

Child Health Policy and Procedures

A. Principles

Changepoint Early Learning Centre (ELC) recognizes that the health and well-being of children in the care of the service are paramount and it endeavours to promote the health of all children and staff.

Changepoint Early learning Centre acknowledges the importance of understanding that Health and wellbeing is more than just the absence of illness. Social, emotional, physical, and spiritual aspects of our lives contribute strongly to our health and wellbeing. These concepts of health vary widely within different communities, cultures, and families.

- a) The four cornerstones of māori health are a great example of a holistic view and approach to health and wellbeing of our tamariki and their whānau. Therefore we align them with the vision of health and wellbeing at Changepoint ELC, and this policy. These four walls are:
 - i. *te taha hinengaro* - the mental wellbeing of the whānau together with the mental health of each individual in it.
 - ii. *te taha tinana* – the physical side of health and the physical signs of ill-health.
 - iii. *te taha wairua* – the spiritual health of the whānau including the practice of tikanga Māori in general, and the way that health services and support are provided.
 - iv. *te taha whānau* – the whānau environment where individuals live. This includes the closeness of the whānau, the environment they have created together (whether there is safety and support) and the way the whānau relates to the community.

B. Connection with Te Whāriki

Strand 1: Wellbeing – Goal 1: *Children experience an environment where their health is promoted.*

Goal 2: *Children experience an environment where their emotional wellbeing is nurtured.*

Goal 3: *Children experience an environment where they are kept safe from harm.*

Strand 2: Belonging – Goal 3: *Children and their families experience an environment where they are comfortable with the routines, customs and regular events.*

C. Policy Statement

The Child Health Policy states that **“The health and wellbeing of children under the care of the Changepoint Early Learning Centre are promoted as commitments of paramount importance.”**

D. Illness Procedures

1. General
 - a) While these procedures apply specifically to the health and wellbeing of children in the care of the service, they are also applied to the health of staff and other adults in the ELC.
 - b) Ministry of Health information with respect to illness and infectious diseases guide the ELC in its approach, and response, to child health issues. Copies of the relevant information are retained in the ELC and are available for reference by staff and parents / whānau.
 - c) If at any time while in the care of the ELC a child is considered to become ill and need to be isolated then they are to be moved to the ELC office where

- there is a safe space for them to wait comfortably for their parent or caregiver to arrive to collect them. There is a mattress here so that they can lie flat and a 'go bucket' as described in the cleaning and maintenance policy. They are supervised and comforted by a member of staff while they wait.
- d) If it is not possible to move the child then an isolation zone is set up in the classroom at a reasonable distance away from food and the other children. Staff will use their initiative and common sense when setting up this space. Admin staff may be called on to help support them during this time.
 - e) All cases of sickness that happen while at ELC that require a child to be sent home will be recorded on the child's health card (yellow).
2. Procedures related to specific medical conditions.
- a) Vomiting and Diarrhoea
 - i. A person (i.e. children or staff) needs to be **clear of symptoms for 48 hours** after the last episode of vomiting or diarrhoea before returning to the ELC.
 - ii. Following one episode of diarrhoea or vomiting while at the ELC, the Person Responsible will be notified and a teacher will contact the parent / whānau and ask them to collect their child. In the case of a staff member being unwell, Centre manager will put them on Sick Leave and ask them to leave the ELC.
 - b) High Temperature
 - i. If a child's temperature is higher than normal (37°C) but less than 38°C, the child will be stripped and sponged with tepid water. Fluids will be administered and parent will be made aware.
 - ii. If a child's **temperature is higher than 38°C**, the Person responsible will be notified, and a teacher will contact the parent / whānau and ask them to collect their child.
 - iii. All High temperatures will be recorded on the child's health card (Yellow card).
 - c) Head lice / Nits
 - i. Any person found to have lice/nits, will be required to leave the ELC as soon as possible. A teacher will contact parent / whānau and ask them to collect their child.
 - ii. Before returning, the person must have **commenced treatment and their hair thoroughly combed**. Public Health recommends daily combing for 3 weeks to ensure hair is free of lice/nits.
 - iii. Follow up treatments for lice/nits must be administered personally and as per the product manufacturer's instructions.
 - d) Infectious Diseases
 - i. No person (i.e. child, staff or other person) is to be in the ELC when they are showing symptoms of an infectious disease or a condition which could be symptomatic of an infectious disease (see Ministry of Health Infectious Disease chart).
 - ii. Parents / whānau will be notified when one case of a childhood disease (e.g., chicken pox, measles) has been brought to the attention of staff. Parents / whānau are notified by a sign that is placed on the front sign in desk indicating that an infectious disease is going around the ELC community.
 - iii. The ELC reserves the right to request a medical certificate from a health professional before allowing a child to return after suffering from an infectious disease.
 - iv. **PLEASE NOTE:** There may be times when what the doctor tells a parent

and what the Centre Manager tells a parent may differ. Management's concern is to ensure the safety and wellbeing of all the children and staff in the ELC. Public Health or healthline may be called in at any time to support staff in ensuring the health and wellbeing of the whole ELC.

e) Hospitalisation

- i. **On the day** that a child is to be admitted to hospital or to have surgery, they are to be kept at home.
- ii. To allow time for recovery, recuperation or rehabilitation after any treatment received in hospital (including post-op, broken bones or fractures, and all other sickness), a child needs to **stay at home for at least 48 hours after discharge** from hospital or longer if recommended by the doctor, before returning to ELC.
- iii. If child has undergone surgery, a post-operative medical clearance or doctor's certificate is required for the child to return to the ELC.

