



**Jannali East Before and After School Care**  
Program Incorporated  
ABN : 82 641 384 248  
**Provider Number: 555006 930H**  
P.O. Box 338 Jannali NSW 2226  
Telephone: **0435 - 996806**

## Health Policy

### Considerations:

- **National Regulation 77**  
(Health, hygiene and safe food practices)
- **National Regulation 79**  
(Service providing food and beverages)
- **National Regulation 85**  
(Incident, Injury and illness policies and procedures)
- **National Regulation 86**  
(Notification to parents of incident, injury, trauma and illness)
- **National Regulation 87**  
(Incident, Injury, trauma and illness record)
- **National Regulation 88**  
(Infectious diseases)
- **National Regulation 162**  
(Health information to be kept in enrolment record)
- **National Regulation 168 (2) (c)**  
(Dealing with infectious diseases, including procedures complying with regulation 88)

### Sourced:

- Disability Discrimination Act 1975
- Education and Care Services National Law Act 2010
- Food Act 2003
- Food Regulation 2004
- Food Safety Standards for Australia 2001
- Food Standards Australia and New Zealand Act 1991
- Food Standards Australia New Zealand Regulations 1994
- Infectious Diseases in Child Care (4th Edition)
- My Time, Our Place Framework
- National Quality Standard: Quality Area 2: Element 2.1.1  
(Each child's health needs are supported)
- National Quality Standard: Quality Area 2: 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)
- National Quality Standard: Quality Area 2: Element 2.3.2  
(Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury)

- NSW Anti-discrimination Act 1977
- NSW Department of Health guidelines
- Staying Healthy in Child Care ( 5<sup>th</sup>Edition)
- Work, Health and Safety Act 2011

**Related Policies:**

- Anaphylaxis Policy
- Asthma Policy
- Diabetes Policy
- Incident, Injury, Trauma and Illness Policy
- Nutrition and Food Safety Policy

**Policy Statement:**

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members. This policy provides the guidelines governing provision of health care to children by Educators at Jannali East Before and After School Care.

**Procedures:**

**Sickness:**

Unfortunately, sickness and disease spread quickly where children work \ play \ eat in a communal situation. We encourage staff \ children \ parents to use strict hand washing techniques as the first line of control against spread of disease.

As a general principle, children should not be brought to the Centre unless they are able to cope adequately with normal Centre routines and activities. If in doubt, parents should ring first, because if their child is found to be unwell, they will be asked to take them home. Nothing is quite like your own bed when you feel ill. Educators will do their best, but they obviously cannot give a sick child the same attention that they would receive at home.

**Temperature:**

When a child has a temperature at 38 deg, the following procedure is to be taken. Educators will:

1. Notify parent of child's temperature.
2. The child's condition will be monitored by educators and documented.
3. If we are unable to contact the parents, we will phone the family doctor listed on enrolment form.
4. The child will be given a tepid sponging (a tepid sponge is with water which is only lukewarm). The child is sponged especially under arms and back of neck. The child is then patted dry so that the body temperature can cool with the moisture left of the skin.

5. This procedure should be repeated every 20minutes until parent arrives.
6. If, despite the tepid sponging and the temperature increases to a critical state, educators will call 000.

### **Diarrhoea:**

- When a child has two or more very loose bowel motions during care hours, the child's parents are required to collect the child as soon as possible.
- Diarrhoea in children is usually caused by an infectious agent and it is in the interests of the health of all the children at Jannali East Before and After School Care that children with diarrhoea be taken home.
- Preferably only one Educator is to attend to the child, thus reducing the risk of cross infection. The child should be kept separate from the other children.

### **Infectious Diseases and Exclusions:**

- Jannali East Before and After School Care strictly abides by the Department of Health guidelines and "Infectious Diseases in Childhood Settings for Childhood Service Providers".
- These diseases include:
- As outlined under Section 42D, Public Health Act 1991 (NSW), the Nominated Supervisor of a service is required to notify the local Public Health Unit of the following infectious disease occurrences at the service:
  - Diphtheria
  - Measles
  - Mumps
  - Pertussis (Whooping cough)
  - Poliomyelitis
  - Rubella (German measles)
  - Tetanus

### **The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against:**

- Hepatitis A.
- Measles-Mumps-Rubella (MMR)
- Varicella, if they have not previously been infected with chickenpox.
- Pertussis

### **Recommended Minimum Periods of Exclusion:**

Children who are unwell should not attend the service.

Definition of 'Contacts' will vary according to disease. Please refer to specific Fact Sheets for definition of 'Contacts' (National Health and Medical Research Council. Staying Healthy in Child Care. 4th edition, Commonwealth of Australia 2005).

