



CHILD HEALTH POLICY - SICKNESS, ACCIDENTS, INFECTIOUS DISEASES AND ADMINISTRATING MEDICINES

Introduction

This Policy is to enable the Centre to reduce the spread of Infectious & Communicable Diseases and to respond in a positive and informed manner to Communicable Disease issues, dealing with accidents and administration of medicines.

Purpose

1. To provide clear guidelines as to when children or teachers should not attend school, due to their illness.
2. To profile immunisation as a means of reducing the spread of vaccine preventable diseases.
3. To raise awareness among parents/whanau/caregivers, staff and students, of Communicable Disease and health issues.
4. To recognise that people with blood borne viruses (HIV, Hepatitis B and C):
 - Are healthy and are able to work and study.
 - Need a supportive environment.
 - Are of little risk to others, when the appropriate safety precautions are universally followed.
5. To ensure that the principles of the Privacy Act 1993 are met.

Guidelines

- Parents are required to identify all health issues/allergies that may be affecting their child on enrolment.
- Parents are required to inform the centre if their child is to be absent due to an illness or accident, the duration of absence and the reason for absence.
- A child suffering from any of the following symptoms will be required to leave the centre ASAP. If a parent is unavailable or unable to remove their child soon enough, the emergency contact person listed on the child's enrolment form may be contacted.
- The illness prevents the child from participating comfortably in program activities.
- The illness results in a greater care need than can be reasonably provided without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, persistent crying, difficulty breathing, persistent coughing, or other signs of possible severe illness.
- No child with diarrhea should attend and they should have at least one normal bowel motion before returning to Shine.

- Vomiting two or more times in the previous 24 hours, unless the vomiting is known to be caused by a non-communicable condition and the child is not in danger of dehydration.
- Rash with fever or behavior change, until a doctor has determined that the illness is not a communicable disease.
- Conjunctivitis - until either the infection clears or 2 days after examined by a doctor and treated.
- Tuberculosis, until the child's physician or the Public Health Service advises that the child is non-infectious.
- Impetigo, until 24 hours after treatment has started.
- Strep throat, until 24 hours after treatment has started, and until 24 hours after fever stops.
- Head lice and/or nits until treatment is completed (i.e. hair & scalp is completely free of live nits and head lice).
- Thread worm, until treatment is completed.
- Scabies, until after treatment has been completed.
- Chickenpox, until at least six days after onset of rash or earlier, and all the lesions have dried and crusted.
- Whooping cough, until five days of appropriate antibiotic therapy (the total course of the usual treatment is 14 days.)
- Mumps, until nine days after glands started swelling.

- For some vaccine preventable diseases, there is a requirement to exclude unimmunized children who have had contact with a case of the disease. This applies to Measles, Diphtheria and Whooping cough, and would be arranged on the advice of the Medical Officer of Health.
- Public Health Service exclusion guidelines will be followed for any conditions not listed above.
- Individual health plans will be written in consultation with parents for children who suffer from Asthma, Epilepsy or specific allergies, or other medical conditions.
- A child prescribed antibiotics for any illness should not return until at least 24 hours after treatment has started.
 - Children with head-lice must be treated immediately to remedy the condition. Parents are notified if there is a case of head-lice in the Centre.
 - Parents are immediately informed of any infectious illness that is brought to the Centre's attention. If necessary, the centre may close for an appropriate period of time to stop the cycle of illness,
 - If children become ill while at the Centre parents will be contacted and if necessary required to collect their child immediately. If children are ill at the Centre and while awaiting collection, they will be isolated from the rest of the children in a safe and appropriate area.

