

Child Health and Wellbeing Policy

POLICY STATEMENT

The Y Canberra Region is committed to providing a healthy and hygienic environment for children and young people to grow in body, mind and spirit. High standards of hygiene practices and procedures prevent the spread of illnesses including exclusion periods, handwashing and effective cleaning procedures.

OBJECTIVES

- To minimise cross infection by implementing clear health and hygiene procedures for Y people and participants
- To have clear procedures to guide Y People when addressing the attendance or nonattendance of an unwell participant.
- To provide a procedure to notify a family when signs and symptoms of illness are evident of child or young person being unwell.
- To illustrate the ACT Public Health Regulation exclusion guidelines

POLICY

Y People are guided by the 5th Edition Staying Healthy: Preventing infectious diseases in early childhood education and care services, ACT and NSW Health Department. We have a responsibility to ensure the health and safety of children and young people and achieve this by:

- Providing supervised reassurance, comfort and care to the unwell child or young person until collected.
- Ensuring Y People monitor children and young people for any sign or symptom of illness.
- Contacting the Parent / Guardian or authorised emergency contact to request collection of the child.
- Adhering to recommended exclusion periods provided by Health Regulations
- Implementing and advocating for personal and environmental hygiene practices
- Requesting families inform Y service of the child or young person's health, wellbeing, illness.
- Providing information of the policy and procedure for exclusion periods to prevent cross infection.
- Completing all documentation and reporting procedures including the SOLV incident report and where required the service Illness Register.
- Acknowledging Y People are health professional and advice parents / guardians to be guided by the expertise, knowledge and experience of a medical practitioner.

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PROCEDURE

Infection, Illness and Exclusion

Children and young people with an infection or illness as defined below are not able to attend or remain at the service. This procedure is implemented to protect the health and wellbeing of all participants in Y Canberra Region services and programs.

A child or young person who presents with any of the following symptoms cannot be admitted or remain at the service or program.

- ear, eye or discolored nasal discharge
- an undiagnosed rash
- high temperature of 38 degrees or above.
- infectious sores or diseases
- infectious vomiting and/or diarrhea
- an unwell child (children with asthma, difficulty breathing, barking cough, rib retraction etc.).
- following surgery (medical certificate required to return)

Ear, Eye or Nose discoloured discharge

- Discharge coming from the ear, eye or nose parents / guardians are asked to collect their child or young person from care
- Ensure contact with other children is limited where possible
- Maintain effective handwashing procedures

Ear Infections

Ear infections include inflammation and infection of the middle ear. Symptoms may include:

- Signs of a cold (runny nose, sore throat, cough)
- Pains in the ear
- Runny fluid or pus
- Kids pulling at ear
- Fever
- Not eating
- Can't hear properly
- Diarrhea or vomiting

Conjunctivitis

Conjunctivitis is an eye condition where the white part of the eye becomes inflamed, infected and irritated and could include yellow discharge from the eye. Conjunctivitis is highly infectious and is spread by

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coming into contact with the eye secretions (via direct contact, clothing and items which have come into contact with the eye secretions). Exclusion is required until this discharge has ceased.

Rashes

Rashes are common in children and caused by viral infections however are not always infectious. Y People will take note of the rash in addition to the signs and symptoms of possible illness to assess the child or young person's wellbeing.

Rashes are described as:

- Small, red, pin heads
- Fine and lacy
- Large red blotches
- Welts
- Blisters
- Raised slightly with small lumps
- Swollen
- Itchy

If a rash is suspected Y People will:

- Take the child's temperature for signs of illness
- Contact the family or emergency contact
- Advise family to seek medical advice
- Request parents / guardians to advise Y Canberra Region (individual service supervisor / manager) of medical diagnosis, discuss and inform of any exclusion period.

Hand, foot and mouth disease

Hand, foot and mouth disease is a common viral infection. The symptoms include tiny blisters appearing on different parts of the body e.g. nappy area, palms of the hands and soles of the feet. Other symptoms may include a fever, sore throat, cough and running nose. Hand, foot and mouth is highly infectious and spread by touch, air and bodily fluids. Parents / Guardians are asked to keep children and young people at home until the blisters are dry and they are feeling well.

High Temperatures or Fevers

A High Temperature is a symptom that is often observed in children. A normal temperature range for children is 36.5°C - 38°C. A Fever is defined as a body temperature higher than 38°C. A fever is not an illness, rather a sign of an illness. Y People will observe and monitor all signs and symptoms of illness to assess the need for Parent / Guardian collection and / or immediate medical attention e.g.

- child is less than 6 months
- earache

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- difficulty swallowing
- breathing rapidly
- rash
- vomiting / diarrhea
- body pain (neck, head)
- has bulging of the fontanelle (the soft spot on the head in babies)
- sleepy or drowsy (outside normal sleep routines)
- appearing unwell

Educators support to reduce a fever by applying First Aid procedures such as:

- encouraging to drink water
- removing / assist in the removal of excessive clothing
- sponging / providing a washer of lukewarm water for the forehead, back of neck and exposed areas of skin

If after providing First Aid, the temperature remains 38°C or above, parents / guardians will be contacted to collect their child.

