

Illness, Immunisation and Head Lice

If a child is sick and unable to attend Preschool or Child Care parents are asked to telephone the Centre and inform them about their child's illness.

Parents are encouraged to immunise their child against all diseases appropriate to their age. A record of the child's current immunisation status will be kept at the Centre.

All parents will be notified of any outbreaks of infectious diseases in accordance with the National Health and Medical Research Council Exclusion Guidelines, and may choose to keep their child away if they are not immunised.

Childcare Benefit will be withdrawn by Centrelink if a child is not immunised within one month of turning four. These guidelines are as follows on the next page.

If head lice are detected in your child's hair, they will need to be removed from care until they have been treated with a head lice specific treatment. (Available from chemists and we also stock an organic shampoo and preventative Melaleuca oil spray available for you to purchase)

The children may return to the centre the next day after the treatment has been fully completed. Upon return to the centre the child will be checked by qualified staff to ensure that there are no live lice or live eggs remaining in the child's hair. Refer to our Head lice Policy 2.9 as follows for further information.



Policy 2.5

Children's Health, Illness, and Medication Policy

Our staff are alert to the health and welfare of each individual child.

Our qualified staff have Applied First Aid Training, Asthma, and Anaphylaxis Training, all of which are continuously updated. If you are in doubt about your child's health status, and if they should attend care, please phone the centre to discuss the situation with a staff member.

Please ensure that contact details for you and your emergency contacts are kept up-to-date, please check with staff at any time if you are unsure.

Parents will be asked to collect their child when they are unwell.

Unwell children should be kept at home and not brought into the Centre.

Medication (please see the attached flow chart)

NO MEDICATION (including prescription, over the counter and homeopathic medications including alternative therapies, vitamins, minerals and supplements) will be administered by staff without a doctors, pharmacist, dentist, and/or nurse practitioner authorisation.

Medication may only be administered when:

- A. For the **short term** **MAXIMUM 24 HOURS (within a 4 week period)** for all prescription and non-prescription medications. For example, nappy rash cream**, teething gel, antibiotics, homeopathic remedies. **This medication will be administered by staff once the following 3 dot points are complete.**
 1. With **written authorisation from the parent (Interim 24hr Parental Authorised Medication), outlining how and when** it is to be administered.
 2. If this is non-prescription medication the application/dose **instructions must match the directions on the medication packaging.**
 3. Parents must also fill out the MEDICATION ADMINISTRATION LOG
- B. For **continued or ongoing** arrangements (more than 24 hours), staff will administer medication:
 - When a **Medication Authority signed by an authorised medical person** (doctor, pharmacist, dentist, ophthalmologist, nurse practitioner) is provided **or** a letter from an authorised medical person outlining, medication name, the form (tablet, liquid), dose, and time to administer.
 - All MEDICATION for ongoing conditions require a prescribed (pharmacy) label on the medication

- Parents must also fill out Medication Administration Log this information must match the instructions on the prescription of medical authority.

Please Note: Paracetamol or Ibuprofen (Pain relief medication) will not be administered without a Medication Authority

c. In the case of an anaphylactic reaction EPI PEN may be administered to the child as per the ASCIA Anaphylaxis or Allergy Plan or a letter from the authorised medical practitioner. (please refer to separate Anaphylaxis policy)

****Some creams (eg nappy creams), contain chemicals such as cortisone and may not be recommended for long term use without medical authorisation. Doctors can access the Medication Authority form free through the Chess website or you can take one from the centre.**

All medication must be handed to a qualified staff member and the Medication Administration Form filled out, and signed off by the parent.

At home you can provide the most appropriate loving and supportive care and if necessary get them medical attention. Other children and staff are spared the possibility of cross infection, which makes for a healthier worksite for all concerned.

Parents will be asked to collect their child when they are unwell.

Where medication for treatment of long term conditions (diabetes, anaphylaxis, eczema, febrile convulsions or a diagnosis) needs to be administered at the Centre, the service will require a Medication Management Plan to be completed by the child's doctor or specialist dealing with the complaint and this will include the symptoms, correct dosage as prescribed and how the condition is managed. All Medication Action Plans will need to be updated annually, or as changes are made by specialists.

