

**Health Policy**

Meruka aims to provide a healthy and safe environment for staff and children at the centre. This policy has been developed with information obtained from recognized health authorities.

**Exclusion of sick children**

The centre will minimize the spread of infectious diseases between children, centre staff and families by conforming to National Health and Medical Research Council (NHMRC) requirements for exclusion of children with infectious diseases as well as other legislative requirements.

Exclusion minimizes the risk of transmission of the disease to others and also assists in the recovery of the sick child or staff member. Each child and staff member must be well enough to attend and participate fully in activities. Children requiring additional one-to-one comfort and attention for long periods due to feeling unwell need to be cared for at home.

The centre has a 24 hour exclusion policy for general illness. Exclusion for 24 hours gives the temperature, vomiting or other illness time to subside and for normal activity and diet to be reintroduced. In some circumstances an exclusion period of greater than 24 hours may be required. In the event of an outbreak of a specific condition (as defined by the Department of Human Services), an exclusion period of 48 hours will apply and for certain infectious conditions an exclusion period as recommended by NHMRC (see table below) will apply.

**Exclusion clarification:**

**Fever**: A child with a temperature of more than 38o C must be kept home (or will be sent home). It is advised that the child stay home to recover from the fever for at least 24 hours. The child’s activity level and appetite should be back to normal as well. Although high temperatures may also be related to non-infectious conditions such as teething or inflammation, for the wellbeing of the child, they will be excluded from our care for a minimum of 24 hours until the child’s temperature has returned to normal levels (35-37 degrees) for at least 24 hours without the need for Panadol or other similar medications.

**Prescribed Antibiotics:** A child who is unwell and has been prescribed antibiotics or antifungals need to be kept home for at least 24 hours after commencing treatment and until the child is well enough to return to childcare. This gives time for the medication to begin to take effect, and for the child to start recovering from the illness.

**Diarrhoea:** Diarrhoea is the passage of excessively liquid or excessively frequent stools. A child who has watery stools should not return to the centre until they have not had a loose bowel motion for at least 24 hours. A child who has 3 or more loose bowel actions in a day at childcare will be excluded from childcare for 24 hours to give the child time to recover.

**Vomiting:** A child who is vomiting should be kept home until the vomiting has stopped for at least 24 hrs and after the reintroduction and tolerance of a full diet e.g. full strength milk or formula for babies, fruit, vegetables, bread, meat etc for toddlers and preschools. If a child vomits whilst at childcare, parents will be contacted to take the child home. Exclusion from care for 24 hours will then apply to give the child time to recover.

**Conjunctivitis:** A child who has conjunctivitis will be excluded until the discharge for the eyes has stopped unless a doctor has diagnosed non-infectious conjunctivitis.

Fact sheets on these topics can be found at [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

Whilst the Committee acknowledges the centre’s exclusion criteria may at times cause additional pressure on parents trying to work fulfil work, study or other family commitments, the policy exists for the benefit and well-being of all children and staff at the centre.

Full fees will still be payable for any child who is excluded under this policy, to hold their place at the centre.

**Infectious Diseases**

Meruka has a public health responsibility to protect all children in its care from outbreaks of infectious illness.

The three most important methods of limiting the spread of infection in childcare centres are hand washing, exclusion of sick children and staff and immunization. Hand washing and routine hygiene procedures are carried out as recommended in National Health and Medical Research Council publication “Staying Healthy in Childcare” 5th Ed. 2013. Meruka Child Care Cooperative’s exclusion and immunisation policies are detailed in this document.

The following table lists recommended minimum periods of exclusion based on risk of infection but a child or staff member may need to stay at home longer than the exclusion period to recover from an illness.

# National Health & Medical Research Council

Recommended Minimum Periods of Exclusion

From *Staying Healthy in Early Childhood Education in Care*.5th edition - June 2013, National Health and Medical Research Council, Commonwealth of Australia 2013,copyright Commonwealth of Australia reproduced by permission.

Recommended minimum periods of exclusion from school, pre-school and child care centres for cases and contacts with cases with infectious diseases.

