

Child Health and Wellbeing Policy (HS 21-27)

Rationale

Children and adults will experience an environment where they are kept healthy and safe from harm.

Purpose

To provide effective systems and consistent guidelines for maintaining health and safety.

Guidelines

Response to Infectious illnesses (HS23)

- In accordance with the minimum standards for childcare services set by the Ministry of Education, children who are unwell cannot be catered for in the educator's home. However, in stating this, we do acknowledge the difficulties this can cause to working parents/guardians/whānau.
- Children with infectious diseases are unable to be in care in accordance with the minimum standards for operation of a childcare service. Although individual doctors may say that children are well enough to return, educators in consultation with a visiting teacher, have the final say. KIDDZ policy is that no child may return while still carrying an infection, as this can put extra stress on other tamariki and educators. The rights of other tamariki and parents/guardians/whānau need to be considered. Parents/guardians/whānau must, therefore, abide by the decision of the educator and visiting teacher, keeping their unwell child at home, or arranging alternative care themselves.
- Tamariki with diarrhoea and vomiting must be excluded for 48 hours after the last bout of diarrhoea or vomiting.
- Tamariki are washed when they are soiled or pose a health risk to themselves or others.
- Tamariki with impetigo may attend if antibiotic ointment or oral antibiotics are used and sores can be practically covered with plaster or clothing. Educators/visiting teachers will have discretion on acuteness of case.
- Green noses (see attached fact sheet).

- Tamariki with head lice must be treated before they can come back to the educator's home.
- Completion of health details on the Enrolment Details Form (see appendix), gives parental permission for emergency care.
- Rooms used by tamariki are kept at a comfortable temperature no lower than 18deg (at 500mm above the floor) while tamariki are attending. (HS21)
- If another child or adult in the parent's/guardian's home has an infectious condition, the educator must be informed so that she/he can make a choice to accept or refuse care of the child.
- If the educator or family are sick or have an infectious condition, the visiting teacher must be notified as early as possible, so that alternative care can be arranged.
- If the infectious condition or illness has already occurred in the educator's household, the parent/guardian, educator, and the visiting teacher may negotiate to continue care.
- If a child becomes ill while in care, the educator must phone the parent/guardian or other contact who may need to collect the child within an hour of notification or as soon as is practicably possible. If the illness is serious, follow the emergency procedure as outlined below.
- If a child becomes ill while in care there must be a space (away from where food is stored, prepared, or eaten) where a sick child can be temporarily kept at a safe distance from other tamariki (to prevent cross infection) to lie comfortably and be supervised until the sick child can be collected and taken home. If the child is isolated in a separate room the educator should carry out regular checks every 10-15 minutes as with a sleeping child.

Returning After an Infection

- Educators may refuse to care for any child with infectious symptoms. Visiting Teachers will, however, discuss alternative care with parents/guardians/whānau in this case if necessary.

Administering Medicine (HS25)

Medicine, (prescription and non-prescription) is not given to a child unless it is given:

- By a doctor or ambulance personnel in an emergency; or
- By the parent of the tamariki; or
- With the written authority (appropriate to the category of the medicine) of a parent.
- Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time.
- The medicine must be in the original container with specific instructions for the child for whom it is prescribed. It must be within its expiry date.
- If a child has a specific health need which requires medication on a regular basis, an individual health plan will be developed with the family/whānau and health professionals. Where required, training will be given to the educator to administer the medicine. E.g., diabetes/insulin, allergy/epi-pen. This training will be recorded in the health plan. Educators will have a copy of this plan, to be kept in their educator folder, and a copy will be kept in the child's file in the KIDDZ office. All medicines administered will be recorded on the Medication Form. (See appendix) (HS26)

Mild Illness

- Mild coughs and colds should not interfere with the normal pattern of care. However, if the child is miserable and needs constant attention the educator may phone the parent/guardian/whānau and ask that the child be taken home.
- An Educator may wish to care for a child recovering from mumps or chicken pox etc. when the diseases have already been in the family and may negotiate with parents/guardians/whānau and Visiting Teachers about doing this.

