

# Child Health and Wellbeing Policy and Procedure – Children’s Services

## PURPOSE

YMCA Canberra aims to provide a healthy environment in which all children and young people can grow in body, mind and spirit. YMCA Children’s Services are committed to preventing the spread of illnesses through the implementation, monitoring and maintaining of simple strategies such as, exclusion procedures, handwashing, effective cleaning procedures, and an understanding and knowledge of children’s health. This ensures our obligations under the Education and Care National Act (2010) and Regulations (2011) are met, as well as National Quality Standard 2: Health and Safety and Work Health and Safety ACT 2011.

The objectives are:

- To minimise infection and the spread of infection through clear health and hygiene procedures for children, families and educators.
- To outline clear procedures to meet the needs and treatment of an unwell child.
- To outline the procedure for notifying a family when symptoms of illness or medical condition are displayed or when a child is unwell.
- To identify exclusion guidelines and time frames as per the ACT Public Health Regulations.
- To link this Policy to Quality Area 2 - Children's Health and Safety of the National Quality Standard.

## SCOPE

The scope of this policy applies to all approved YMCA Canberra services that operate under the Education and Care Services National Regulations (2011). This includes Outside School House Care (OSHC) (including Before and After School Care Services), Vacation Care and Early Learning Centres (ELCs).

## POLICY

Staff are expected to follow the NHMRC Guidelines on Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition) unless otherwise specified in YMCA Canberra policy. The key requirements within the Guidelines are:

### **Summary of Educator's responsibilities for an unwell child (definition at Section 3.6)**

- Reassure and make the child as comfortable as possible
- Inform the Nominated Supervisor of the child's wellbeing

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- Contact the family or emergency contact of the child and request collection of the child
  
- Maintain adult supervision of the child until the contacted person arrives to collect the child and if required separate the child from other children
- Request that families inform service of diagnosis of illness and decide if exclusion is required
- Inform families of conditions of exclusion and re-admission to the service
- Complete the YMCA reporting procedures as per Incident Management Policy and Procedure

## PROCEDURE

### Infectious Illness and Exclusions

Children with an infectious illness as defined below, cannot be admitted, or remain within, the service. This is to safeguard the health and wellbeing of other children, families and educators of the service.

A child who has any of the following symptoms cannot be admitted to, or remain within, the centre:

- 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—obvious difficulty breathing, barking cough, rib retraction etc.).
- following surgery (medical certificate required to return)

YMCA staff are provided with discretion on how to reduce the spread of germs when children celebrate birthdays

### Ear, Eye or Nose discoloured discharge

- When coloured discharge is observed from the ear, eye or nose families are asked to collect their child from care
- Ensure contact with other children is limited where possible
- Maintain effective handwashing procedures
- Exclude from care while there is discharge

### Ear Infections

Middle ear infections include inflammation and infection of the middle ear. The symptoms of Ear Infections which may or may not be present include:

- Signs of a cold (runny nose, sore throat, cough)
- Pains in the ear

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- Runny fluid or pus
- Kids pulling at ear
- Fever
- Not eating
- Can't hear properly
- Diarrhoea 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 could be spread by coming into contact with the eye secretions (via direct contact, clothing and items which have come into contact with the eye secretions).

### Rashes

Rashes are common in children. They can be caused by many different viral infections and may not be infectious. It is important to note that educators are not health specialists and medical advice should be sought. Educators will observe the type of rash in addition to further symptoms to assess the wellness of the child in relation to the application of this policy.

Rashes can be described as:

- Small, red, pin heads
- Fine and lacy
- Large red blotches
- Solid red area all joined together
- Blisters
- Raised slightly with small lumps
- Swollen
- Itchy

If a rash is suspected the Educator will:

- Take the child's temperature for signs of illness
- Advise the Nominated Supervisor of child's wellbeing
- Contact the family or emergency contact
- Advise family to seek medical advice
- Request that families inform service of diagnosis of illness and decide if exclusion is required

### Hand, foot and mouth disease

Hand, foot and mouth disease includes tiny blisters which could appear on different parts of the body, commonly including nappy area, palms of the hands and soles of the feet. Other symptoms could include fever, sore throat, cough and running nose. The disease is highly infectious and could be spread by touch, air and bodily fluids.

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## High Temperatures or Fevers

A high temperature is a symptom that is often observed in children and can indicate the body is experiencing an infection in some cases. Many recognised authorities define a child's normal temperature is anywhere up to 38 degrees. If a child appears well and happy, there is no necessary need to treat a fever.

Educators will observe and monitor other symptoms that may occur with a high temperature and record this within the Illness record.