All medication kept at the centre for chronic medical conditions for example, anaphylaxis or asthma will be checked regularly for expiration. A child cannot attend the centre if their medication is not current.

Illness

The exclusion from the Centre of children with a communicable disease is at times necessary to maintain a healthy environment for the other children and staff in our care.

If the child/staff member has two loose bowel actions and/or vomiting episodes in the day whilst at the Centre, their parents/caregivers/emergency contacts will be asked to collect them as soon as possible.

If a child and or staff member has had diarrhoea and/or has vomited, the Centre policy is that they do not attend the Centre for 24 hours since the last bout of diarrhoea or vomiting.

The Centre maintains the right for staff to use their discretion when deciding if a child needs to be sent home if more than two loose bowel actions or vomiting has occurred in the preceding 24 hours. If a staff member believes that a child is ill, they will consult with

another staff member and together with this second opinion, decide if the child needs to be sent home.

Staff will contact the Public Health Unit on 1300232272 when infectious communicable diseases occur, as stated in the 'Staying Healthy' manual. (Page 176 and a copy of the illness in the red folder in admin filing).

Allergies and Injuries

If your child has an allergy, it should be noted on the enrolment form so all staff in contact with the child is aware of this. The centre cook will work in partnership with families of children with allergies and pass on relevant information to staff and families. Staff will be offered training for any relevant medical conditions.

If a child has a severe (Anaphylactic) allergy, their photo and appropriate information will be written underneath will be displayed at the service.

Any child's Action Plan for a first aid response to anaphylaxis or asthma will be closely adhered to.

If a child is injured, becomes seriously ill or experiences their first asthma or anaphylactic attack while at the centre, staff will administer First Aid whilst awaiting the arrival of the parent or ambulance.

If a child in the centre is anaphylactic it is a national regulation that we need to have a sign in the foyer stating for example "we have a child with anaphylaxis attending this service".

Asthma

In the case of a child appearing to have asthma related breathing difficulties and does not have an asthma care plan, staff will call an ambulance, staff will administer our sites Asthma puffer and make immediate contact with the parents. We will follow the Asthma SA guidelines of

1 Puff X 4 breaths, repeated four times

Please note the cost of the ambulance is at the family's expense

Body Temperatures

With recommendations from Network SA, Women's & Children's Hospital, and Red Cross First Aid, **staff will now not be assessing a child's 'wellness' just by their body temperature**, as all children's normal body temperatures can function at varying degrees. All qualified staff have First Aid Training and have undergone significant Childcare training, and spent enormous amounts of time with all children individually and gain a considerable understanding of all children's 'normal' behaviour.

From this training and experience, and by using the **temperature range of 36.7c – 37.4c as a guide**, staff will determine whether a child is well enough to remain at the centre.

The unwell child's temperature will be taken and recorded at regular intervals, so that all staff are aware of the history.

If a child's temperature is above the temperature range guide as specified above, the following procedure will take place:

Staff will attempt to lower a child's temperature by stripping the child down to light clothing, removing their shoes, offer water and allow them to rest while continuously observing them. Their temperature will be taken again after ten minutes.

If it is determined that a child is too unwell after following these steps, and the temperature remains above 37.4 staff will contact the parent/guardian to collect their child. If the parent/guardian cannot be contacted or if they are more than 20 minutes away from the centre and the child's condition deteriorates, staff may deem it to be a serious health concern and will not hesitate to call an ambulance. All parents are asked for their consent for this on their child's enrolment form.

If the child's temperature continues to go down, staff will contact the parent and discuss whether the child should stay or go home, which will still depend on the child's ability to enjoy their day at care.

**Governing Council Member's
Signature:**

Director's Signature:

Two Wells Community Children's Centre's Common Seal

Date Reviewed: Sept 27th 2016

Next Review Due: August 2018

Sources:

Policies to Go By Women's & Children's
Hospital

DECD – www.chess.sa.edu.au

Network SA Red Cross First Aid

Asthma SA foundation

Staying Healthy in Childcare Edition 5



Policy 2.9

Head Lice

The Two Wells Community Children's Centre is dedicated to providing a healthy environment for all children in our care. On the detection of head lice (pediculosis capitis) we will ensure that all is done to combat spread of infestation while maintaining the dignity of all the children/families involved.

