

## Child Health Policy

### **Rationale:**

At Te Rāwhiti Kindergarten the health and well-being of our tamariki is essential. We believe whānau and kaiako share the responsibility for creating a healthy kindergarten environment, which will protect and nurture tamariki. Exclusion of tamariki with infectious diseases from kindergarten is necessary where there is potential for further spread of infection. Te Rāwhiti wishes to make its tamariki and adults safe from infection by clearly stating under what circumstances a tamaiti should be excluded.

This policy is designed to keep adults and tamariki safe by meeting the Ministry of Education Licensing Criteria: HS25, HS26, HS27 and the Education (ECS) Regulations 2008: 46 and ensuring effective procedures are followed to maximise hygiene and minimise spreadable infections to comply with legal and organisational obligations.

### **Te Whāriki:**

Well-being/Mana Atua: Tamariki experience an environment where their health and well-being are nurtured, and they are kept safe from harm.

### **Procedures:**

#### **Responsibilities**

Tamariki can get sick quite suddenly or can be unwell on arrival at the kindergarten. It is the obligation of the kaiako to maintain the well-being of our tamariki by creating a safe and healthy environment and acting promptly and effectively to ensure health and well-being of all tamariki.

#### **1. Kaiako Responsibilities:**

- a) Parents will be contacted if there are concerns about the health of their tamaiti and may be asked to take the tamaiti home.
- b) First aid will be administered where required by a trained first aider with a current first aid certificate (there is always 1 trained first aider present to every 25 tamariki).
- c) Tamariki who are ill and waiting to be collected will rest in a quiet space, or in the office sick room if there is concern of a contagious illness, where they will be monitored and supervised closely.
- d) Efforts will be made to ensure tamariki are comfortable and emotionally supported.
- e) Kaiako may request a medical certificate from a health professional before allowing a tamaiti to return following illness.
- f) If concerned a tamaiti is ill, kaiako will keep a record of the child's day, detailing any changes in behaviour, symptoms, temperature recordings, food and drink consumption and any authorised medication given.
- g) Medical help will be sought if a child becomes more ill.
- h) Kaiako may provide authorised medication documenting dosage and time of administration.
- i) Individual health plans will be written in consultation with parents/whānau for tamariki who suffer from Asthma, Epilepsy, specific allergies, or other medical conditions.

- j) Pamol/Paracetamol is not kept on these premises for general use, unless bought in by the caregiver for a specific period of time. This medication can only be given if it has been signed for by a caregiver.
- k) All illnesses will be recorded in the Illness Register.
- l) Only qualified relief kaiako, with a current first aid certificate, are permitted to administer first aid to tamariki.

2. Whānau Responsibilities:

- a) Provide the kindergarten with up-to-date emergency contact numbers.
- b) If parents have concerns that their tamaiti may be unwell, and unsure if their tamaiti should attend, we encourage parents to ring the kindergarten and discuss signs or symptoms with kaiako.
- c) Information should be shared with kaiako upon arrival at the kindergarten. This means kaiako will be vigilant and alert to any changes in behaviour, or signs or symptoms of illness, and can respond to tamariki needs promptly.
- d) Parents are asked to let the kaiako know if they have given medicine to their tamaiti during the night or prior to arriving at kindergarten.
- e) Provide written authority for any medication required while the tamaiti is at the kindergarten completing the details required in the medicine book.
- f) If unwell tamariki should be collected as soon as possible by their parents or a named emergency contact as listed on the enrolment form.
- g) Allow your tamaiti time to recover before returning to the kindergarten.
- h) If you are concerned about the health of your tamaiti, seek advice from your family doctor before bringing your tamaiti to the kindergarten.
- i) Provide details of immunisations that your tamaiti has had at the time of enrolment at ages 15 months and 4 years.
- j) It is important for parents to consult a family Doctor for diagnosis and treatment. If there is disagreement regarding the need for a tamaiti to stay away from the kindergarten due to illness, kaiako will be guided by the advice of the Public Health Service. Parents are welcome to contact the Public Health Service for further clarification.

**Reasons to Exclude a Tamaiti from Kindergarten**

- 3. The illness prevents the tamaiti from participating comfortably in the programme of activities provided. This can include the following behaviours: no interest in play, have little energy, cry easily, are irritable or need constant one on one with a kaiako.
- 4. If a tamaiti has persistent cold symptoms, such as a cough, runny nose, or sneezing, the kaiako responsible can request that they see a medical professional such as a doctor before returning to the kindergarten. It is important that the doctor is informed that the tamaiti attends a kindergarten. The doctor can then determine if their symptoms are related to an infectious illness or another condition (such as hay fever) and if they pose an infection risk to other tamariki and kaiako. Tamariki are welcome to return if they are not infectious and are able to participate comfortably in the programme.
- 5. A child should not attend if they have a respiratory infection, uncontrolled coughing, sneezing or has difficulty controlling the spread of nasal secretion (Refer to Regional Health Green Nose Fact Sheet).
- 6. The illness results in greater care needed than the Kaiako can reasonably provide without compromising the health and safety of the other tamariki.

