

EIKOH SEMINAR AUSTRALIA PTY LTD

HEALTH POLICY STATEMENT

PHILOSOPHY AND GENERAL INFORMATION

Our Centres endeavour to provide a safe and healthy environment at all times for the maintenance of the physical, mental and emotional well being of all children, their families and educators.

Our Centres are responsible for the protection of the good health of all those involved within them and in agreement of this responsibility, high standards of hygiene will be maintained in all areas and pertain to all at the Centres: children, families, educators and visitors alike.

Policies have been developed to cover the areas of:-

1. Prevention of illness
2. Management of illness
3. Exclusion from the Centre
4. Health management within the Centre

This Health Policy shall be used by all parents of children enrolled at the Centres, and shall be distributed to new parents at the time of enrolment. It shall be distributed to all educators and to new educators at the time of employment.

Both educators and parents are expected to abide by the policy guidelines. A copy of the recommended minimum exclusion periods from *Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition* and the N.S.W. Health Department pamphlet "Some Infectious Diseases of Children" are attached to the back of this policy. Current immunisations schedule information is regularly checked at www.immunise.health.gov.au Our centre follows the practices and information provided in "Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition".

1. PREVENTION OF ILLNESS

Areas of prevention include:

1.1 PROVIDING A SAFE ENVIRONMENT

Each Centre operates according to Education and Care Services National Regulation 2011 and National Quality Standards to provide a safe environment for children, educators and visitors.

1.2 IMMUNISATION RECORDS

Parents who wish to enrol their child are required to provide a copy of one or more of the following at the time of enrolment:

- A current Australian Immunisation Register (AIR) Immunisation History Statement which shows that the child is up-to-date with their scheduled immunisations) in line with the NSW Immunisation Schedule.
- A current AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognized catch-up schedule) in line with the NSW Immunisation Schedule.
- An AIR Immunisation Exemption – Medical Contradiction Form which has been certified by an immunisation provider for a child who cannot receive one or more vaccine(s) for medical reasons.

The following groups of children have 12 weeks from the date of enrolment to provide immunisation documentation as it's recognised they may need extra time to source records:

- Children subject to a guardianship order under the Children and Young Persons (Care and Protection) Act 1998.
- Children placed in out of home care
- Children being cared for by an adult who's not their parent due to exceptional circumstances like illness or incapacity
- Children who've been evacuated following a state of emergency
- Aboriginal or Torres Strait Islander children.

The AIM maintains immunisation records for children up until their 20th birthday and can be contacted on 1800 653 809.

AIR Immunisation History and Exemption forms are available on the Department of Human Services website <http://www.humanservices.gov.au/>

Parents/guardians must provide the Service with an updated copy of their child's immunisation record when the child receives a vaccine which is on the National or State immunisation schedule. We will regularly remind parents to do this via newsletters, emails or letters.

1.3 EDUCATION OF CHILDREN, EDUCATORS AND FAMILIES

Children at our Centres are instructed appropriately by educators on the concepts of good health and hygiene. Children learn concepts of good health and hygiene by being encouraged to:-

- * Keep their own body clean
- * Keep their hair, nails and teeth clean
- * Cover their mouth when coughing using appropriate cough and sneeze etiquette
- * Cover their nose when sneezing using appropriate cough and sneeze etiquette
- * Blow their own noses with tissues which are immediately disposed of and washing their hands
- * Wash their hands after toileting
- * Wash their hands before and after eating
- * Avoid picking their noses
- * Keep any open sores covered while at the Centre
- * Be aware of the importance of the need for rest and relaxation
- * Avoid placing objects, other than food or eating utensils, in their mouths
- * Recognise that their bodies need rest, food and movement for good health.