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|  CONDITION  | EXCLUSION OF CASES | EXCLUSION OF CONTACTS |
| Amoebiasis(Entamoebahistolytica) | Exclude until there has not been a loose bowel motion for 24 hours. | Not excluded. |
| Campylobacter | Exclude until there has not been a loose bowel motion for 24 hours. | Not excluded. |
| 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 (e.g. leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded. |
| CMV (Cytomegalovirus infection) | Exclusion NOT necessary. | Not excluded. |
| Conjunctivitis | Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis.  | 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 antibiotics and the other 48 hours later. | Exclude contacts that live in the same house until cleared to return by an appropriate health authority. |
| German measles | See ‘Rubella’ |  |
| Giardiasis | Exclude until there has not been a loose bowel motion for 24 hours. | Not excluded. |
| Glandular fever (Mononucleosis, EBV infection) | Exclusion is NOT necessary. | Not excluded. |
| Hand, foot and mouth disease | Exclude until all blisters have dried. | Not excluded. |
| Haemophilus influenza type b (Hib) | Exclude until the person has received appropriate antibiotic treatment for at least 4 days. | Not excluded. |
| Head Lice (Pediculosis) | Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected.  | Not excluded |
| Hepatitis A | Exclude until medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness. | 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 they should be excluded until sores are dry. Sores should be covered by a dressing where possible. | Not excluded. |

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| Human immune-deficiency virus infection(HIV/AIDS) | Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people’s illnesses. | Not excluded. |
| Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)  | Not excluded. | Not excluded. |
| Hydatid disease | Not excluded. | Not excluded. |
| Impetigo (school sores) | Exclude until appropriate treatment has commenced. Sores on exposed surfaces should be covered with a watertight dressing. | Not excluded. |
| Influenza and influenza like illnesses | Exclude until well. | Not excluded. |
| Legionnaires’ disease | Not excluded. | Not excluded. |
| Listeriosis | Not excluded. | Not excluded. |
| Measles  | Exclude for 4 days after the onset of the rash. | Immunised and immune contacts are not excluded. Non-immunised contacts of a case should contact a public health unit for specialist advice. 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.Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case  |
| Molluscumcontagiosum | Not excluded. | Not excluded. |
| Mumps  | Exclude for 9 days or until swelling goes down (whichever is sooner). | Not excluded. |
| Norovirus | Exclude until there has not been a loose bowel motion or vomiting for 48 hours. | Not excluded. |
| Pertussis | See ‘Whooping Cough’ |  |
| Pneumococcal Disease | Exclude until person is well. | Not excluded. |
| Respiratory Syncytial Virus | Not excluded. | Not excluded. |
| Ringworm, tinea | Exclude until the day after appropriate antifungal treatment has commenced. | Not excluded. |
| Roseola | Not excluded. | Not excluded. |
| Ross River virus | Not excluded. | 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 4 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’. |  |
| 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 hrs and feels well. | Not excluded. |
| Thrush (candidiasis) | Not excluded. | Not excluded. |
| Toxoplasmosis | Not excluded. | Not excluded. |

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| Tuberculosis (TB) | Exclude until medical certificate is produced from an appropriate health authority. | Not excluded.Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics.  |
| Typhoid, Paratyphoid | Exclude until medical certificate is produced from appropriate health authority. | Not excluded unless considered necessary by public health authorities.Contact a public health unit for specialist advice about excluding contacts and screening  |
| Varicella | See ‘Chicken Pox’ |  |
| 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 | Not excluded. | Not excluded. |
| Whooping cough | Exclude until five days after start appropriate antibiotic treatment or for 21 days from the onset of coughing. | Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics.  |
| Worms (intestinal) | Exclude if loose bowel motions present. | Not excluded. |

## Note: The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and child care centres. This list should be read in conjunction with the National Health and Medical Research Council’s publication:

National Health and Medical Research Council. Staying Healthy in Early Childhood Education and Care; preventing infectious diseases in education and care services. 5th Edition, June 2013 Available at: https://www.nhmrc.gov.au/guidelines/publications/ch55.

**Notification of Infection Diseases**

Parents must contact the centre immediately if a child contracts as infectious disease. Staff will also contact the centre if they have an infectious disease. The centre will routinely inform all families when there is an outbreak of infectious disease at the centre, by placing a notice on the front door. Fact sheets on the illness may also be made available to all families, as appropriate.

