two hours (or as per manufacturer's instructions).
- Some children may present with an allergic reaction to sunscreen. In this situation, the service will stop applying the sunscreen, notify the family and request that a hypoallergenic sunscreen be supplied by the family for the child to use.
- Older children will be encouraged to apply sunscreen themselves.
- Staff will apply sunscreen to infants and younger children as appropriate.

Eye protection

- The service supports the use of a sun protective hat to protect eyes from UV radiation.
- If sunglasses are worn when persons are outdoors, the service recommends that sunglasses meet the Australian Standards AS/NZS 1607:2003 with a category number 2, 3 or 4.
- Sunglasses not labelled with Australian Standards codes are considered toys and do not provide sun protection.
- Sunglasses with a category number of 0 or 1 are considered fashion spectacles and do not provide adequate protection against UV radiation.
- The service does not recommend the wearing of sunglasses inside unless it is for medical reasons.

Maintaining hydration levels

- Infants and children's body/water ratio mass is significantly different than from adults, therefore the risk for dehydration from outdoor play and hot weather is high and can be dangerous.
- Water will be offered to children throughout the day regardless of indoor or outdoor play settings.
- Children are able to bring in water bottles from home and are encouraged to access water

to drink throughout the day.

- Cooled boiled water may be offered to infants and young children after bottle feeds if children show signs of continued thirst.
- Staff will monitor and document the input/output of infants and young children's fluids.

Role modelling by staff, carers, students and volunteers

- Children learn through example and role modelling is an important strategy in children's services to maintain quality standards.
- Staff, students and volunteers must comply with the Sun Protection Policy as per Occupational Health & Safety Act.
- Staff, students and volunteers must wear a sun protective hat and clothing, apply 30+ broad spectrum sunscreen, and seek shade whenever possible when supervising outdoors or facilitating children's play experiences and excursions. It is recommended that appropriate sunglasses are worn when outdoors.

Communication with different stakeholders

Children

- Children's play and learning experiences will reflect the importance of sun protection behaviours and practices.
- Children will be encouraged to wear sun safe hats and clothing.

Families

- Sun protection behaviours and practices are outlined in the Parent Handbook, enrolment forms, newsletters and excursion permission forms.
- Signed permission will be sought from families in the enrolment form so that staff can apply sunscreen to children's exposed skin areas (face, ears, arms, hands legs, feet and back of neck).
- Sun safety information will be displayed on notice boards.
- Families will be encouraged to implement the service's sun protection behaviours and practices when engaged in service experiences and excursions. For example, parents must wear a sun protective hat when volunteering on excursions.

Staff/Carers

- Model SunSmart behaviour.
- Enforce a 'no hat, no play' rule.
- Supervise children's application of sunscreen (SPF 30+ 20 minutes prior to outdoor activity).
- Direct children to play in shaded areas where possible.

Management

- Try and provide more shade in the playground.
- Distribute brochures describing sun protection to parents.
- Provide SPF 30+, or broad spectrum sunscreen for children and staff.

Policy review

- The Margaret Cribb Child Care Centre will review the Sun Protection Policy and procedures, and related documents, including behaviours and practices every two years.
- Families are encouraged to collaborate with the service to review the policy and procedures.
- Staff are essential stakeholders in the policy review process and will be encouraged to be actively involved.

Sources and further reading

- Occupational Health & Safety Act (3)
- The Cancer Council Australia. (2005a). Position statement: Sun protection in the workplace. Retrieved November 15, 2006, from [http://www.cancer.org.au/documents/Pos St Sun Protection Workplace DEC 05. pdf](http://www.cancer.org.au/documents/Pos%20Sun%20Protection%20Workplace%20DEC%2005.pdf)

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- The Queensland Cancer Council. Early Childhood Settings, SunSmart Policy Guidelines. Retrieved March 18, 2008 from <http://www.cancerqld.au/pdf/SECCPolicyDocument.pdf>
- Young warned as skin cancer kills 1500 a year. (2006). Retrieved November 20, 2006, from <http://www.theage.com.au/news/national/young-warned-as-skin-cancer-kills-1500-a-year/2006/11/19/1163871272971.html>

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Next Review May 2010