2. **MANAGEMENT OF ILLNESS**

Management may take the form of:

2.1 FIRST AID

Please see First Aid Policy for more detailed information. Details of any injury sustained to the head, face or a substantial cut and first aid given to a child must be recorded in the Accident/Illness/Sickness form and the Director is to be informed. Parents will be notified of these events on collection of their child or earlier if necessary and must sign the report made - A copy will also be given to the parent.

If a child requires further medical attention, staff will ring the parents or emergency contact and assess whether staff are able to wait until parents arrive. If unable to contact parents or emergency contact staff will call designated doctor or ambulance to transfer to the nearest public hospital.

Parents have already given their permission on the Enrolment Form and are required to pay all costs. One staff member must accompany the child to the hospital and wait for the parents. DECS must be notified if the child is hospitalised using a serious incidents form submitted through the NQAITS Portal on the ACECQA website www.cecqa.gov.au.

If medication is to be administered at any Centre, authorisation details must be written daily on a Medication form. However, in the case of an emergency administration of paracetamol (Panadol for fever), verbal authorisation is sufficient, or authorisation on child's enrolment form. Educators will complete a sickness/accident/injury report for administration of paracetamol, to be signed by the parent/guardian at the time of collection.

In the case of emergency management of Anaphylaxis or Asthma, medication may be administered to a child without an authorisation. Emergency Services and a parent of the child must be contacted as soon as practicably possible.

Please remember that:-

- * No medication will be given without written permission.
- * Medication must be in the original container and prescribed for the child by a medical practitioner.
- * Medication should never be left in a child's bag. Please hand the medication to a staff member.
- * Medications must be in their original container with the dispensing label attached with the child's name and dosage instructions clearly printed on it (not a sibling's). The dispensing label should list the child as the prescribed person, the strength of the drug and frequency it is to be given. This applies to all medications regardless of whether they are non-prescribed medications (such as teething gels, nappy creams, cough medicines) or prescription medications (such as antibiotics)
- * If medication is administered over a prolonged period, the Director can request a medications management plan from the child's doctor.
- * Children on any long term medication need to supply the Centre with a management plan from their doctor.
- * All anaphylactic or asthmatic children need to provide the centre with a copy of an anaphylaxis or asthma management plan from their doctor.

2.3 EMERGENCY MANAGEMENT OF HIGH FEVER

Normal Temperature up to 38°C.

If a Baby / Toddler / Child's temperature is **38°C** or over:-

(Ensure child's temperature is taken under the arm using a digital thermometer only).

- Remove layers of clothing but ensure they don't become too cold.
- Calm child and observe
- Give child fluids - water
- If it makes the child feel more comfortable sponge bath child with luke warm water. Do Not use cold water (Do not allow the child to become too cold, if child is too cold re-dress the child).
- Re-check child's temperature to see if it continues to rise after 10 minutes.

If temperature continues to rise after 10 minutes, complete the following steps:

- Contact the child's parent, guardian or nominated person and ask them to collect the child as soon as possible. Advise them to take the child to their Doctor.
- Check the child's records to find if permission for Paracetamol has been given. Obtain specific consent by telephone, fax or email from parent, guardian or nominated person regarding whether a dose of Paracetamol should be given.

Paracetamol should only be administered to a child who has a temperature of **38.5°C or above** and is in **discomfort or pain**.

Paracetamol **will only be administered to a child**, if that child has been **in attendance at the centre for at least 4 hours** on that day and with the appropriate consent from the parent, guardian or nominated person.

If a child is less than 3 months and has a fever above 38°C contact the child's parent and ask them to take the child to the Doctor. Do not give paracetamol but try to reduce fever using above methods. If temperature continues to rise after 10 minutes call an ambulance.

- If the child's temperature is above 38.5°C and consent has been given by the parent, guardian or nominated person, administer one dose of paracetamol. (Dosage of paracetamol should be based on the age of the child and the lower does for their age range given.) Be aware that there are numerous dose forms and concentrations of paracetamol for children.

