

SECTION 3 HEALTH & SAFETY POLICIES

3.9 Health Policy

Aim:

1. To promote the health of all families and staff using The Gums Childcare Centre
2. To help parents become more aware of some of the common childhood illnesses.
3. To avoid the stress associated with inappropriate handling of illness.
4. To minimise the spread of disease and cross contamination.
5. To establish procedures to ensure optimal hygiene practices.

Background Information:

There are a number of points that need to be considered in relation to this policy.

1. The Gums Childcare Centre wishes to promote the health of all children using the Centre by understanding and meeting their developmental needs, providing a clean and safe environment, preparing appetising and nutritious meals and providing a warm and caring atmosphere.
2. The Centre's *Health Policy* is based on a careful assessment of information supplied by the Women's and Children's Hospital, Child and Youth Services, DECS and support agencies.
3. All staff use preventative measures with regard to personal hygiene and in the maintenance of the Centre to help protect against the occurrence and transmission of disease.
4. The Centre reserves the right to decide whether a child is too unwell to stay at childcare. This decision will be made by the Team Leader and the Director. **Please do not bring your child to the Centre if they have had Panadol or any other un-prescribed medication overnight or in the morning. If they need Panadol they are not well enough to be in childcare. Panadol or any other un-prescribed medication will not be administered to children in the Centre.**
5. Staff who care for children at the Centre are often able to recognise the first signs of illness. They also realise the difficulties facing parents/guardians with an unwell child. This policy is implemented by the staff in the best interest of all the children at the Centre. As such, the decision to call a parent/guardian to collect an unwell child from the Centre is not taken hastily or without careful consideration.
6. The Centre recognises the difficulties of finding alternative care for a sick child but must stress that we do not have the facilities or staff to care for sick children. Bringing an unwell child to the Centre may cause an additional stress for that child.
7. The Centre believes that parents/guardians will adopt a responsible approach to our policy and will act quickly to prevent the spread of illness by keeping unwell children at home when necessary. If a child has an infectious disease, a medical certificate **may** be required upon return to the Centre.

8. Not all children with minor ailments need to be kept at home. However, the child must not attend when it is known they are contagious. The child must be able to cope with the normal activities of the Centre.

9. Immunisations provide children with resistance and should be kept up to date. This will also help the Centre to keep free of the “childhood illnesses” and reduce the possibility of other children contracting these illnesses. For further information please see the Centre’s *Immunisation Policy*.

Management of Unwell Children

It may not always be possible to determine why a child is unwell but prompt and effective action is needed to ensure the well-being of the child and to reduce the risk of possible infection to other children in the group. Parents are expected to react promptly to notification that their child appears to be unwell.

1. When notified that their child is unwell, parents are expected to make **immediate** arrangements to attend the Centre to collect the child who will be isolated from other children, and given appropriate preliminary treatment, until this occurs. It is expected that children will be collected **within an hour** of the parents being called. Emergency contacts from the enrolment form will be contacted when the Centre cannot make contact with the parent/guardian.

2. Staff are alert to symptoms of illness throughout the course of day. A child exhibiting the following signs may need to see a medical practitioner:

- Fretful and listless behaviour
- Crying readily but not easily comforted
- Loss of interest in play
- Abnormally quiet and inactive
- Loss of appetite
- Hot to touch
- Tired and flushed appearance
- Feel cold and look pale
- Vomiting
- Diarrhoea or loose stools
- Persistent cough
- Difficulty in swallowing
- Complain of headache or stiff neck
- Unusual spots or a rash
- Less than four wet nappies in twenty-four hours

2. If a child is unwell and unable to participate in the normal activities of the Centre, staff will:

- Inform the Director / Responsible Person and the parent of the child;
- If possible, separate the unwell child from other children until the child is taken home by the parent;
- Record occurrence on a *Illness Report* form in the child’s room;
- On arrival of the parent explain the conditions of exclusion and readmission which apply, and ask the parent to sign Illness Report Form.
- If necessary inform the Department of Health in accordance with the Exclusion Policy.

Long Term Illness and Allergies

Where a child has a long term illness or allergy (including asthma, anaphylaxis etc), parents will be asked to complete a management plan. It should be updated every six months at least, to ensure that the plan and medication (if required) is appropriate to the child's current condition. Details of routine, extra medications and the actions to be taken in the event of an illness or allergy must be specified in the child's management plan. The centre will aim to commit to all staff being appropriately trained to ensure that individual children's medical needs are met. To ensure equity of care to all children as well as individual health needs of the child concerned as well as the welfare of staff, no child will be enrolled into the centre until staff are fully trained to deal with the condition.