Parents must regularly check their child for symptoms.

**Influenza Pandemic Advice**

A pandemic occurs when a new influenza virus which people have no immunity to emerges and starts spreading as easily as normal influenza. The Department of Health (Federal) and Department of Human Services (Victoria) provide advice to support preparedness and to reduce the impact of pandemic flu on the population.

Six distinct pandemic phases have been defined by the World Health Organisation (WHO) to help global preparedness planning. Information on any current pandemic alert status can be found on the WHO website.

During a pandemic, the Government may provide advice to the centre regarding the emerging flu strain, the health plan for pandemic influenza and infection control. The centre will pass on any information received to all families via e-mail or by placing information in children’s pockets.

Additional information may also be found at [www.flupandemic.gov.au](http://www.flupandemic.gov.au).

**Medical Certificates**

Exclusion applies even if it has not been possible to provide a specific diagnosis for the child’s illness. The NHMRC publication “Staying Healthy in Childcare” states that *“Directors should not be influenced by letters from doctors which allow the child back into care, unless the child’s condition fulfils the criteria for return to care.”*

The committee passed the following decision process in respect of Medical Certificates:

1Outbreak is defined by the Department of Human Services as the occurrence of an Infectious Disease or biological contamination in excess of the expected number of cases for a given time or place or unexpected event of biological contamination. (RICPRAC Infection Prevention & Control Manual, 2nd Edition 2005).

2Doctors certificate provided must state that “the child is not infectious and is well enough to return to group childcare”.

3If the child presents further symptoms they will be excluded again until a further doctor certificate can be provided.

4Exclusion period is the period of time that the child must be symptom-free before returning to care

**Immunisations**

It is a legal requirement to provide the childcare centre with evidence of your child’s immunisation status. This information will help to protect children if there is an outbreak of a contagious disease at the childcare service, for which children can be vaccinated. Children who have not been vaccinated may be excluded from the centre in the event of an outbreak even if the child is well (see previous definition). Arrangements are made for health care professionals to visit Meruka to talk to staff and families about immunisations.

From 1 January 2016:

• Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).

• Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.

• Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.

**Accidents, Illness, Injury and Trauma**

Educators undertake first aid training every 2 years and CPR training annually. Meruka maintains first aid kits for the use of educators when needed. Details of this can be found in our First Aid Policy as to when first aid is used.

If an accident, injury, illness or trauma occurs to any child while in Meruka’s care, an accident report must be completed and signed by staff and the child’s parent/guardian, which will include details of the incident and any actions taken by staff at Meruka. This report will be kept on record at the centre and parents will be notified as soon as practicable, no greater than 24 hours after the occurrence.

If a child does not have an infectious disease but exhibits any of the following signs they are also to be excluded from childcare:

Has a raised (axillary/under arm) temperature of 38 degrees or more

* Is crying for extensive periods of time as a result of discomfort or possible illness
* Has a reaction to medication given, or
* Is in need of constant one to one care.

Parents are required to collect their child as soon as possible after being notified of the need for exclusion. If parents are unable to be contacted within 15 minutes of initial attempts by staff to contact them or are unable to collect the child within a reasonable time frame then the emergency contact will be called to collect the child. Until the child is collected from the centre, staff will endeavour to exclude the child from general play areas where possible.

Health and safety is a priority for Meruka and for staff and parents using the centre. In general, if a child is not well, staff will inform the parents and do their utmost to care for the child whilst still attending to the needs of the other children in their care. However, Meruka does not have separate facilities for the care of sick children, therefore parents/guardians may not bring their child in when unwell. In cases where it is deemed that the child is too sick to continue to attend the centre, parents will be notified and advised to collect the child. Parents should arrange for the child to be collected as soon as possible after being notified.

In an emergency the co-ordinator or group leader will call an ambulance and/or take appropriate first aid measures and then notify the parent/guardian. If the parent/guardian is not present, the co-ordinator or group leader may accompany the child in the ambulance and in the hospital until the parent /guardian arrives.

If the parents/guardians or emergency contact persons are not available, then the co-ordinator or group leader will assume responsibility and take the appropriate action to ensure the welfare of the child.