Children aged **under 2 years** of age should use **Infant Panadol** (1 month-2 years)

Children aged **over 2 years** of age should use **Children's Panadol** (2-5years).

- Ensure the child is well hydrated by offering small, frequent amounts of cool water to drink until the child is collected by their parent, guardian or nominated person.
- Complete an accident/illness form ready for the child's parent, guardian or nominated person to sign when collecting the child.

After 20 minutes, if the child's temperature has not reduced and continues to rise call "000" immediately.

In some cases a child may have febrile convulsions, which are physical seizures caused by the fever. An ambulance should be called if the child has a seizure.

2.4 SEGREGATION

To avoid transmission of an infectious disease to other children, a child evaluated as requiring exclusion from the Centre for an infectious illness will be separated where possible from the other children until they are collected by parents.

3. EXCLUSION FROM THE KINDERGARTEN

Decisions regarding the exclusion of children from any Centre are made in accordance with NSW Health and "*Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition*". Where official guidelines are not available, the decision for exclusion rests with the Director of the Centre.

Additional guidelines for exclusion include:-

- * Diarrhoea illness
- * Vomiting
- * High temperature (above 38°C).
- * Symptoms of an upper respiratory tract infection (i.e. cough, coloured nasal discharge, sore throat earache) associated with a fever above 38°C.
- * Generalised body rash
- * Non infectious illness, where the staff consider the child is too ill to be cared for adequately at the Centre.
- * Any coloured discharge from the eyes.
- * **Children must have a full day at home without these symptoms before returning to the Centre.**
- * Children not immunised during infectious diseases outbreaks.
- * Any live eggs or lice in hair which may be spread to others in the Centre. If a child has live eggs or headlice they need to be kept at home until effective treatment has begun and there are no live lice present.

A medical certificate is required before the child may return to the Centre for any infectious disease that requires exclusion from the centre.

Parents are requested to notify the Director if their child is diagnosed as having any potentially transmittable infectious diseases. This may be indicated on the noticeboard, to alert educators and families to watch for Symptoms in other children.

If your child complains of any illness before they attend the Centre, please consider their attendance carefully and notify the Centre if your child is not to attend as expected. If your child has any condition which requires the administration of Ibuprofen or Paracetamol they should not attend the centre that day.

Children on antibiotics must have a minimum of 3 dosages before the child returns to the centre.

4. HEALTH MANAGEMENT WITHIN THE KINDERGARTEN

The maintenance of a hygienic environment minimises the risk of contraction and spread of illness, which is the responsibility of all staff. Germs can most effectively be controlled by frequent cleaning of objects which come into contact with children and by handwashing.

4.1 CLEANING

- * Surfaces and objects contaminated with blood, urine, vomitus or stool are cleaned with warm water and detergent immediately and disinfected if necessary.
- * Bathrooms are cleaned daily with detergent and warm water.
- * Toilets are flushed regularly.
- * Staff wear disposable gloves when handling blood or body fluid, soiled items and cleaning bathrooms.

4.2 DISINFECTING

- * Surfaces and objects contaminated with blood, urine, vomitus or stool and nappy area, clean first with detergent, and warm water and then disinfect if necessary.
- * Hard surfaces are cleaned with detergent and warm water.
- * Mouthed objects are cleaned with detergent and warm water and allowed to air dry.
- * Contaminated cleaning equipment is soaked 10 to 30 minutes.

4.3 HANDWASHING

Staff wash their hands:-

Before	After
Starting work, so germs are not introduced into the service	Taking off gloves
Nappy changing	Changing a nappy
Eating or handling food	Cleaning the nappy change area
Giving medication	Using the toilet
Putting on gloves	Helping children use the toilet
Applying sunscreen or other lotions to one or more children	Coming in from outside play
Going home, so germs are not taken home with you	Wiping a child's nose or your own nose
	Eating or handling food
	Handling garbage
	Cleaning up faeces, vomit or blood
	Applying sunscreen or other lotions to one or more children
	Touching animals
	Giving medication
	Giving first aid

4.4 PROCEDURE

How to wash hands with soap and water

The process of thoroughly washing, rinsing and drying your hands or a child's hands should take around 30 seconds.