**Amoebiasis (Entamoeba histolytica)**

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

**Campylobacter**

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

**Candidiasis (See 'Thrush')**

**Chickenpox (Varicella)**

Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children. Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.

**CMV (Cytomegalovirus infection)**

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

**Cryptosporidium infection**

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts – Not excluded.

**Diarrhoea (No organism identified)**

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

**Diphtheria**

Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics followed by another swab 48 hours later.

Exclude contacts that live in the same house until cleared to return by an appropriate health authority.

**German measles (See 'Rubella')**

**Giardiasis**

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

**Glandular fever (Mononucleosis, EBV infection)**

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

**Hand, foot and mouth disease**

Exclude until all blisters have dried.  
Exclusion of Contacts - Not excluded.

**Haemophilus influenzae type b (Hib)**

Exclude until the person has received appropriate antibiotic treatment for at least 4 days. Exclusion of Contacts - Not excluded.

**Head lice (Pediculosis)**

Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (ie the child doesn't need to be sent home immediately if head lice are detected).  
Exclusion of Contacts - Not excluded.

**Hepatitis A**

Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice.  
Exclusion of Contacts - Not excluded.

**Hepatitis B**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Hepatitis C**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Herpes simplex (cold sores, fever blisters)**

Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.  
Exclusion of Contacts - Not excluded.

**Human Immunodeficiency Virus (HIV/AIDS)**

Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.  
Exclusion of Contacts - Not excluded.

**Hydatid disease**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

**Impetigo (school sores)**

Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.  
Exclusion of Contacts - Not excluded.

### **Influenza and influenza-like illnesses**

Exclude until well.  
Exclusion of Contacts - Not excluded.

### **Legionnaires' disease**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

### **Leprosy**

Exclude until approval to return has been given by an appropriate health authority.  
Exclusion of Contacts - Not excluded.

### **Measles**

Exclude for 4 days after the onset of the rash.  
Immunised and immune contacts are not excluded. Non-immunised contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.  
All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

### **Meningitis (bacterial)**

Exclude until well and has received appropriate antibiotics.  
Exclusion of Contacts - Not excluded.

### **Meningitis (viral)**

Exclude until well.  
Exclusion of Contacts - Not excluded.

### **Meningococcal infection**

Exclude until appropriate antibiotic treatment has been completed.  
Exclusion of Contacts - Not excluded.

### **Molluscum contagiosum**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

### **Mumps**

Exclude for nine days or until swelling goes down (whichever is sooner).  
Exclusion of Contacts - Not excluded.

### **Norovirus**

Exclude until there has not been a loose bowel motion or vomiting for 48 hours.  
Exclusion of Contacts - Not excluded.

### **Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome).**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

### **Pertussis (See 'Whooping Cough')**

#### **Respiratory Syncytial virus**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

#### **Ringworm/tinea**

Exclude until the day after appropriate antifungal treatment has commenced.  
Exclusion of Contacts - Not excluded.

#### **Roseola**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

#### **Ross River virus**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

#### **Rotavirus infection**

Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours.  
Exclusion of Contacts - Not excluded.

#### **Rubella (German measles)**

Exclude until fully recovered or for at least four days after the onset of the rash.  
Exclusion of Contacts - Not excluded.

#### **Salmonella infection**

Exclude until there has not been a loose bowel motion for 24 hours.  
Exclusion of Contacts - Not excluded.

#### **Scabies**

Exclude until the day after appropriate treatment has commenced.  
Exclusion of Contacts - Not excluded.

#### **Scarlet fever (See 'Streptococcal sore throat')**

#### **School sores (See 'Impetigo')**

#### **Shigella infection**

Exclude until there has not been a loose bowel motion for 24 hours  
Exclusion of Contacts - Not excluded.

#### **Streptococcal sore throat (including scarlet fever)**

Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.  
Exclusion of Contacts - Not excluded.

#### **Thrush (candidiasis)**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

### **Toxoplasmosis**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

### **Tuberculosis (TB)**

Exclude until medical certificate is produced from an appropriate health authority.  
Exclusion of Contacts - Not excluded.

### **Typhoid, Paratyphoid**

Exclude until medical certificate is produced from appropriate health authority  
Contacts - Not excluded unless considered necessary by public health authorities.

### **Varicella See 'Chickenpox'**

### **Viral gastroenteritis (viral diarrhoea)**

Children are to be excluded until there has not been a loose bowel motion or vomiting for 24 hours.  
Exclusion of Contacts - Not excluded.

### **Warts**

Exclusion is NOT necessary.  
Exclusion of Contacts - Not excluded.

### **Whooping cough (pertussis)**

Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing. Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the service until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.

