

POLICY & PROCEDURAL STATEMENTS

Topic: Early Learning – Child Health

Policy: The wellbeing of each child is the highest priority in the Early Learning Centre. Whilst staff will do what they can to minimise cross-infection and prevent illness occurring, children who are noticeably unwell **must not** attend the Centre.

Centre staff will **immediately** respond to an ill child, any incident, injury, or trauma and apply first aid as appropriate to each situation. Once the child's health, safety, and wellbeing have been responded to, an incident, injury, and trauma record will be completed.

All children attending the Early Learning Centre **must** be immunised, as directed by the State Government of Victoria.

Relevant Legislation and Standards:

- Education and Care Services National Regulations regulation 85
- Education and Care Services National Regulations regulation 86
- Education and Care Services National Regulations regulation 87
- Education and Care Services National Regulations regulation 88
- Education and Care Services National Regulations regulation 168
- National Quality Standard 2
- Staying Healthy 5th Edition- National Health and Medical Research Council

Definitions:

Infectious Disease - A disease that is designated under a law of a relevant jurisdiction or by a health authority as a disease that would require a person with the disease to be excluded from an education and care service.

Illness and Infectious Diseases

Code of Practice

- Slight sniffles and coughs are unavoidable and, provided the child is well enough to join in with group activities, they may attend the Centre. Parents/guardians are asked to use sound judgement to gauge whether the child is well enough to attend; however, the Director Early Learning and/or the House Manager must be satisfied that the child is well enough to attend the Centre.
- ANH@E **will not** accept children into its care if they have an infectious disease. Department of Health guidelines **must** be followed as to when they are accepted back into care. The period of exclusion will be in accordance with the “Recommended Minimum of Exclusion periods based on symptoms” (Staying Healthy in Child Care – 6th Edition, National Health and Medical Research Council). Refer to Appendix A.
- Parents/guardians must ensure they notify Centre staff when their child is ill, or diagnosed as having an infectious disease, Parents/Guardians must keep their child at home until all periods of exclusion are adhered to.
- Consideration regarding all such health matters will contribute immensely to maintaining a healthy environment for all of the children and adults within the Centre.

Procedure

In the case of an ill child, staff will:

- Notify the parent/guardian and attend to the immediate needs of the child keeping them comfortable and informed throughout until parent/guardian arrives.
- Comply with recommended periods of exclusion for cases and contact with infectious diseases in accordance with the National Health and Medical Research Council.
- Notify the parent/guardian/emergency contact if an exclusion period is necessary (should exclusion not be necessary the parent/emergency contact must be contacted and informed about the child's illness in order for the parent to make a decision regarding a doctor, treatment etc).
- Clean and disinfect the relevant equipment and area.
- Display the infectious disease poster in the foyer to inform staff and parents of current infection(s).
- Complete the illness record as soon as practicable, but no later than twenty-four (24) hours after the onset of the illness.

Incident, Injury, and Trauma

Code of Practice

- Located in the Centre is an incident, injury, and trauma record book. This book is used to record all of the relevant information surrounding any incident, injury, and trauma that may have affected a child whilst participating in our programs. Included in this record is a report of the nature of the incident, injury, or trauma, which must be dated and signed by the attending staff member.
- On arrival at the Centre, the parent/guardian will be told of the nature of the incident concerning their child. Alternatively, a staff member may ring the parent/guardian during the day to notify of the incident, injury, or trauma. A child's safety and wellbeing is of prime concern to ANH@E, and we plan our environment carefully and with safety in mind. In addition to this, all Early Learning Centre staff at ANH@E hold a current First Aid qualification to ensure the safety and wellbeing of children whilst in our care.

Procedure

In the case of an incident, injury, or trauma to a child, staff will:

- Attend to the immediate needs of the child.
- Assess the situation and ensure no others are at risk of harm.
- Reassure the child and assess the nature of the incident, injury, or trauma.
- Ensure the child is comforted throughout the situation.
- Commence first aid if required. If urgent medical treatment is required, an ambulance will be called. (The Director of Childcare or House Manager will delegate duties to staff in relation to the management of the child and situation).
- Notify by telephone as soon as practicable parents/guardians/emergency contacts of the child and explain the need for medical treatment. Should the child not need medical treatment the parent will be notified when they arrive to collect their child at the end of the day (this is to be discussed and a decision made by the Director of Early Learning).
- Notify by telephone as soon as practicable parents/guardians/emergency contacts of the child if the child has bumped their head.