Raised Temperature

A child's body temperature can fluctuate markedly during the course of an infection. A very common pattern is for a child to develop a high temperature during the night and appear perfectly well the next morning. During the day however, the child's temperature may again rise. The child's temperature will be taken by placing a thermometer under the child's arm for one minute after the registering signal. A normal thermometer taken by this method is a little over 36 degrees Celsius. In the event of the temperature registering 37.5 degrees Celsius or greater per axilla (under the arm) the parent will be contacted and is expected to collect the child as soon as possible after being notified. The child's clothing may be removed and sponging with lukewarm water may also be necessary. The child will be encouraged to drink to prevent dehydration.

Preventative measures – Centre procedures

The Centre provides easily understood written guidelines and information for staff and parents/guardians for maintaining hygiene and infection control within the Centre.

These include:

- Toileting/ nappy changing (See *Nappy Change and Toileting Policy*).
- Attending to injuries (See *Accident Policy*).
- Use of appropriate disinfectants and storage in appropriate locked cupboards (See *Hazards and Safety Policy*).
- Hand washing procedures (See below).
- Management and cleaning of blood and body fluid spills (See below).
- Cleaning of surfaces and toys and use of disinfectants (See below).
- Laundry procedures (See below).
- Disposal of waste in appropriate infectious and general waste bins (See below).
- Environmental cleaning of sandpits and secure covering when not in use (See below).
- Food preparation and safety (See *Food Handling and Storage Policy*)
- *Dummy sterilising* procedure (see below)

Hand Washing

1. It is important that all staff, children and parents remember that hand washing is required to prevent infection from spreading through the Centre.
2. Everyone should be encouraged to wash their hands frequently throughout the day.
3. Children and staff must wash their hands with soap and running water, staff making sure that the children do it properly.
4. Hands should be washed at the following times:
 - On arrival at the Centre.
 - After toileting or change nappies.
 - After wiping noses.
 - Before and after first aid.
 - Before and after giving medicine.
 - After carrying out cleaning procedures.
 - Before eating, preparing or serving food.

Management and cleaning of blood and body fluid spills.

1. Direct contact with blood and other body fluids should be avoided. However, it is acknowledged that this is not always possible in a child care workplace where protective clothing is not worn at all times. Disposable gloves should be worn in situations where there may be contact with blood and other body fluids, such as during nappy changing and cleaning.
2. Unbroken skin is an effective barrier against infections from spilled blood. Cuts and abrasions should be covered with a waterproof dressing to reduce the risk of infection through the skin.
3. The procedure for cleaning up body fluid spills such as those associated with toileting accidents, vomiting or bleeding if a child suffers cuts or abrasions during play activity is as follows:
 - Prevent children from entering the area until it is properly cleaned.
 - Wear gloves and mop up spills with paper towels.
 - Place paper towels in a bin that has been lined with a plastic bag and provided for the disposal of contaminated waste.
 - Mop area with warm water and disinfectant (1 part disinfectant to 9 parts water) put up 'wet floor' safety sign to allow area to dry and limit access until it is dry.
 - Remove gloves and wash hands thoroughly.

Cleaning

All areas of the Centre must be kept clean and tidy. Staff shall be responsible for cleaning their own areas, cleaning agents are located in the each room as well as in the nappy change areas and laundry. The Cook is responsible for cleaning the kitchen and dining room.

All areas that are used frequently such as taps, tables and doorknobs are to be cleaned daily; this is to stop cross infection in the Centre. The staff in the Babies Room will disinfect all toys that the children have used each day, unless they have placed in children's mouths and then they will be removed from play area and only returned after they have been disinfected with Germex. The staff in the Toddler room will disinfect all toys on a monthly basis unless they have been placed in children's mouths and then they will be removed from the play area and only returned after they have been disinfected with Germex. The staff in the ELC room will disinfect all toys on a Termly basis unless they have been placed in children's mouths and then they will be removed from the play area and only returned after they have been disinfected with Germex. Toys should be thoroughly dried before they are sorted. Play clothing (dress ups) including hats should be washed in hot water and detergent monthly or washed in the washing machine. If soiled, play clothes should be removed from play areas immediately.

Red cleaning clothes are used for: Cleaning of paint/craft

Blue cleaning cloths are used for : Cleaning of food

Green cleaning cloths are used for: Cleaning of windows

The cleaning routine should include items which will need to be cleaned immediately before use, such as meal tables or immediately after use, such as toileting potties. Professional cleaners come into the Centre daily after hours to clean floors and bathrooms.

Table Cleaning Procedure

After use tables and highchairs should be wiped clean with a blue cloth and warm soapy water and then the tables should be sprayed with Germex and wiped over with a dry piece of paper towel.

Laundry procedures

1. All linen or clothing soiled with blood or body fluids should be treated as potentially infectious. Children's soiled clothing should be placed in a plastic bag and taken home by parents for washing.
2. Soiled linen and emergency centre clothing needs to be soaked in sanitising solution first then washed.
3. Washing linen in hot water with detergent destroys germs that may cause infection.