Panadol / Paracetamol / Ibuprofen and any form of pain relief will not be administered unless prescribed by a Medical Practitioner, with a supporting chemist label, certificate or action plan detailing the illness or condition. A 24-hour exclusion period is required after a fever and the administration of pain medication unless medical clearance has been provided.

Infectious Sores

Infectious sores are transferred by direct contact with an infected child or young person's body (including through clothing) and bodily fluids. Sores can be described as crusty, moist, mucous, red and raised.

Y People who observe sores on a children or young person will:

- Contact the parent / guardian for collection
- Advise parent / guardian to seek medical advice
- Request the parent / guardian to advise Y Canberra Region (individual service supervisor / manager) of medical diagnosis, discuss and inform of any exclusion period.
- Emphasis the importance of effective handwashing to reduce the spread of infection.

Impetigo (school sores)

School sores are an infection showing flat, yellow, crusty moist patches or blisters on the skin. They are usually in exposed areas such as the face, arms and legs. School sores are highly infectious and spread by contact with the sores, secretions from the sores either directly, through clothing and by items which have come into contact with the secretions.

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Infectious Vomiting and Diarrhea

Vomiting and Diarrhea may be an illness triggered by infection and inflammation of the digestive system.

Prevent dehydration by replacing lost fluids with water.

Children and young people remain infectious as long as the organisms are present in the faeces and whether or not they have symptoms.

The exclusion period for vomiting and/or diarrhea is until the infectious vomiting and / or diarrhea has ceased for a minimum of 24 hours.

Infectious diarrhea or vomiting is considered to be:

- **One or more** cases depending on the consistency, smell and general wellness of the child.
- **One case** if there have been other cases noted in the service or community.
- When **vomiting is induced** by excessive coughing

Where a child has a case of vomiting and / or diarrhea Y People will:

- Contact the parent / guardian for collection
- Advise parent / guardian to seek medical advice
- Request the parent / guardian to advise Y Canberra Region (individual service supervisor / manager) of medical diagnosis, discuss and inform of any exclusion period.
- Emphasis the importance of effective handwashing to reduce the spread of infection.

Exclusion is always required until vomiting and/or diarrhea has ceased for a minimum of 24 hours

The Unwell Child

Often children and young people are unwell but do not display specific signs and symptoms that require exclusion. Under these circumstances an unwell child is better off at home with the family.

A child will be considered to be unwell by an educator if they display any of the following:

- Inability to cope with the routine, play and general experiences of the day.
- Displaying emotional behaviours that are not typical of the child or young person.
- Not eating or drinking
- Advising Y People of illness or being unwell over a period of time

Prior to contacting the family for collection the following steps are taken by the educator.

- observe the child or young person in their environment to determine the ability to engage in the experiences offered
- assess the child's emotional well being
- monitor the child's ability to socialise, cooperate and engage with others

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Family or emergency contact will be when collection of the child is required. The Manager / Nominated Supervisor's decision on the wellness of a child is final.

If collection is required to support the health and wellbeing of the child, other children and educators of the service, the parent / guardian or emergency contact will be required to collect the child in a prompt time frame. The Manager / Nominated Supervisor has the right to request a medical clearance and the exclusion periods may vary.

Following Surgery

As children and young people return from surgery / medical treatment it is important that Y People place the safety and wellbeing as a priority. Following surgery / medical treatment children should not return if:

- fracture or broken bone is unstable.
- their wound or similar excludes them from engaging in normal play

A medical certificate is required stating the child or young person is fit to return to care and can be actively involved in the programs experiences.

Coronavirus (COVID – 19)

COVID-19 could spread widely and quickly. To help reduce the spread and protect those who are most at risk it is important we take the recommended steps to protect children, young people, families, employees and visitors in our Y community.

COVID-19 is spread from contaminated droplets which spread by coughing or sneezing, or by contact with contaminated hands, surfaces or objects. People with COVID-19 may experience symptoms such as fever, flu-like symptoms such as coughing, sore throat, fatigue and shortness of breath. If participants of our programs are unwell with cold and flu symptoms, have travelled recently in a high risk area, countries or have been in close contact with someone who is a confirmed case of COVID-19 do not come into care at the service / or attend the workplace.

Steps to take if a child, family or educator show signs or symptoms of COVID-19:

- 1/ stay home from the service
- 2/ call your service Nominated Supervisor / Manager
- 3/ seek medical advice immediately
- 4/ self-isolate for as long as the symptoms clear and / or they have been certified as fit to return to work.

Coronavirus is reduced by conducting effective hygiene practices:

- cover your coughs and sneezes with your elbow or a tissue
- dispose tissues properly
- wash hands with soap and water, including before and after eating and after going to the toilet.
- use alcohol-based hand sanitisers
- clean and disinfect surfaces regular.

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Periods of Exclusion for Children with Infectious Conditions

The **Public Health and Wellbeing Regulations 2019** require children and young people with the following conditions to be excluded from school, preschool, child care or family day care for the periods specified.