Symptoms that define a fever which may require immediate medical attention:

- child is less than 6 months old
- has an earache
- has difficulty swallowing
- is breathing rapidly
- has a rash
- is vomiting
- has a stiff neck
- has bulging of the fontanelle (the soft spot on the head in babies)
- is very sleepy or drowsy (outside normal sleep routines)
- appear unwell or complaining of pain

Educators will support reducing a child's fever by applying the following First Aid procedures:

- encouraging the child to drink plenty of water
- removing excessive clothing
- sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin

Please note that within the Outside School Hours care programs educators will:

- encourage the child to drink water
- Assist the child should they need to remove any excess layers of clothing for comfort
- Provide a lukewarm washer for the child to then apply to their neck, face and exposed areas of skin.

**If after providing First Aid, the temperature is still 38 degrees or above, families will be contacted to collect their child.**

**Panadol/ Paracetamol/Ibuprofen and any form of pain relief will not be administered by the service unless prescribed by a GP with supporting action plan for child and details of condition requiring administration of Panadol/ Paracetamol/ Ibuprofen.**

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A minimum of 24 hours' exclusion is required after detection of a high temperature and the administration of pain relief medication in the child's home, unless medical clearance has been provided.

### **Infectious Sores**

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

If Educators suspect a child may have infectious sores, they will:

- Contact the family or emergency contact to pick up their child
- Advise families to seek medical advice
- Request that families inform centre of diagnosis and decide if exclusion is required
- Emphasis the importance of effective handwashing procedure.

### **Impetigo (school sores)**

School sores is a skin infection which includes flat, yellow, crusty moist patches or blisters on the skin, usually in exposed areas such as face, arms and legs. School sores are highly infectious and could be spread by coming into contact with the sores or secretions from the sores (via direct contact, clothing and items which have come into contact with the secretions).

### **Infectious Vomiting and Diarrhea**

Vomiting and Diarrhea may be illnesses triggered by the infection and inflammation of the digestive system. The main complication is dehydration which can be prevented if the fluid lost in vomit and diarrhea is replaced. People remain infectious for as long as the organisms are present in their feces, whether or not they have symptoms.

Children and staff should be excluded from the service 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 has been other cases noted in the service or community.
- Vomiting induced by excessive coughing

Where a child has a case of vomiting and/or diarrhea, the Educators will:

- Call the family or emergency contacts to pick up the child
- Advise the family to seek medical advice
- Request that families inform centre of diagnosis and decide if exclusion is required
- Emphasis the importance of effective handwashing procedures

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

### The Unwell Child

Often children are unwell but do not display specific 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 the following:

- Inability to cope in the routine of the Early Learning Centre or OHSC programs
- Displaying emotional behaviours that are not typical of the child
- Child advising the educator of illness or feeling of 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 in the play environment to determine their 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

**Family or emergency contact will be called if it is determined that collection of the child is required and it is noted that the 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 family or emergency contact will be required to collect the child.**

### Following Surgery

As children return from medical treatment it is important that educators place the child's safety and wellbeing as a priority. Following a surgery or other medical treatment it is required:

- Children do not return if the fracture or broken bone is unstable.
- Children do not return if their wound or similar excludes them from engaging in normal play

Children are excluded from the service following any medical surgery until a medical certificate states the child is fit to return to care and they can be actively involved in play.

### Coronavirus (COVID – 19)

COVID-19 is a new disease, so there is no existing immunity in our community. This means that COVID-19 could spread widely and quickly. To help reduce the spread and protect those who are most at risk it is important that we take the recommended steps to protect children, 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

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recently in a high risk country 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 / Coordinator / Manager
- 3/ seek medical advice immediately
- 4/ self-isolate for at least 14 days or until such time 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 often with soap and water, including before and after eating and after going to the toilet.
- use alcohol-based hand sanitisers
- clean and disinfect surfaces regularly

**Periods of Exclusion for Children with Infectious Conditions**

Periods of exclusion will be in accordance with "Staying Healthy in Childcare" 5th Edition as follows.

The **ACT Public Health Regulations 2000** require children with the following conditions, and children who have been in contact with the following conditions, to be excluded from school, preschool, child care or family day care for the periods specified.

| Condition                                 | Common name | Exclusion of person with condition   | Exclusion of persons in contact with condition   |
|---|-------------|--|--|
| Amoebiasis                                | Gastro      | Exclude until diarrhea ceases  | Not excluded   |
| Campylobacteriosis                        | Gastro      | Exclude until diarrhea ceases  | Not excluded   |
| Chicken pox (varicella and herpes zoster) |             | Exclude until the last blister has scabbed over.<br><br>The child should not continue to be excluded by reason only of some remaining scabs. | Not excluded<br>Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary. |
| Conjunctivitis (acute infectious)         |             | Exclude until discharge from eyes ceases.  | Not excluded   |