Disposal of waste in appropriate infectious and general waste bins

Soiled items such as disposable gloves, paper towels, disposable nappies, dressings and used first aid items should be treated as "contaminated waste". They should be disposed of in bins lined with a plastic bag.

Environmental cleaning of sandpits and secure covering when not in use

1. Sandpits may become contaminated with urine and faeces from children or from animals. It is sometimes difficult to detect when young children have urinated in a sandpit, especially when they are also playing with water.
2. Staff will rake and hose down sand pits daily.
3. If the sand smells offensive, children will not be allowed to play in the sand until it is replaced.
4. Sandpits should be watered down first thing in the morning and before 6pm at night. Research suggests that animals do not like to do their business on wet sand, therefore by keeping the sand wet it deters animals.
5. Sandpits will be bleached on a monthly basis.

Dummy Sterilisation

1. Children's dummies will be sterilised in Milton solution when not in use.
2. Dummies should remain in Milton for at least 15 minutes in order to be 'sterilised'
3. When removing a dummy from Milton they should be put into child's individual pot and allowed to air dry. If there is not enough time for air-drying, dummies should be patted dry with paper towel.
4. To make up a Milton solution, you will require 4L of cold water and two Milton tablets, allow tablets to fully dissolve before fully immersing dummies in the water. Milton solution must be replaced every 24hrs.

Personal items not to be shared

1. Children shall not share face cloths or other personal items, as these things can cause cross infection.
2. Sheets and pillows are not to be shared.
3. No staff member must wipe more that one child's face with the same tissue or face cloth.

Pregnancy

A number of infectious diseases have the potential to cause injury to an unborn child. Staff who are pregnant or planning a pregnancy, should contact their doctor for further information. Parents will be provided with information on the main notice board at the front entrance if a child who usually attends the centre has an infectious disease that may cause injury to an unborn child. Examples are German Measles (Rubella), Cytomegalovirus (CMV) and Chicken Pox.

Exclusion Criteria

The exclusion criteria relating to infectious diseases applies to both children and staff and is based on information available from health authorities. Children or staff with transmissible infections shall be excluded from the Centre until deemed non-infectious by a physician, as per Health Department Regulations. Exclusion requirements set by health authorities are based on minimising the risk of transmission to others. A child might be required to stay away from the Centre for a longer period of time, not because they are still infectious but because they remain unwell and need time to recuperate. Decisions about excluding contacts of infectious diseases are based on regulations and State guidelines.

SOURCE: Staying Healthy in Child Care
Health Commission
Health Care Planning DECS

Relates to Quality Area 2: elements 2.1.4, 2.3.3, 2.1.1, 2.3.4. Regulation 177, 168(2)(b)

Recommended exclusion periods from child care, kindergarten and school:

Disease or Condition	Incubation Period	Period of Exclusion from Centre
Chickenpox	14-17 days	Exclude for at least 7 days after first rash appears and until all blisters have dried.
Conjunctivitis		Exclude until discharge from eyes has ceased.
Diarrhoea		It can be contagious. The centre reserves the right to ask that a child be removed from the centre after 2 consecutive diarrhoea motions. Exclude for 24 hours after return of normal bowel motion.
Hand foot and mouth disease		Exclude until blisters have disappeared.
Head lice (pediculosis)		Exclude until effective treatment has been given and the scalp is completely cleared of both the Lice and the nits (the eggs).
Impetigo (School Sores)		Exclude until sores are healed and have faded.
Infectious Hepatitis	14- 60 days	Exclude until medical certificate certifies recovery
Herpes simplex (cold sores, fever blisters)		If sores are around the mouth, exclude until all sores have healed.
Influenza and influenza-like illnesses		Exclude until well.
Measles	10-14 days	Exclude for at least 7 days after the first day of appearance of rash.
Meningitis (bacterial)		Exclude until well.
Meningococcal infection		Exclude until medical certificate certifies recovery.
Mumps	14-21 days	Exclude for 9 days or until swelling goes down
Ringworm / tinea & Threadworm		Exclude until the day after appropriate treatment has commenced. Not excluded if lesions are on part of the body that can be covered.
Rubella (German measles)		Exclude until fully recovered or for at least four days after the onset of the rash.
Scabies		Exclude until medical certificate certifies recovery
Thrush (a fungal infection of the mouth caused by the overgrowth of <i>Candida Albicans</i>)		Need not be excluded if spots are covered.
Vomitting		The Centre reserves the right to exclude a child that has vomited once. Vomiting can lead to the spread of infection and dehydration. Children can return after 24 hours have elapsed since cessation.
Whooping cough (pertussis)		Exclude for 14 days after the last exposure to infection, or until they have completed at least 5 days of a 10 day course of antibiotics. Or, until Medical Certificate of recovery produced.

Note: If any child in the Centre contracts such a disease, specific details will be displayed on the notice board in the front entrance and on the door to the centre.