The centre will follow the Asthma & the Child in Care Model Policy produced by Asthma Victoria for children identified by parents as having Asthma. Refer to Asthma Policy. The centre also requires a copy of a child’s Asthma Plan, which is obtainable through your doctor or specialist.

An Anaphylaxis action plan should also be provided for any child with allergies who is at risk of anaphylaxis and staff informed what they are allergic to. A risk minimisation plan will be developed in consultation with parents of any child with a specific health care need, allergy or relevant medical condition. This includes the safe handling of food, allergen minimisation, communication of these risks to parents and training of staff to be aware of a child’s particular needs and management plan. Parents of any child with a chronic condition but deemed well enough to attend childcare (e.g. Diabetes, Epilepsy) should provide an individual medical and emergency action plan and communicate regularly with staff about their child’s condition (details can be sought in the Medical Conditions Policy) In the event of an incident relating to the child’s specific condition, staff will follow the recommended management set out in the management plan. A child that requires medication for a particular health care need may not attend Meruka without their medication. All staff will be made aware of medical management and risk management plans for children who require them.

### Administering medication

If a child requires any medication during the day, it is the parent/guardian’s responsibility to record the details in the medicine book and to sign it again at the end of the day. This will include details of parents’ authorisation, name of medication, dosage required, specific time when it should be administered, how it should be administered and the last previous dosage given. If medication is required due to the onset of certain symptoms, these must be explicitly described (e.g. coughing or wheezing). Once the medication book has been filled out, please hand and show it to a staff member. These guidelines also apply to over-the-counter medications such as paracetamol.

In the event of an anaphylaxis or asthma emergency, medication may be administered to a child. The parent and emergency services will be notified as soon as practicable

All medications must be in the original container, clearly and correctly labelled and prescribed for the child with instructions for its use. It should be placed in a plastic container with the child’s name on the container.

Parents are asked to hand medication to a staff member who will then place medication in or on top of the fridge in the kitchen. Check that medication is clearly labeled with the child’s full name and that instructions on administering the medication are clear. Administering the medication will be a staff member who checks the administration details with another staff member.

Under the new guidelines from the Food Safety Act, the cook is the only person allowed in the kitchen from 9.00 am – 1.00 pm. Outside of these times, the staff are the only people permitted in the kitchen under the Food Safety guidelines.

If the medication isn’t labeled with the child’s name on it, the staff will not be permitted to administer the medication. If the name or dosage has been altered, again the staff are not permitted to administer the medication.

Information has been compiled from recommendations of both the Victoria /department of Human Services Health Regulations 2001, the Education and Care Services National Regulations 2011 and the National Health and Medical Research Council, [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au) and [www.nhmrc.gov.au](http://www.nhmrc.gov.au) in particular the publication “Staying Healthy In Child Care- Preventing Infectious Diseases In childcare – 5th Edition 2013).

Other useful websites are the Royal Children’s Hospital Kid’s Health Info for parents: [www.rch.org.org.au/kidsinfo](http://www.rch.org.org.au/kidsinfo) and the South Australian Child Youth Health website at [www.cyh.com.au](http://www.cyh.com.au).

**Related Policies**

* Administration of First Aid Policy
* Medical Conditions Policy
* OHS Policy

**Referenced National Quality Standards**

* **Quality Area 2 – Children’s Health & Safety**
	+ **2.1** Each child’s health is promoted.
	+ **2.3** Each child is protected.
* **Quality Area 4 – Staffing arrangements**
	+ **4.1** Staffing arrangements enhance children’s learning and development and ensure their safety and wellbeing.
	+ **4.2** Educators, coordinators and staff have the skills and knowledge to support children’s learning, health, safety and wellbeing.
* **Quality Area 6 – Collaborative partnerships with families and communities**
	+ **6.1** Respectful supportive relations with families are developed and maintained.
	+ **6.2** Families are supported in their parenting role and their values and beliefs about child rearing are respected.
* **Quality Area 7 – Leadership & Service Management**
	+ **7.3** Management & administrative systems enable the effective provision of a quality service.
	+ **7.6** Information is exchanged with families on a regular basis.