### **Worms**

Exclude if loose bowel motions present. Exclusion of Contacts - Not excluded.

- ❖ If the Director or the Responsible Person on Duty suspects that a child has one of the above conditions, it is requested that the child returns with a clearance certificate from their doctor.

### **Immunisation:**

- Parents should understand the importance of immunisation, the simple and effective way of protecting children against disease.

### **Medication:**

- All medication required by children must be entered into the Medication Book each day and details filled out clearly in areas of: Name \ Date \ Time \ Dose \ Medicine Name .



- All medication must be prescribed by a doctor for the child, or accompanied by a letter from the doctor with clear dosage requirements.
- The Medication must be in its original container and expiry dates on all medication to be checked.
- Parents are to let staff know that they have written in the Medication Book for that day.
- Staff administering the medicine will sign the Medication Book and a staff member to witness.
- Over the counter preparations such as decongestants, cough mixtures, panadol.. etc. WILL NOT be administered unless specifically prescribed by a medical practitioner or authorised by parent in the medication book.

### **Prescribed Medication – Long Term:**

Where a child is diagnosed with this condition, for example, Asthma, parents are to have a clearly written completed doctor's authorisation which states child's name, name of medication, dosage, time to be given.

### **Accident Procedure:**

- If an accident occurs at the Centre, the following procedure is to be followed.

**Minor Accident:** (not requiring medical attention from doctor \ hospital).

- Educator holding current First Aid Certificate is to attend to child.
- Child to be given appropriate First Aid treatment.
- Accident Report to be completed by educator present at the time of the accident and by the educator who treated child.
- Child's condition to be monitored. If condition deteriorates, take further action; i.e. contact parents, seek further medical attention.
- When treating a child who is bleeding, disposable gloves must be worn.

### **Major Accident:**

- Educator holding current First Aid Certificate to attend to the child immediately.
- Other Educators are to ensure that other children are kept away from injured child and proceed with normal routine.
- Injury to be assessed and proceed with First Aid. If required, the Director will arrange for –
  - Ambulance to come to the Centre
  - Child's doctor if needed to handle situation.
- Every effort will be made to contact the parents \ guardians before taking the child and before treatment is sought.
- Staff to complete Accident Report in detail.

- The accident must be reported to the regulatory authority within 24 hours of any serious incident at the centre.

### **Health and Hygiene:**

The Approved Provider will ensure that the Nominated Supervisor (who is responsible for ensuring all staff members, educators and volunteers) must implement adequate health and hygiene practices and safe practices for handling, preparing and storing food. This policy, and related policies and procedures at the service will be followed by nominated supervisors and staff members of, and volunteers at, the service in relation to –

- Hygiene practices.
- Safe and hygienic storage, handling and preparation of all food and drinks, including foods and drinks provided by the child's home.
- Working with children to support the promotion of hygiene practices, including hand washing, coughing, dental hygiene and ear care.
- Toileting and cleaning of equipment.
- In any instances where children display any signs of illness or injury, educators will refer to the Incident, Injury, Trauma and Illness Policy and Incident, Injury, Trauma and Illness Record.

Importantly, we will work with each child to promote health and safety issues, encourage effective hygiene, food safety and dental care, and maintain a healthy environment that is safe for each child. Regular discussions between educators and children will be integrated throughout the program at appropriate intervals.

- **Cleanliness:**
  - Educators need to be aware of the overall general appearance of the Centre and take responsibility for its presentation.
- **Maintenance of Equipment:**
  - All children's equipment, needs to be washed regularly.
  - All furniture and equipment needs to be checked regularly and repaired for safety.
  - An inventory for equipment should be kept detailing breakages etc.
- **Children's Bathroom:**
  - Children's toilets and basins will be disinfected by the school cleaner daily and maintained by educators.
  - Separate tissues are to be used for each child.
- **Children's Health Habits:**
  - It is very important to encourage children to use appropriate hygienic procedures, such as:
    - Flushing toilets
    - Washing hands with soap, especially before meals
    - Drying hands on paper towel
    - Placing used tissues in bin.
- **Hand Washing:**

- Our service provides the appropriate height basins for children to wash their hands in.
  - Liquid soap is provided to the children when washing their hands and we will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately.
  - Along with this, the service provides individual paper towels for people to dry their hands.
- **All individuals should wash their hands:**
    - Upon arrival to reduce the introduction of germs.
    - Before handling food.
    - After handling food.
    - After doing any dirty tasks such as cleaning or changing soiled clothing.
    - After removing gloves.
    - After going to the toilet.
    - After giving first aid.
    - Before and after giving each child medication. If giving medication to more than one child between each child.
    - Before going home to prevent taking germs home.