A family whose child has had or has been in contact with one of the above listed exclusion conditions must notify the Nominated Supervisor / Manager as soon as possible.

Minimum period of exclusion from primary schools and children's services¹ for infectious diseases cases and contacts

Public Health and Wellbeing Regulations 2019

Number	Conditions	Exclusion of cases	Exclusion of Contacts
1	Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	COVID – 19	Until such time as the symptoms clear and / or they have been certified as fit to return.	Until such time as the symptoms clear and / or they have been certified as fit to return to work.
4	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
5	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
6	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 family/household contacts until cleared to return by the Chief Health Officer
7	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
8	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
9	Haemophilus influenza type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
10	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
11	Hepatitis B	Exclusion is not necessary	Not excluded
12	Hepatitis C	Exclusion is not necessary	Not excluded
13	Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping.	Not excluded

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Lesions to be covered by dressing, where possible			
14	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
15	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
16	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
17	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
18	Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
19	Meningitis (bacterial — other than meningococcal meningitis)	Exclude until well	Not excluded
20	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
21	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
22	Mollusca contagious	Exclusion is not necessary	Not excluded
23	Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
24	Poliovirus infection	Exclude for at least 14 days from onset. Readmit after receiving medical certificate of recovery	Not excluded
25	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
26	Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
27	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
28	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
29	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
30	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded

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31	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer
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DEFINITIONS

- **Chief Health Officer:** The Office of the Chief Health Officer is responsible for providing public health advice and undertaking high level project and policy work on behalf of the Chief Health Officer.
- **Exclusion:** Removing the unwell child or young person from the service and the contact of others to minimise the spread of infection or disease

SCOPE

The scope of this policy applies to all approved Y Canberra Region services operating under the Education and Care Services National Regulations (2011).

ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Children's Services Nominated Supervisor / Manager's	• Ensure hygiene procedures are adhered to. • Maintain immunisation records. • Ensure Exclusion Periods are adhered to • Ensure parents / guardians are informed of this policy • Complete medical condition forms and update annually or as required. • Report outbreaks of illness to relevant health authorities • Inform parents / guardians of outbreak of illness, medical conditions, exclusion periods and time frames for returning to the service. • Ensure Y People are trained in the policy and procedures to manage children and young people's wellbeing and illness in children.
Safeguarding, Risk and Quality Team	• Development, monitoring and review of the Policy and procedures, ensuring all content meets all legislated requirements. • Facilitate policy and procedure training
Y People	• Maintain a clean and hygienic environment. • Reassure and support the child or young person to feel comfortable • Notify the Nominated Supervisor / Manager of the child or young person's wellbeing. • Contact the parent / guardian or emergency contact and request collection of the child or young person if required. • Maintain supervision until the contacted person arrives to collect the child.

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	- Request parent / guardians inform the centre of the medical diagnosis and any exclusion period - Complete the Y Canberra Region reporting procedures as per Illness, Injury, Incident Reporting procedures e.g. SOLV - Stay informed of Medical Condition, Dietary, Behaviour Support Requirements Forms, Risk Communication Plans, Medical Condition Action Plans and Behaviour Support Plans and ensure they are followed.
Parent / Guardian	- Collect child or young person on request promptly - Ensure any diagnosed medical condition is reported to the Nominated Supervisor / Manager - Adhere to exclusion periods as detailed from the Public Health and Wellbeing Regulations 2019 - Advise and update any changes to your child or young person's medical condition, wellbeing and health records, including immunisation. - Be available for emergency contact at any time whilst the child or young person is in attendance at a Y Service

MONITORING, EVALUATION AND REVIEW

Policy will be reviewed every 2 years or as required.

SUPPORTING DOCUMENTS (LINKS TO PROCEDURES, LEGISLATION, FORMS, WORK PRACTICES)

Policies/Procedures:

- Medication Administration
- Medical Conditions
- Toileting
- Hygiene
- Incident Management
- Safe Sleeping and Rest

Standards/ Legislation/ Resources:

- Staying Healthy in Childcare – Preventing Infectious Diseases in Childcare – 5th Edition
- National Childcare Accreditation Council – factsheet for families, www.ncac.gov.au/factsheets/illness.pdf June 2011
- National Childcare Accreditation Council – policy templates
- Victoria Health Department
- ACT Health

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- https://www.education.act.gov.au/__data/assets/pdf_file/0005/845267/Procedure-Infectious-Diseases-Procedures-Published-April-2019.pdf
- Australian Government – Department of Health / <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019>
- Infection Control Guidelines <http://www.det.act.gov.au> June 2011
- Guide to National Quality Framework – Quality Area 2 Children’s Health and Safety <https://www.acecqa.gov.au/sites/default/files/2020-09/Guide-to-the-NQF-September-2020.pdf>

We respect and support the diverse needs of all children and young people including those who are Aboriginal and Torres Strait Islander, are from culturally and/or linguistically diverse backgrounds (CALD), have a disability or identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex or Asexual (LGBTQIA+). Children and young people’s ideas and responses to diversity are influenced by what they see and hear around them. This is why we ensure diversity and inclusion is reflected in everything we do at the Y.

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