7. The tamaiti has any of the following conditions: Fever (38 degrees Celsius and over), persistent crying, difficulty breathing, persistent coughing, persistent runny nose, or other signs of possible illness.
8. No tamaiti with diarrhoea should attend kindergarten. Tamariki must be symptom free for 48 hours and must have had at least one normal bowel motion before returning to kindergarten.
9. No tamaiti with vomiting should attend kindergarten. Tamariki must be symptom free for 48 hours and must be able to keep food down for those 48 hours.
10. In line with Public Health Service advice, a tamaiti with a fever that is 38 degrees Celsius or higher should not return to the kindergarten for 24 hours.
11. If a tamaiti has been prescribed antibiotics for any infectious illness, they should not return until at least 24 hours after treatment has started. Taking prescribed antibiotics does not automatically ensure a tamaiti is well enough to resume attendance (Refer to the Medicines Policy).
12. Rash with fever or behaviour change - until a doctor has determined that the illness is not a communicable disease.
13. Tuberculosis - until a doctor or the Public Health Service advises that the tamaiti is non-infectious.
14. To prevent skin Infections a child should not attend if they have open wounds/sores that cannot be covered either with clothing or bandages. A child may return providing they have been treated with the appropriate antibiotics, antifungal or anti-viral cream for at least 24 hours.
15. For some vaccine preventable diseases, there is a requirement to exclude unimmunised tamariki who have had contact with a case of the disease. This applies to Measles, Diphtheria and Whooping Cough, and would be arranged on the advice of the Medical Officer of Health.
16. Public Health Service exclusion guidelines will be followed for any conditions not listed above. They are contactable on (04) 570 9002.
17. A tamaiti involved in an injury that is considered serious, for example, a head injury. Parents will be informed immediately and the person responsible can request that the tamaiti is collected and seen by a medical professional before returning to kindergarten. The tamaiti will be monitored closely and an ambulance called if necessary.
18. Kaiako will use their discretion to make decisions in the best interests of all tamariki and staff present in the kindergarten.
19. A list of further infectious diseases information and exclusion details is listed at the conclusion of this policy. This chart is taken directly from the Ministry of Health website (last revised September 2018).
20. Public Health Service exclusion guidelines will be followed for any conditions not listed above. They are contactable on (04) 570 9002.

**Links To:**

- Health regulations 1995
- Recommendations from the Public Health Service
- Te Rāwhiti Health and Safety Policy
- Te Rāwhiti Accident and Injury Policy
- Te Rāwhiti Medicine Policy



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# Infectious Diseases:






## Information & exclusion list

### Condition

#### Rashes and skin infections

<b>Chickenpox</b>	
<b>Hand, foot and mouth disease</b>	
<b>Head lice (Nits)</b>	
<b>Measles</b>	
<b>Ringworm</b>	
<b>Rubella (German Measles)</b>	
<b>Scabies</b>	
<b>School sores (Impetigo)</b>	
<b>Slapped cheek (Human parvovirus infection)</b>	

#### Diarrhoea & Vomiting illnesses

<b>Campylobacter</b>	
<b>Cryptosporidium</b>	
<b>Giardia</b>	
<b>Salmonella</b>	
<b>Hepatitis A</b>	

Exclusion from school, early childhood centre, or work\*

Early Symptoms

This disease is spread by

Time between exposure and sickness

Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
<b>Chickenpox</b>	Coughing, sneezing and contact with weeping blisters.	Fever and spots with a blister on top of each spot.	10-21 days after being exposed	1 week from appearance of rash, or until all blisters have dried.
<b>Hand, foot and mouth disease</b>	Coughing, sneezing and poor hand washing.	Fever, flu-like symptoms – rash on soles and palms and in the mouth.	3-5 days	Exclude until blisters have dried. If blisters able to be covered, and child feeling well, they will not need to be excluded.
<b>Head lice (Nits)</b>	Direct contact with an infested person's hair.	Itchy scalp, especially behind ears. Occasionally scalp infections that require treatment may develop.	N/A	None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.
<b>Measles</b>	Coughing and sneezing. Direct contact with an infested person. Highly infectious.	Runny nose and eyes, cough and fever, followed a few days later by a rash.	7-18 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
<b>Ringworm</b>	Contact with infested skin, bedding and clothing.	Flat, ring-shaped rash.	4-6 weeks	None, but skin contact should be avoided.
<b>Rubella (German Measles)</b>	Coughing and sneezing. Also direct contact with an infested person.	Fever, swollen neck glands and a rash on the face, scalp and body.	14-23 days	Until well and for 7 days from appearance of rash.
<b>Scabies</b>	Contact with infested skin, bedding and clothing.	Itchy rash.	4-6 weeks (but if head scabies before it may develop within 1-4 days)	Exclude until the day after appropriate treatment.
<b>School sores (Impetigo)</b>	Direct contact with infested sores.	Blisters on the body which burst and turn into scabby sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started.
<b>Slapped cheek (Human parvovirus infection)</b>	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and face-like rash on body.	4-20 days	Unnecessary unless unwell.

Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
<b>Campylobacter</b>	Undercooked food, contaminated water. Direct spread from an infected person or animal.	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Campylobacter 1-10 days Cryptosporidium 1-12 days Giardia 3-25 days Salmonella 6-72 hours	Until well and for 48 hours after the last episode of diarrhoea or vomiting. <b>Cryptosporidium</b> – do not use public pool for 2 weeks after symptoms have stopped. <b>Salmonella</b> – Discuss exclusion of cases and contacts with public health service.
<b>Hepatitis A</b>	Contaminated food or water, direct spread from an infected person.	Nausea, stomach pains, general sickness. Jaundice a few days later.	15-50 days	7 days from the onset of jaundice

\*See Further advice from a healthcare professional or public health nurse

✓ Vaccine-preventable and/or on National Immunisation Schedule

⚠ Notifiable disease. Doctors notify the Public Health Service

👩‍🏫 Pregnant women should seek advice from their maternity provider or G.P.

For further information, contact:

Your Public Health Nurse

Your Public Health Service

New Zealand Government



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Waldorf School



# Infectious Diseases: Information & exclusion list

Exclusion from school, early childhood centre, or work\*

Time between exposure and sickness

Early Symptoms

This disease is spread by

Condition

Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
<b>Diarrhoea &amp; Vomiting illnesses continued</b>				
<b>Norovirus</b>	Contact with secretions from infected people.	Nausea, diarrhoea/and or vomiting.	1-2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
<b>Rotavirus</b>	Direct spread from infected person.	Nausea, diarrhoea/and or vomiting.	1-2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
<b>Shigella</b>	Contaminated food or water, contact with an infected person.	Diarrhoea (may be bloody), fever, stomach pain.	12 hours-1 week	Discuss exclusion of cases and their contacts with public health service.
<b>VTEC/STEC</b> (Verocytotoxin- or shiga toxin-producing E. coli)	Contaminated food or water, unpasteurised milk. Direct contact with animals or infected person.	High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.	2-10 days	Discuss exclusion of cases and their contacts with public health service.
<b>Respiratory Infections</b>				
<b>Influenza and Influenza-like illness (ILI)</b>	Coughing and sneezing. Direct contact with infected person.	Sudden onset of fever with cough, sore throat, muscular aches and a headache.	1-4 days (average about 2 days)	Until well.
<b>Streptococcal sore throat</b>	Contact with secretions of a sore throat. (Coughing, sneezing etc.)	Headache, vomiting, sore throat. An uninfected sore throat could lead to rheumatic fever.	1-3 days	Exclude until well and/or has received antibiotic treatment for at least 24 hours.
<b>Whooping cough (pertussis)</b>	Coughing. Adults and older children can pass on the infection to babies.	Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.	5-21 days	Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.
<b>Other Infections</b>				
<b>Conjunctivitis (Pink eye)</b>	Direct contact with discharge from the eyes or with items contaminated by the discharge.	Irritation and redness of eyes. Sometimes there is a discharge.	2-10 days (usually 3-4 days)	While there is discharge from the eyes.
<b>Meningococcal Meningitis</b>	Close contact with oral secretions (Coughing, sneezing, etc.)	Generally unwell, fever, headache, vomiting, sometimes a rash. <b>Urgent treatment is required.</b>	3-7 days	Until well enough to return.
<b>Meningitis - Viral</b>	Spread through different routes including coughing, sneezing, faecal-oral route.	Generally unwell, fever, headache, vomiting.	Variable	Until well.
<b>Mumps</b>	Coughing, sneezing and infected saliva.	Pain in jaw, then swelling in front of ear and lower.	12-25 days	Exclude until 5 days after facial swelling develops, or until well.

\* See further advice from a healthcare professional or public health service

For further information, contact: Your Public Health Nurse

Your Public Health Nurse:

Your Public Health Service:

Vaccine-preventable and/or an National Immunisation Schedule Notifiable disease (Doctors notify the Public Health Service)

Pregnant women should seek advice from their maternity provider or G.P.



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Garten