Steps to washing hands:

1. Wet hands with running water.
2. Apply soap to hands.
3. Lather soap and rub hands thoroughly, including the wrists, the palms, between the fingers, around the thumbs and under the nails. Rub hands together for at least 15.
4. Rinse thoroughly under running water.
5. Turn off tap using paper towel and discard. This process should take about as long as singing "Happy Birthday" twice.
6. Dry thoroughly with paper towel or individual hand towel.

How to clean hands with alcohol-based hand rub

Only use an alcohol-based hand rub if your hands are not visibly dirty. The hand rub should contain 60–80% alcohol.

There are three steps to using alcohol-based hand rub:

1. Apply the amount of hand rub recommended by the manufacturer to palms of dry hands.
2. Rub hands together, making sure you cover in between fingers, around thumbs and under nails.
3. Rub until hands are dry.

Sourced: The Australian Immunisation Handbook - 9th Edition
 Westmead Children's Hospital - website fact sheet
 Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition 2012
 Recording infections in children.
 Health & Safety in Children's Centres: Model Policies & Practices 2nd Edition

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Factsheet

Infectious diseases of childhood

Children are at increased risk of some infectious diseases because they have not yet developed immunity to them, they tend to gather in groups, and they may have difficulty with some aspects of hygiene.

Last updated: 01 July 2012

<p>Chicken Pox</p> <p>Time from exposure to illness 10 to 21 days, usually 14 to 16 days.</p> <p>Symptoms: Slight fever, runny nose, and a rash that begins as raised pink spots that blister and scab.</p> <p>Do I need to keep my child home? Yes, for 5 days from the onset of the rash and the blisters have dried.</p> <p>How can I help prevent spread? Immunise your child at 18 months of age. Immunisation is recommended for children at 12 years if they are not immune.</p>	<p>Conjunctivitis</p> <p>Time from exposure to illness 1-3 days.</p> <p>Symptoms: The eye feels scratchy, is red and may water. Lids may stick together on waking.</p> <p>Do I need to keep my child home? Yes, while there is discharge from the eye.</p> <p>How can I help prevent spread? Careful hand washing; avoid sharing towels. Antibiotics may be needed.</p>
<p>Gastroenteritis</p> <p>Time from exposure to illness Depends on the cause: several hours to several days.</p> <p>Symptoms: A combination of frequent loose or watery stools, vomiting, fever, stomach cramps, headaches.</p> <p>Do I need to keep my child home? Yes, at least for 24 hours after diarrhoea stops.</p> <p>How can I prevent spread? Careful hand washing with soap and water after using the toilet or handling nappies and before touching food.</p>	<p>German Measles (Rubella)</p> <p>Time from exposure to illness 14 to 21 days.</p> <p>Symptoms: Often mild or no symptoms: mild fever, runny nose, swollen nodes, pink blotchy rash that lasts a short time. Can cause birth defects if pregnant women are infected.</p> <p>Do I need to keep my child home? Yes, for at least 4 days after the rash appears.</p> <p>How can I help prevent spread? Immunisation (MMR) at 12 months and 4 years of age.</p>
<p>Glandular Fever</p> <p>Time from exposure to illness 4 to 6 weeks.</p> <p>Symptoms: Fever, headache, sore throat, tiredness, swollen nodes.</p> <p>Do I need to keep my child home? No, unless sick.</p> <p>How can I help prevent spread? Careful hand washing, avoid sharing drinks, food and utensils, and kissing.</p>	<p>Hand Foot and Mouth Disease</p> <p>Time from exposure to illness 3 to 5 days.</p> <p>Symptoms: Mild illness, perhaps with a fever, blisters around the mouth, on the hands and feet, and perhaps the nappy area.</p> <p>Do I need to keep my child home? Yes, until the blisters have dried.</p> <p>How can I help prevent spread? Careful hand washing especially after wiping nose, using the toilet and changing nappies.</p>
<p>Head Lice</p> <p>Time from infestation to eggs hatching Usually 7 to 10 days.</p> <p>Symptoms: Itchy scalp, white specks stuck near the base of the hairs; lice may be found on the scalp.</p> <p>Do I need to keep my child home? No, as long as head lice management is ongoing.</p> <p>How can I prevent spread? Family, friends and classroom contacts should be examined and treated if infested. Clothing and bedding should be washed in hot water.</p>	<p>Hepatitis A</p> <p>Time from exposure to illness About 4 weeks (can range from 2 to 7 weeks).</p> <p>Symptoms: Often none in small children; sudden fever, loss of appetite, nausea, vomiting, jaundice (yellowing of skin and eyes), dark urine, pale stools.</p> <p>Do I need to keep my child home? Yes, for 2 weeks after first symptoms or 1 week after onset of jaundice.</p> <p>How can I help prevent spread? Careful hand washing; those that have had close contact with an infected child may need to have an injection of immunoglobulin; immunisation is recommended for some people.</p>