Upon detection of head lice the parents of the children concerned will be contacted, and a note will be displayed on the door informing parents that a case has been reported and treatment methods displayed.

The child will need to be removed from care until they have been treated with a head lice specific treatment. (Available from chemists and we also stock an organic shampoo and preventative Melaleuca oil spray available for you to purchase)

For the treatment to be effective please follow all directions on the packaging, and consider the following;

- Check every member of the family. Look for tiny white eggs (nits) on hair shafts, near the scalp, especially at the nape of the neck and behind the ears.
- Head lice are small yellow/white insects without wings.
- If detected, use an effective head lice treatment. Always treat again 7-20 days after the first treatment to kill any eggs that may have survived and hatched.
- Use a fine tooth comb to remove eggs.
- Wash clothes, bed linen, towels in HOT water and detergent. Soak combs, brushes etc, in hot water for at least 10 minutes.
- Vacuum carpets, pillows, mattresses, furniture and the child's car seat.

To prevent head lice:

- Avoid direct head to head contact with people
- Don't share brushes, combs, ribbons, hats, helmets, hair ties etc.
- Discourage children from playing with each other's hair
- Keep long hair tied back or plaited
- Hair should be checked weekly.

The children may return to the centre the next day after the treatment has been fully completed.

Upon return to the centre the child will be checked by qualified staff to ensure that there are no live lice or live eggs remaining in the child's hair.

The centre understands that dead eggs and empty cases may remain on the hair stem, they are dead eggs if easily removed with gentle pulling.



All children who are in care and staff working on the day will be checked to ensure no one has been infested.

Only qualified staff will check the children's hair for lice and this will be done in a discrete way in a non-traffic area, once permission for this has been obtained.

Information and pamphlets regarding treatment and head lice in general is available from the Director/ Assistant Director of the centre.

Governing Council Member's Signature:

Director's Signature:

Two Wells Community Children's Centre's Common Seal

Date Reviewed:	November 2015
Next Review Due:	November 2017
Sources:	Women's and Children's Hospital, 2007 Child and Youth Health NADS

Infections and Disease

Details about specific contagious illness will be displayed on notice boards if any child in the Centre contracts such a disease.

Disease	Incubation Period	Period of Exclusion from Centre
Thrush		Need not be excluded if spots are covered
Tinea		Not excluded if lesions are on a part of the body that can be covered
Vomiting		The Centre reserves the right to exclude a child that has vomited once. Vomiting can lead to the spread of infection and dehydration.
Whooping Cough		Exclude 4 weeks, or Medical Certificate of recovery produced.
Hand, Foot and Mouth Disease		Exclude until symptoms disappear.
Chicken Pox	14 - 21 Days	Exclude 7 days after appearance of lesions.
Diarrhoea		It can be contagious. The centre reserves the right to ask that a child be removed immediately after 2 consecutive diarrhoea motions. Exclude for 24 hours after return of normal bowel motion.
High temperature		The Centre will not accept children with a high temperature – it is usually an indication that something is wrong. A child may convulse when the temperature is above 39°C.
Head Lice		Excluded until effective treatment has been given and hair is free from nits and eggs.
Impetigo (Sores)		Excluded until sores are healed, unless they are in a position that can be kept covered or until Medical Certificate of recovery is produced.
Infectious Hepatitis	14 - 60 days	Excluded until production of Medical Certificate.
Measles	10 - 14 days	Excluded at least 7 days from appearance of rash.
Meningococcus		Excluded until Medical Certificate of recovery is produced
Mumps	14 – 21 days	Excluded at least 7 days from appearance of rash.
Rubella German Measles		Excluded at least 7 days from appearance of rash.
Scabies		Excluded until Medical Certificate of recovery.
Intreptococal		Excluded until appropriate treatment and Medical Certificate of recovery is given.