**Below are instructions on how to effectively wash hands. All individuals are to follow this procedure and it should be displayed above every sink.**

- Wash hands using running water and soap.
- Rub hands vigorously.
- Wash hands all over ensuring that the back of the hands, wrists, between fingers and under the fingernails are cleaned.
- Rinse hands thoroughly.
- Turn off the tap using a clean piece of paper towel.
- Dry hands thoroughly with clean towel/paper towel of an automatic dryer.
- This should take about as long as singing “Happy Birthday” twice.

**Accidents where children are bleeding:**

- Disposable gloves are to be worn on all occasions where blood is involved and when administering first aid.

**Infectious Skin Conditions:**

- Disposable gloves are to be used when administering creams \ lotions.

**Additional needs Nappy Changing:**

- Should we have a child attend our service with additional needs we would:
  - Contact our ISS provider
  - Look at borrowing mats and equipment from Specialist equipment pool
  - Contact the child's Therapist and family to consult the best possible procedures
  - Educators to attend relevant in-service
  - Obtain Resources and establish as part of our Quality Improvement Plan

**Procedure for when a child soils their clothing:**

- Staff must wash hands, dry and wear gloves
- Take paper towels, 2 plastic bags and a change of clothing. (Check child's bag for clothing. The centre has extra clothing on shelf in storeroom)
- Reassure and explain to the child what you are doing .
- Move the child from the wet area by assisting them to walk to a dry area.
- Ask the child to remove the soiled clothing and place into a double plastic bag
- Ask the child to clean themselves if possible.
- Child to dress themselves with dry clothing. Staff may need to assist depending on their age
- Place plastic bag with soiled clothing into the bucket with the lid on until the parent arrives.
- Area needs to be cleaned with disinfectant (Staff must wear gloves)
- The Responsible Person on duty and staff member who assisted the child to approach the child's parent to advise the incident.

**Food Preparation and Food Hygiene Procedure:**

- Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the Food Standards Australia New Zealand such as:
  - Wash hands before food preparation.
  - Cleaning food preparation area before, during and after use.
  - Using colour-coded chopping boards in order to prevent cross contamination of raw food.
  - Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
    - Washing their hands
    - Keeping their personal hygiene at a high level
    - Not wearing jewellery (wedding band excluded)
    - Covering cuts with a blue bandaid and gloves
  - Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.
  - Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
  - Clean children's dining tables with soap and water and dry before serving food.
  - Ensuring food is always served in a hygienic way using tongs and gloves.
  - Clean children's dining tables with soap and water and dry after meal times.
  - Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.

### **Cooking with Children:**

- We sometimes include cooking experiences in our service's programming for the children. When these experiences are carried out, educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the above food preparation procedure will be followed during the children's cooking experiences.
- Examples of the type of activities children will participate in during cooking experiences include:
  - Helping choose what to cook.
  - Measuring and weighing ingredients.
  - Stirring or mixing ingredients.
  - Washing salad, vegetables or fruit.
  - Setting the tables.

### **Food Safety, Temperature Control and Transport Procedure:**

- The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C – this is commonly referred to as the “temperature danger zone”.
- In order to keep food safe:
  - Don’t leave perishable foods in the temperature danger zone for longer than 2 hours.
  - Keep cold food in a fridge, freezer, below 5°C until ready to cook or serve, for example, keep salads them in the fridge until ready to serve.
  - Keep hot food in an oven or on a stove, above 60°C until ready to serve.
  - Refrigerate leftovers as soon as possible, within 2 hours. If reheating leftovers, reheat to steaming hot.
  - Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge or in the microwave.
  - Use a thermometer to make sure your fridge is below 5°C. Don’t overload refrigerators, as this reduces cooling efficiency.
  - All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
  - Store dry foods in sealed, air-tight containers.
  - Store food on shelving.
  - Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
  - Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
  - Store foods on shelves, never on the floor including play dough material.
  - Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
  - Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.

**Protecting food from contamination will be achieved by:**

- Using containers with lids or by applying plastic film over each container. These materials will be suitable for food contact to ensure that they do not contain any chemicals that could leach into the food.

- Aluminium foil, plastic film and clean paper may be used and food will be completely covered.
- Food already in packaging may not need additional coverage. However, if additional coverage is required the above will apply.

**Endorsement by the Service:**

<p><b>Considered and accepted by the Management Committee (representative):</b></p> <p>Name ..... Signature ..... Date .....</p>
<p><b>Considered and accepted by the Staff (representative):</b></p> <p>Name ..... Signature ..... Date .....</p>
<p><b>Considered and accepted by the Parents (representative):</b></p> <p>Name ..... Signature ..... Date .....</p>

**Last Reviewed: January 2014**

**Next Review: January 2016**