<p>Impetigo (school sores)</p> <p>Time from exposure to illness 1 to 3 days.</p> <p>Symptoms: Small red spots change into blisters that fill up with pus and become crusted; usually on the face, hands or scalp.</p> <p>Do I need to keep my child home? Yes, until antibiotic treatment starts. Sores should be covered with watertight dressings.</p> <p>How can I prevent spread? Careful hand washing.</p>	<p>Influenza</p> <p>Time from exposure to illness 1 to 3 days.</p> <p>Symptoms: Sudden onset fever, runny nose, sore throat, cough, muscle aches and headaches.</p> <p>Do I need to keep my child home? Yes, until they look and feel better.</p> <p>How can I prevent spread? Careful hand washing, especially after coughing, sneezing or wiping your nose. Immunisation, is recommended for children with chronic illnesses.</p>
<p>Measles</p> <p>Time from exposure About 10 to 12 days until first symptoms, and 14 days until the rash develops.</p> <p>Symptoms: Fever, tiredness, runny nose, cough and sore red eyes for a few days followed by a red blotchy rash that starts on the face and spreads down the body and lasts 4 to 7 days.</p> <p>Do I need to keep my child home? Yes, for at least 4 days after the rash appears.</p> <p>How can I prevent spread? Immunisation (MMR) at 12 months and 4 years. Childcare/school attendees who are not immune may be excluded for 14 days after onset in the last case at the facility.</p>	<p>Meningococcal Disease</p> <p>Time from exposure to illness Usually 3 to 4 days (can range from 2 to 10 days).</p> <p>Symptoms: Sudden onset of fever and a combination of headache, neck, stiffness, nausea, vomiting, drowsiness or rash.</p> <p>Do I need to keep my child home? Seek medical attention immediately.</p> <p>How can I help prevent spread? Individuals who have had close contact with the infected child should see their doctors urgently if symptoms develop, and may need to have a special antibiotic. Immunisation with Meningococcal C vaccine at 12 months of age.</p>
<p>Molluscum Contagiosum</p> <p>Time from exposure to illness 7 days to 6 months.</p> <p>Symptoms: Multiple small lumps (2-5mm) on the skin that are smooth, firm and round, with dimples in the middle. Lumps in children are mostly on the face, trunk, and upper arms and legs. Symptoms can last 6 months to 2 years without treatment.</p> <p>Do I need to keep my child at home? No.</p> <p>How can I help prevent spread? Avoid contact sports when a child has uncovered lumps</p>	<p>Mumps</p> <p>Time from exposure to illness Usually 16 to 18 days (can range from 12 to 25 days).</p> <p>Symptoms: Fever, swollen and tender glands around the jaw.</p> <p>Do I need to keep my child home? Yes, for 9 days after onset of swelling.</p> <p>How can I prevent spread? Immunisation (MMR) at 12 months and 4 years of age.</p>
<p>Ringworm</p> <p>Time from exposure to till illness Varies (may be several days).</p> <p>Symptoms: Small scaly patch on the skin surrounded by a pink ring.</p> <p>Do I need to keep my child home? Yes, until the day after fungal treatment has begun.</p> <p>How can I help prevent spread? Careful hand washing.</p>	<p>Scabies</p> <p>Time from exposure to illness New infections: 2 to 6 weeks; reinfection: 1 to 4 days.</p> <p>Symptoms: Itchy skin, worse at night. Worse around wrists, armpits, buttocks, groin and between fingers and toes.</p> <p>Do I need to keep my child home? Yes, until the day after the treatment has begun.</p> <p>How can I prevent spread? Individuals who have had close contact with the infected child should be examined for infestation and be treated if necessary. Wash linen, towels and clothing worn in the past 2 days in hot water and detergent.</p>
<p>Scarlet Fever</p> <p>Time from exposure to illness 1 to 3 days.</p> <p>Symptoms: Sudden onset sore throat, high fever and vomiting, followed by a rash in 12 to 36 hours.</p> <p>Do I need to keep my child home? Yes, until at least 24 hours of treatment has begun and</p>	<p>Slapped Cheek</p> <p>Time from exposure to illness 1 to 2 weeks.</p> <p>Symptoms: Mild fever, red cheeks, itchy lace-like rash, and possibly cough, sore throat or runny nose. Can cause foetal disease in pregnant women if they have not been previously infected.</p>