- Evaluate the scene of the incident and remove causes of the injury or discuss the situation with other staff and children involved.
- Complete the record book as soon as practicable, but no later than twenty-four (24) hours after the incident, injury, or trauma.

NB: The blood spills kit is located in the Utility Room. The contents of the kit are to be used when attending to an injury.

Head Lice

Head lice can cause concern and frustration for some parents, early learning staff, and children. The Code of Practice below is intended to outline roles, responsibilities, and expectations of the Centre's community to assist with treating and controlling head lice in a consistent and coordinated manner.

Whilst parents have the main responsibility for the detection and treatment of head lice, our Centre's community will work in a collaborative manner to assist all families to manage head lice effectively.

Code of Practice

It is the expectation of parents/carers and families attending this Centre that parents will:

- Regularly inspect their child's hair for head lice at home and use the recommended conditioner/combing detection method when head lice are suspected and then treat them if necessary.
- Not allow their child to attend the Centre with untreated head lice and keep their child at home if head lice are present (in accordance with Public Health and Wellbeing Regulations 2009). It should be noted that children may be treated in the evening and return to the Centre the next day and that the presence of eggs in the hair is not necessarily cause for exclusion. Parents/guardians need to be aware that one treatment is not sufficient to manage the problem. If a child re-attends the Centre with live head lice the Centre may again exclude the child until the live insects have been removed.)
- Collect their child as soon as possible if head lice are identified and they have been notified. Their child can return to care once effective treatment of the head lice has commenced.
- Support the recommendation by the Department of Health that if their child has long hair, they tie it back if possible.
- Notify other parents/carers of their child's friends so they can check their children and treat if necessary.
- Maintain a sympathetic attitude and avoid stigmatising or blaming families who are finding it hard to control head lice.
- Act responsibly and respectfully when dealing with members of the Centre and broader community around issues of head lice.

To support parents/carers and the broader Centre community to achieve a consistent and collaborative approach to head lice management the Centre will:

- Distribute up-to-date information on the detection, treatment, and control of head lice to parents/guardians and staff at the beginning of every year and more frequently if

required (available from website <https://www.health.vic.gov.au/publications/treating-and-controlling-headlice>)

- Notify the parents/carers of a child as soon head lice are identified.
- Include information and updates in the Centre's newsletters.
- Include annual head egg/lice updates for staff in-service programs.
- Provide practical advice and maintain a sympathetic attitude and avoid stigmatising or blaming families who are finding it hard to control head lice.
- Follow the recommendations of the Exclusion Policy of the Public Health and Wellbeing Regulations 2009 in that the responsibility to exclude a child from the Centre rests with the Early Learning Director or staff member in charge.
- Only exclude children from the Centre with untreated head lice.
- Accept the advice of parents that appropriate treatment has commenced.
- Encourage children to learn about head lice to help reduce stigma or bullying.
- Be aware of real difficulties some parents may have and seek extra support if required.
- Review the head lice policy every two years and seek endorsement from the Committee of Management.
- Act responsibly and respectfully when dealing with the staff of the Centre, families, and broader Centre community around issues of head lice.
- Seek opportunities to increase our collective understanding of and response to managing head lice.

There is no requirement for the Centre to undertake head lice inspection programs unless the Committee of Management and Centre community choose to implement an inspection program.

The Department of Health recommends that a child is treated every two to three days when head lice are a recurring problem.

Gastroenteritis ('Gastro')

The Code of Practice below is intended to outline roles, responsibilities, and expectations of the Centre's community to assist with treating and controlling gastro in a consistent and coordinated manner.

Code of Practice

It is the expectation of parents/carers and families attending this Centre that parents will:

- Will monitor their child's health, in particular diarrhoea and vomiting.
- Not allow their child to attend the Centre with symptoms of gastroenteritis and keep their child at home
- Collect their child as soon as possible if gastroenteritis symptoms are identified and they have been notified.
- Not return to the Centre until twenty-four (24) hours after symptoms have ceased to reduce infection transmission.
- Act responsibly and respectfully when dealing with members of the Centre and broader community around issues of gastroenteritis.