- At the time of enrolment, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval. Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

- Immunisation
 - Shine Montessori Educare is required to keep an immunisation Register for all children born from January 1995.
 - On enrolment, parents will be required to provide confirmation of their child's immunisation status.
 - It is the responsibility of the Ministry of Health to identify children who are not immunised. They will check the register if there is a threat of disease in the Centres catchments area.
 - In the event of a vaccine preventable disease outbreak the Medical Officer of Health will make all decisions regarding the welfare of all the children. Parents of children not immunised, or whose immunisation status is unclear, may be requested to keep their children at home for their own protection, until cleared by the Medical Officer of Health. (Regulation 14 of the Health Regulations 1998 Infectious and Notifiable Diseases) (See Appendix 1 "Exclusion")
 - "Unimmunised" means they have not received at least one dose of measles or MMR vaccine after twelve months of age. This can be waived if the contact or their doctor can provide evidence of laboratory-proven measles infection in the past.
 - Information will be kept accurate and confidential in accordance with the Privacy Act.

- Hepatitis B immunisation for staff will be encouraged by the Centre.

- Questions and advice to the Centre on any communicable disease issue may be directed to the Health Support Service.

- This policy will be discussed by staff /Council/BOT biannually to ensure continued awareness.

- Employment/enrolment at the school will not be jeopardised by the presence of blood borne viruses.

- Because there is no basis for others needing to know HIV, Hepatitis B or C status, disclosure will be entirely voluntary.

- Rumours of students or staff with blood borne viruses in the Centre will neither be confirmed nor denied.

- The Centre will have in place standard safety and hygiene procedures, which adequately deal with infection control in the Centre.

-
- Health information is stored and used according to the principles of the Privacy Act, 1993.

- Health information is only used for the purpose for which it is collected.

- Statistics are reported in a way that student or staff members are not identifiable.

Administration of Medicine

- Only prescribed medication may be administered. It must be in-date and prescribed for the current condition.
- Children taking prescribed medication must be well enough to attend the setting.
- Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication by non-medical staff of the Centre. This states the name of the child, name/s of parent(s), date the medication starts, the name of the medication and prescribing doctor, the dose and times, or how and when the medication is to be administered.
- The administration is recorded accurately each time it is given and is signed by staff. The records will contain details of the medicine administered, time and date of administration it was administered, who administered it and who witnessed it. Parents sign the record book to acknowledge the administration of a medicine.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- Administration of 'preventative medication' for eg: Asthma inhalers etc will require the parent / caregiver to complete a 'Preventative Medication Form' (see administrator) with clear instructions and signed permission for staff members to administer medication. A monthly review of completed forms will be carried out by an assigned Teacher.
- Parents should inform the Centre, in writing, of any changes in the child's medical circumstances.
-

Administration of First Aid

At least one member of staff with current first aid training is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children.

Our first aid kit:

- complies with the necessary Health and Safety Regulations;
- is regularly checked by a designated member of staff and re-stocked as necessary;
- is easily accessible to adults; and
- is kept out of the reach of children.

Our accident book:

- is kept safely and accessibly;
- all staff and volunteers know where it is kept and how to complete it; and
- is reviewed once a term to identify any potential or actual hazards.

EXCLUSION

- Education (Early Childhood Centres) 2008 Regulations
- - requires that the "licensee of a licensed centre must take all reasonable steps to ensure, that any child suffering from any infectious disease listed in the second schedule of the Health (Infectious and Notifiable Diseases) 1966, is excluded from the centre.
 - Any child who is suffering from any disease ... or from any ailment, illness, or other conditions affecting the child's health, may be excluded from attending any licensed centre at the discretion of the person responsible, for any period the person thinks appropriate.
- None of the Health Regulations affect a child's right to be enrolled at a centre.
- The Education (Early Childhood Centres) Regulations 1990 - Reg.31, imply but do not state, that "susceptible (unimmunised) teachers should also be excluded.

Where measles have been diagnosed

We have to rely upon the common sense of parents, teachers and the Centre Manager, and we ask "susceptible" students and teachers to stay away until fourteen days after the appearance of the last rash.

Note that the parents of excluded children often get angry, especially if it is later proven that the case was not e.g. measles after all. The Public Health Nurse and Medical Officer of Health must do their best to defuse the situation, by explaining that often the diagnosis will not be proven in time but the public health action needs to be taken on suspicion. Children who are fully immunised for age are not excluded, and children may return following vaccination.