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| COVID – 19                             | Coronavirus            | Exclude for up to 14 days or until such time as the symptoms clear and / or they have been certified as fit to return to work.  | Exclude until such time they have been certified as fit to return to work.<br><br>(Y Canberra Advice based on Australian Government – Department of Health March 2020) |
| Cryptosporidiosis                      | Gastro                 | Exclude until diarrhea ceases   | Not excluded   |
| Diarrhea                               |                        | Exclude for 24 hours from last loose bowel motion   | Not excluded   |
| Diphtheria                             | Nose/ throat infection | Exclude until—<br>(a) at least 2 negative throat swabs have been taken (the first not less than 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later), and<br>(b) a certificate is provided by a medical practitioner recommending that the exclusion should cease. | Exclude family and household contacts until approval to return has been given by the Chief Health Officer.   |
| Giardiasis                             | Gastro                 | Exclude for 24 hours since last loose bowel motion  | Not excluded   |
| Hand, Foot and Mouth disease           |                        | Exclude if...<br>a) child is unwell, or (b) child is drooling, and not all blisters have dried or an exposed weeping blister is not covered with a dressing.  | Not excluded   |
| *Hepatitis A                           |                        | Exclude for at least 7 days after the onset of jaundice and a certificate is provided by a medical practitioner recommending that the exclusion should cease.   | Not excluded   |
| Herpes                                 | Cold sores             | Exclude young children unable to comply with good hygiene practices while the lesion is weeping. Lesion to be covered by a dressing in all cases, if possible.  | Not excluded   |
| Impetigo                               | School sores           | Exclude until appropriate treatment has commenced and sores on exposed surfaces are covered with a watertight dressing.   | Not excluded   |
| Influenza and influenza-like illnesses | Flu                    | Exclude until well  | Not excluded   |

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| Leprosy   |                | Exclude until approval to return has been given by the Chief Health Officer.   | Not excluded   |
| Measles   |                | Exclude for at least 4 days after the rash appears.  | (a) Immunised contacts not excluded.<br>(b) Exclude non-immunised contacts until 14 days after the first day of appearance of the rash in the index case.<br>(b) Non-immunised contacts immunised with measles vaccine within 72 hours after their first contact with the index case are not excluded after being immunised.<br>(d) Non-immunised contacts who are given normal human immunoglobulin (NHIG) within 7 days after their first contact with the index case are not excluded after being given NHIG. |
| Meningitis (bacterial)                          |                | Exclude until well   | Excluded   |
| Meningococcal infection                         |                | Exclude until adequate carrier eradication therapy has commenced.  | Excluded if receiving rifampicin or other antibiotic treatment recommended by the Chief Health Officer.<br>(b) Otherwise, excluded until 10 days after last contact with the index case.   |
| Mumps   |                | Exclude for 9 days after onset of symptoms, or until parotid swelling goes down (whichever is sooner).   | Excluded   |
| Poliomyelitis                                   | Polio          | Exclude for at least 14 days after onset of symptoms and until a certificate is provided by a medical practitioner recommending that the exclusion should cease. | Excluded   |
| Ringworm, scabies, pediculosis (lice), trachoma |                | Exclude until effective treatment has commenced.   | Excluded   |
| Rotavirus                                       | Diarrhea       | Exclude until diarrhea ceases  | Not excluded   |
| Rubella   | German measles | Exclude for 4 days after the appearance of the rash.   | Not excluded<br>Female staff of child-bearing age should ensure that their immune status against rubella is adequate.  |
| Salmonellosis                                   | Gastro         | Exclude until diarrhea ceases  | Not excluded   |
| Shigellosis                                     |                | Exclude until diarrhea ceases  | Not Excluded   |

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| Streptococcal infection (including scarlet fever) | Staph infection | Exclude until the person has recovered or has received antibiotic treatment for at least 24 hours.  | Not excluded   |
| *Tuberculosis                                     |                 | Exclude until approval to return has been given by the Chief Health Officer.  | Not excluded   |
| *Typhoid and paratyphoid fever                    |                 | Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease.                                 | (a) Not excluded unless the Chief Health Officer notifies the person in charge of the school.<br>(a) If the Chief Health Officer gives notice, exclusion is subject to the conditions in the notice.   |
| Whooping cough (pertussis)                        |                 | Exclude for 21 days from start of cough, or for at least 5 days after starting a course of antibiotics recommended by the Chief Health Officer. | Exclude non-immunised household, home based child care and close child care contacts under 7 years old for 14 days after the last exposure to infection, or until 5 days after starting a course of antibiotics recommended by the Chief Health Officer (whichever is sooner). |
| Worms (intestinal)                                |                 | Exclude until diarrhea ceases   | Not excluded   |