Non-Urgent Medical Attention

- Where possible, the parent/guardian/whānau or their named representative is expected to take their child to the doctor.
- If the parent/guardian/whānau or the representative is unavailable, the educator may take the child to their own doctor or the child's doctor, after consultation with a Visiting Teacher or Management.
- Educators or management will be reimbursed by parents/guardians/whānau for any medical or transport costs.

- In some situations, an educator may consider that the child requires medical attention, but the parent/guardian/whānau disagrees. If the visiting teacher agrees that the child needs medical attention, the educator may refuse to accept the child until a medical consultation is obtained.

Accident/Serious Illness/incident/Emergency (HS24 & 33)

In cases of accident, serious illness, incident, or emergency, educators will take whatever steps seem appropriate. This may be contacting the child's doctor, their own doctor, calling an ambulance or taking the child to the Accident and Emergency Centre.

Parents/guardian/whānau and Visiting teachers must be informed as soon as possible. An Accident/Illness Form or Incident form will be completed at the appropriate time. (See appendix).

If a child requires **first aid** for any scrape, bang, injury etc, **an accident form must be completed. Any scrape, bang, injury of any sort, to anywhere on the head, requires an accident form to be completed.** Parents/guardian/whānau and Visiting teachers must be informed as soon as possible.

We have been advised that '**first aid**' is: '**anything that requires a plaster.**' Illnesses must also be recorded on an accident/serious illness form.

It is important that ALL injuries, illnesses, and incidents are recorded, even if only minor injuries are sustained. This is for two reasons:

1. *A very minor injury can sometimes become more serious after a period of time, e.g. a minor graze becomes infected and a child requires hospitalisation.*
 2. *A pattern or trend in the occurrence of minor injuries may lead to awareness of the need to make changes at the service.*
- It does not matter who witnesses the incident – if the service is told of an incident by a visiting adult or parent this must be documented in the same way as if an educator witnessed the incident.
 - The record of injury, incident, or illness that services must keep will also be of assistance to paramedics or the child's doctor if further assessment of the child's health is required.
 - If an accident, illness, or incident involves the child receiving urgent hospital attention, e.g., a broken limb, swallowing of unknown liquids, suspected meningitis etc., the treatment of the injured/ill child is the first priority. In this situation, the educator would call an ambulance or go to the Accident and Emergency Centre as soon as possible. If the Educator has other children in care, take all children to the Emergency Centre, contacting the parents/caregivers/whānau and Visiting Teacher as soon as possible, or when the sick child has been attended to.

- Where there is a serious injury or illness or incident involving a child while at the service Kiddz will notify a specified agency as required and will notify the Ministry of Education. (ph. 03 378 7300)

Specified agencies include:

WorkSafe NZ

The Education Council

The NZ Police

The Ministry of Health

Oranga Tamariki (Ministry for Children)

First Aid (HS22)

- All Educators are required to hold a current First Aid qualification gained from a NZQA accredited first aid training provider; unless they are a registered medical practitioner or nurse with a current practicing certificate; or a qualified ambulance officer or paramedic.
- Where access to training is limited to circumstances beyond Kiddz control then Kiddz will ensure that educators have a knowledge of first aid and will gain a qualification within four months of starting with the service.
- All Educators are required to have a first aid kit, out of reach of children in line with criterion PF15.
- All Educators are required to ensure the first aid kit is checked and restocked regularly.

Immunisation

- Parents/guardians/whānau are required to provide information on the child's immunisation status when they enroll their child/children.
- This information will enable us to pass information on swiftly if we are informed of a child who has an illness other parents have chosen not to immunize their child against. We do not require tamariki to be vaccinated.

Conclusion

The health and welfare of educators, tamariki, Parents/guardians/whānau will be of prime concern when considering a child's attendance at the educator's home.

Our policy is designed to:

- Prevent unnecessary cross infection.

- Safeguard the well-being of the child and adult.
- Promote communication and negotiation between educator, parent/guardian/whānau and Visiting Teacher.

We will review the implementation of practices as required, and as part of our regular review cycle.

Date Reviewed: April 2024
NELPS objectives 1, priority 1