<p>the child is feeling better. How can I prevent spread? Careful hand washing. Sick contacts should see their doctor.</p>	<p>Do I need to keep my child home? No as it is most infectious before the rash appears. How can I prevent spread? Careful hand washing; avoid sharing drinks.</p>
<p>Whooping Cough</p> <p>Time from exposure to illness Usually 9 to 10 days (can range from 6 to 20 days). Symptoms: Starts with a running nose, followed by persistent cough that comes in bouts. Bouts maybe followed by vomiting and a whooping sound as the child gasps for air. Do I need to keep my child home? Yes, until the first 5 days of a special antibiotic have been taken. How can I help prevent spread? Immunisation at 2, 4, 6 months and 4 years of age. A particular antibiotic can be given for the patient and those that have been in close contact. The infected child should be excluded from childcare and school until 5 days after treatment begins. Unimmunised childcare attendees may be excluded from childcare unless they take the antibiotics.</p>	

[Related links](#)

[Staying Healthy in Child Care - Preventing infectious diseases in child care \(5th Ed\)](#)

Further information - Public Health Units in NSW

For more information please contact your doctor, local public health unit or community health centre - look under NSW Government at the front of the White Pages

Metropolitan Areas	Location	Number	Rural Areas	Location	Number
Northern Sydney	Hornsby	02 9477 9400	Greater Southern	Goulburn	02 4824 1837
Central Coast	Gosford	02 4349 4845		Albury	02 6080 8900
South Eastern Sydney	Randwick	02 9382 8333	Greater Western	Broken Hill	08 8080 1499
Illawarra Shoalhaven	Wollongong	02 4221 6700		Dubbo	02 6841 5569
Sydney South West	Camperdown	02 9515 9420		Bathurst	02 6339 5601
Sydney West	Penrith	02 4734 2022	Hunter/New England	Newcastle	02 4924 6477
	Parramatta	02 9840 3603		Tamworth	02 6764 8000
Justice Health Service	Matraville	02 9311 2707	North Coast	Port Macquarie	02 6588 2750
				Lismore	02 6620 7585

See full [Contact details for Public Health Units](#).