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

## 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:** separate or remove from majority (for this policy it involves separating unwell child from others to minimise spread of infection or disease)

## ROLES AND RESPONSIBILITIES

| Department/Area                | Role/Responsibility  |
|--------------------------------|--|
| Children's Services Management | <ul style="list-style-type: none"> <li>• Ensure hygiene procedures are adhered to by all educators.</li> <li>• Maintain immunisation records for all children and educators</li> <li>• Ensure exclusion periods for illness are followed at all times</li> </ul> |

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|                                     | <ul style="list-style-type: none"> <li>• Ensure during enrolment all families are made aware of this policy</li> <li>• Collect and keep updated medical management plans for any children within the service.</li> <li>• Report any outbreaks of illness as appropriate, to relevant Health Authorities</li> <li>• Inform families of outbreak of illness, conditions of exclusion and time frames for return to the service.</li> <li>• Ensure educators are trained in managing illness in children and procedures.</li> <li>• Complete any required documentation for serious illness and notify ELM/OHSC Manager.</li> </ul>   |
| Safeguarding, Risk and Quality Team | <ul style="list-style-type: none"> <li>• Development, monitoring and review of the Policy and related systems, ensuring all content meets all legislated requirements.</li> <li>• Facilitate policy training and awareness on the appropriate implementation and use of policy.</li> </ul>   |
| Educators                           | <ul style="list-style-type: none"> <li>• Maintain a clean and hygienic environment at all times.</li> <li>• Reassure and make the child as comfortable as possible</li> <li>• Inform the Director or Educational Leader of the child's wellbeing</li> <li>• Contact the family or emergency contact of the child and request collection of the child if required</li> <li>• Maintain adult supervision of the child until the contacted person arrives to collect the child and if required separate the child from other children</li> <li>• Request that families inform centre of diagnosis of illness and decide if exclusion is required</li> <li>• Inform families of conditions of exclusion and re-admission to the service</li> <li>• Complete the YMCA reporting procedures as per Illness, Injury, Incident Reporting procedures</li> <li>• Be aware of any medical management plans for children and ensure these are followed when required.</li> </ul> |
| Families                            | <ul style="list-style-type: none"> <li>• Pick up child upon request</li> <li>• Ensure any diagnosed illness is reported to the Co-ordinator, Director/Educational Leader as soon as is practicable</li> <li>• Adhere to the exclusion times as detailed by ACT Public Health</li> <li>• Advise centre of any changes to your child's health record, including immunisation.</li> <li>• Remain contactable at all times whilst child is in attendance at the service</li> </ul>   |

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## MONITORING, EVALUATION AND REVIEW

Policy will be reviewed in 2021 or as new information is provided.

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

### Policies/Procedures:

- Medication Administration
- Medical Conditions
- Nappy Change
- Food Safety and Handling
- Incident Management
- Safe Sleeping and Rest
- Y Canberra Staff – Procedure for Coronavirus Concerns

### Standards/ Legislation/ Resources:

- Staying Healthy in Childcare – Preventing Infectious Diseases in Childcare – 5th Edition (NHMRC 201206) June 2012
- National Childcare Accreditation Council – factsheet for families, [www.ncac.gov.au/factsheets/illness.pdf](http://www.ncac.gov.au/factsheets/illness.pdf) June 2011
- National Childcare Accreditation Council – policy templates [www.ncac.gov.au/policy](http://www.ncac.gov.au/policy) June 2011
- Australian Government Department of Education and Training
- 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
- National Quality Standard
  - Standard 2.1 - Each child's health is promoted.
    - Element 2.1.1 Each child's health needs are supported.
    - Element 2.1.3 Effective hygiene practices are promoted and implemented.
    - Element 2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
    - See more at: <http://www.acecqa.gov.au/childrens-health-and-safety#sthash.uYOG3wGh.dpuf>

| Version | Date      | Author                               | Change Description                      |
|---------|-----------|--------------------------------------|---|
| V1      | 26/5/2016 | J. Ferguson, QA & Compliance Manager | Changed to new format, minor amendments |

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| V2 | 30/10/19   | S. Mathers, QA & Compliance Manager                                | Updated approval dates and policy header/footer   |
| V3 | 18/12/2019 | S. Mathers, QA & Compliance Manager/ M. Taylor, Chief Risk Officer | Reviewed content to ensure it is up to date and meeting current requirements. Incorporated Ear Care Policy. Updated to include some common types of each category of infectious disease. Updated exclusion period table to include common names for ease of use by staff. |
| V4 | 17/03/2020 | S. Mathers, QA & Compliance Manager/ M. Taylor, Chief Risk Officer | Coronavirus (COVID – 19) description and procedure.<br>Source and version control   |

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