To support parents/carers and the broader Centre community and to reduce the spread of gastroenteritis the Centre will:

- Distribute up-to-date information on the detection, treatment, and control of gastroenteritis to parents/guardians and staff at detection of a case and more frequently if required. Information available at: https://www.rch.org.au/kidsinfo/fact_sheets/Gastroenteritis_gastro/
- Notify the parents/carers of a child as soon gastroenteritis is identified.
- Include information and updates in the Centre’s newsletters.
- Exclude children from the Centre with active gastroenteritis symptoms and for twenty-four (24) hours after they have subsided.

Immunisation

Code of Practice

A copy of the Child’s immunisation record must be provided at the time of enrolment. For further details on government immunisation requirements for children attending childcare refer to: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play>

Status	Current
Effective Date	August 2024
Review Date	By August 2026
Approval Authority	Board of Governance
Enquiries	9808 2000

Appendix A: Recommended minimum exclusion periods based on symptoms

Condition	Exclusion of person who is sick	Exclusion of contacts
Campylobacter infection	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours. Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)	Not excluded
Chickenpox (varicella)	Exclude until all blisters have dried – this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Not excluded Staff or children who are immunocompromised are at high risk of developing severe disease if exposed Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice For any immunocompromised children, talk to the parents about the child's potential risk of exposure and follow the child's agreed action plan
Conjunctivitis	Exclude until discharge from the eyes has stopped Not excluded if a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidiosis	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours. Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)	Not excluded
Flu (influenza)	If a person has respiratory symptoms (cough, sneezing, runny or blocked nose, sore throat), monitor them and exclude them if: <ul style="list-style-type: none"> • they have several respiratory symptoms at the same time or • they have developed new symptoms while at the service or • the respiratory symptoms are severe or • the respiratory symptoms are getting worse (more frequent or severe) or • they also have concerning symptoms (fever, rash, tiredness, pain, poor feeding) A person can often have an ongoing cough after they have recovered from a respiratory infection. If their other symptoms have gone and they are feeling well, they can	Not excluded

	return to the service	
Fungal infections of the skin or scalp (ringworm, tinea, athlete's foot)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardia infection (giardiasis)	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Hepatitis A	Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms.	Not excluded
Hepatitis E	Exclude until at least 7 days after jaundice starts, or if there is no jaundice, until at least 2 weeks after onset of other symptoms	Not excluded
Hib (Haemophilus influenzae type b)	Exclude until the person has received antibiotic treatment for at least 4 days.	Not excluded
Impetigo (school sores)	Exclude until antibiotic treatment has started. Cover any sores on exposed skin with a watertight dressing.	Not excluded
Measles	Exclude for at least 4 days after the rash appeared	immunised contacts are not excluded For non-immunised contacts, talk to your public health unit for advice Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice Exclude all immunocompromised children until 14 days after the rash appears in the last case at the service
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until the person has completed antibiotic treatment	Not excluded
Mumps	Exclude for at least 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus infection	Exclude until there has not been any diarrhoea or vomiting for at least 48 hours	Not excluded
Pneumococcal disease	Exclude until person has received antibiotic treatment for at least 24 hours and feels well	Not included
Rotavirus infection	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours	Not excluded

	Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)	
Rubella (German measles)	Exclude until the person has fully recovered or for at least 4 days after the rash appears	Not excluded Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice
Salmonella infection (salmonellosis)	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)	Not excluded
Scabies and other mites causing skin disease	Exclude until the day after starting treatment	Not excluded
Shigella infection (shigellosis)	Exclude until there has not been any diarrhoea or vomiting for at least 24 hours Staff members with these symptoms should not handle food until they have not vomited or had diarrhoea for at least 48 hours (they can be assigned to other duties after at least 24 hours, or stay away from the service for at least 48 hours)	Not excluded
Staph infection (Staphylococcus aureus)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Trachoma (Chlamydia trachomatis eye infection)	Exclude until antibiotic treatment has started.	Not excluded
Typhoid and paratyphoid fever	Exclude until cleared by the local public health unit	Not excluded
Whooping cough (pertussis)	Exclude until at least 5 days after starting appropriate antibiotic treatment, or for at least 21 days from the onset of coughing if the person does not receive antibiotics	Talk to your public health unit for advice about excluding non-immunised contacts Talk to immunocompromised or pregnant staff about risk and recommend they seek medical advice

Reference: Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition