



# Child Care – Child Health Policy & Procedure

Koonung Cottage Community House - Inc A0009540J

## POLICY:

The wellbeing of each child is the highest priority at Koonung Cottage Community House Children's service (KCCH). While staff will do what they can to minimise cross-infection and prevent illness occurring, children who are noticeably unwell **must not** attend child care..

Staff will **immediately** respond to an ill child, any incident, injury, or trauma and apply first aid as appropriate to each situation. Once the child's health, safety, and wellbeing have been responded to, an incident, injury, and trauma record will be completed.

All children attending child care must be immunised, as directed by the State Government of Victoria.

## Illness and Infectious Diseases

### Code of Practice

- Slight sniffles and coughs are unavoidable and, provided the child is well enough to join in with group activities, they may attend child care. Parents/guardians are asked to use common sense to gauge whether the child is well enough to attend; however, the House Manager must be satisfied that the child is well enough to attend child care. Children who are miserable and tired are better off and more comfortable at home.
- KCCH will not accept children into its care if they have an infectious disease (e.g., COVID, seasonal influenza). Department of Health guidelines must be followed as to when they are accepted back into care. The period of exclusion will be in accordance with the "Victorian Department of Health's 'Minimum period of exclusion from primary schools and children's services'<sup>1</sup> for infectious diseases cases and contacts'). A copy of which is on display in the entrance to child care.
- Parents/guardians are asked to play an active role in minimising the spread of illnesses by ensuring that staff are notified when their child is ill, or diagnosed as having an infectious disease, and by keeping the child at home until they are well and all periods of exclusion are adhered to.
- Consideration regarding all such health matters will contribute immensely to maintaining a healthy environment for all of the children and adults within child care.

### Procedure

In the case of an ill child, staff will:

- Notify the parent/guardian and attend to the immediate needs of the child keeping them comfortable and informed throughout until parent/guardian arrives.
- Comply with recommended periods of exclusion for cases and contact with infectious diseases in accordance with the Victorian Department of Health.
- Contact the parent/guardian/emergency contact if an exclusion period is necessary (should exclusion not be necessary the parent/emergency contact must be contacted

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<sup>1</sup> Children's services cover the terms 'education and care service premises' or 'children's services centre' used in the regulations. It includes centres such as childcare centres and kindergartens.

and informed about the child's illness in order for the parent to make a decision regarding a doctor, treatment etc).

- Clean and disinfect the relevant equipment and area.
- Display the infectious disease poster in the foyer to inform staff and parents of current infection(s).
- Complete the illness record as soon as practicable, but no later than twenty-four (24) hours after the onset of the illness.

## **Incident, Injury, and Trauma**

### **Code of Practice**

- Located in the child care service folder is an incident, injury, and trauma record book. This book is used to record all of the relevant information surrounding any incident, injury, and trauma that may have affected a child whilst participating in our programs. Included in this record is a report of the nature of the incident, injury, or trauma, which must be dated and signed by the attending staff member.
- On arrival at child care, the parent/guardian will be told of the nature of the incident concerning their child. Alternatively, a staff member may ring the parent/guardian during the day to notify of the incident, injury, or trauma. A child's safety and wellbeing is of prime concern to KCCH and we plan our environment carefully and with safety in mind. In addition to this, all staff at KCCH hold a current First Aid qualification to ensure the safety and wellbeing of children while in our care.

### **Procedure**

In the case of an incident, injury, or trauma to a child, staff will:

- Attend to the immediate needs of the child.
- Assess the situation and ensure no others are at risk of harm.
- Reassure the child and assess the nature of the incident, injury, or trauma.
- Ensure the child is comforted throughout the situation.
- Commence first aid if required. If urgent medical treatment is required, an ambulance will be called. (The Manager will delegate duties to staff in relation to the management of the child and situation).
- Notify by telephone as soon as practicable parents/guardians/emergency contacts of the child and explain the need for medical treatment. Should the child not need medical treatment the parent will be notified when they arrive to collect their child at the end of the day (this is to be discussed and a decision made by child care staff).
- Notify by telephone as soon as practicable parents/guardians/emergency contacts of the child if the child has bumped their head.
- Evaluate the scene of the incident and remove causes of the injury or discuss the situation with other staff and children involved.
- Complete the record book as soon as practicable, but no later than twenty-four (24) hours after the incident, injury, or trauma.

**NB:** The blood spills kit is located with the First Aid Kit. The contents of the kit are to be used when attending to an injury.

### **Head Lice**

Head lice can cause concern and frustration for parents, staff, and children. The Code of Practice below is intended to outline roles, responsibilities, and expectations of the community to assist with treating and controlling head lice in a consistent and coordinated manner.

While parents have the main responsibility for the detection and treatment of head lice, our KCCH community will work in a collaborative manner to assist all families to manage head lice effectively.

### **Code of Practice**

It is the expectation of parents/carers and families attending this service that parents will:

- Regularly inspect their child's hair for head lice at home and use the recommended conditioner/combing detection method when head lice are suspected and then treat them if necessary.
- Not allow their child to attend child care with untreated head lice and keep their child at home if head lice are present (in accordance with Public Health and Wellbeing Regulations 2009). It should be noted that children may be treated in the evening and return to child care the next day and that the presence of eggs in the hair is not necessarily cause for exclusion. Parents/guardians need to be aware that one treatment is not sufficient to manage the problem. If a child re-attends child care with live head lice the service may again exclude the child until the live insects have been removed.)
- Collect their child as soon as possible if head lice are identified and they have been notified. Their child can return to care once effective treatment of the head lice has commenced.
- Support the recommendation by the Department of Health that if their child has long hair, they tie it back if possible.
- Notify other parents/carers of their child's friends so they can check their children and treat if necessary.
- Maintain a sympathetic attitude and avoid stigmatising or blaming families who are finding it hard to control head lice.
- Act responsibly and respectfully when dealing with issues around head lice.

To support parents/carers and the broader community to achieve a consistent and collaborative approach to head lice management KCCH will:

- Distribute up-to-date information on the detection, treatment, and control of head lice to parents/guardians and staff at the beginning of every year and more frequently if required (available from website <https://www.health.vic.gov.au/publications/treatingand-controlling-headlice>)
- Notify the parents/carers of a child as soon head lice are identified.
- Include information and updates in regular handouts.
- Include annual head egg/lice updates for staff.
- Provide practical advice and maintain a sympathetic attitude and avoid stigmatising or blaming families who are finding it hard to control head lice.
- Follow the recommendations of the Exclusion Policy of the Public Health and Wellbeing Regulations 2009 in that the responsibility to exclude a child from child care rests with the child care staff member in charge.
- Only exclude children from the service with untreated head lice.
- Accept the advice of parents that appropriate treatment has commenced.
- Encourage children to learn about head lice to help reduce stigma or bullying.
- Be aware of real difficulties some parents may have and seek extra support if required.
- Act responsibly and respectfully when dealing with staff, families, and broader community around issues of head lice.
- Seek opportunities to increase our collective understanding of and response to managing head lice.

There is no requirement for the service to undertake head lice inspection programs unless the Committee of Governance and neighbourhood house community choose to implement an inspection program. The Department of Health recommends that a child is treated every two to three days when head lice are a recurring problem.

### **Gastroenteritis ('Gastro')**

The Code of Practice below is intended to outline roles, responsibilities, and expectations of the child care community to assist with treating and controlling gastro in a consistent and coordinated manner.

#### **Code of Practice**

It is the expectation of parents/carers and families attending child care that parents will:

- Will monitor their child's health, in particular diarrhoea and vomiting.
- Not allow their child to attend child care with symptoms of gastroenteritis and keep their child at home
- Collect their child as soon as possible if gastroenteritis symptoms are identified and they have been notified.
- Not return to child care until twenty-four (24) hours after symptoms have ceased to reduce infection transmission.
- Act responsibly and respectfully when dealing with members of the service and broader community around issues of gastroenteritis.

To support parents/carers and the broader Centre community and to reduce the spread of gastroenteritis KCCH will:

- Distribute up-to-date information on the detection, treatment, and control of gastroenteritis to parents/guardians and staff at detection of a case and more frequently if required. Information available at: [https://www.rch.org.au/kidsinfo/fact\\_sheets/Gastroenteritis\\_gastro/](https://www.rch.org.au/kidsinfo/fact_sheets/Gastroenteritis_gastro/)
- Notify the parents/carers of a child as soon gastroenteritis is identified.
- Include information and updates in the Centre's newsletters.
- Exclude children from the Centre with active gastroenteritis symptoms and for twenty-four (24) hours after they have subsided.

### **Immunisation**

#### **Code of Practice**

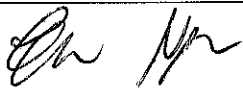
A copy of the Child's immunisation record must be provided at the time of enrolment. For further details on government immunisation requirements for children attending childcare refer to: <https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/nojab-no-play>

#### **Relevant Legislation and Standards:**

- Education and Care Services National Regulations regulation 85
- Education and Care Services National Regulations regulation 86
- Education and Care Services National Regulations regulation 87
- Education and Care Services National Regulations regulation 88
- Education and Care Services National Regulations regulation 168
- National Quality Standard 2

- Staying Healthy 5th Edition- National Health and Medical Research Council

**Adopted by the Committee of Governance**

<b>Signature:</b>	
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<b>Position:</b>	chair
<b>Date:</b>	6/4/2023
<b>Review Date:</b>	