3. Responsibilities, Isolation and Communication

a) Responsibilities

- i. It is the responsibility of the parent / whānau to inform the Centre Manager or Administrator of their child's allergies or health conditions / risks at the time of enrolment by completing the "Health" section of the Enrolment Form. If a new allergy or health condition emerges after enrolment, it is the responsibility of the parent / whānau to inform the Centre Manager or Administrator of this updated information.
- ii. It is the responsibility of staff to immediately inform the Centre manager of any unwellness, or serious illness, notifiable disease and / or situations that require medical attention.
- iii. It is the responsibility of staff to record all instances of illness developed while at ELC (eg: high temperatures, vomiting, diarrhoea) using the Child Health Record (Yellow Card).
- iv. It is the responsibility of the Centre Manager to inform HEALTH of any cases of notifiable diseases as described in schedule 1 of the health act 1956 (see attached). If HEALTH is to be informed then the Centre Manager must also inform the Ministry of Education. In some cases of illness where it is not a notifiable illness but there is increased cases then the Centre Manager may decide to collaborate with HEALTH to ensure the health, safety and wellbeing of the ELC community is maintained.
- v. It is the responsibility of the Centre Manager to inform the Changepoint Health and Safety Officer of any major injuries so that they can decide if WORKSAFE NZ needs to be informed.
- vi. In any cases where agencies specialists or services need to be informed then an incident report must also be done to ensure correct record keeping and accountability. – See also "Agencies, Specialists and services policy"

b) Isolation

- i. A child will be isolated if the Teacher responsible believes that this is in the best interests of the health of the child and others in the ELC.
- ii. As soon as practicable, a parent / whānau is notified to collect the child.
- iii. An area in each classroom is set apart as an isolation area for an unwell child awaiting pick up. A resting mat may be positioned there for the comfort of the unwell child. There is also an isolation area in the ELC office, there is a mattress and blankets, towels and a 'go bucket' (see also cleaning and maintenance policy) in this area. The admin staff may bring

- the child to this space to isolate them until a parent or caregiver can arrive.
- iv. The affected child will be supervised by a staff member for the duration of their time in isolation.
- c) Contacting Parents / Whānau
- i. Parents / Whānau will be asked to collect their unwell child if, in the opinion of the Person Responsible or the Centre Manager, the child either needs further medical attention or is too unwell to participate fully in the programme.
 - ii. In a situation where staff are unable to contact a parent / whānau, the "Additional Emergency Contacts" nominated on the child's Enrolment Form will be phoned.
 - iii. Once contacted to collect an unwell child, parents / whānau / Emergency Contact are expected to do so as a matter of urgency.
 - iv. If no contact is made with parent / whānau or additional emergency contacts, the staff member who is supervising this child will decide if the child requires immediate medical attention.
 - v. If the staff member decides that immediate medical attention is required, they will call 111, and the Person Responsible or Centre Manager will accompany the child to hospital or emergency care facility. The child's enrolment form and the yellow child's health card will accompany them.

4. Reasons to exclude a child from the ELC

- i. The child has an illness that prevents the child from participating comfortably in programmed activities. This is to be determined by the person responsible.
- ii. The illness results in the need for more care than the ELC staff can responsibly provide without compromising the health and safety of the other children.
- iii. The child has any of the following conditions; fever, persistent crying, difficulty breathing, persistent coughing, or other signs of possible severe illness.
- iv. For some vaccine preventable diseases, there is a requirement to exclude un-vaccinated children who have had contact with the disease. This applies to Measles, Diphtheria and Whooping Cough. Public Health Service exclusion guidelines are followed for any conditions not specifically listed below.

Specific Illnesses

Vomiting and/or Diarrhoea

No child with vomiting or diarrhoea should attend the ELC. Before returning, the child must be symptom free for 48 hours and, in the case of diarrhoea, have had at least one normal bowel motion.

Rash, Fever or Behaviour Change

The child has a rash, fever or behaviour change. If the illness is not a communicable disease, then the discretion of Management may be used in determining when the child returns to the ELC.

Conjunctivitis

The child has Conjunctivitis. Before returning, the child must have received medical treatment and have no discharge coming from the eyes.

Tuberculosis

The child has Tuberculosis. Before returning, the child must have been seen by a doctor or the Public Health Service and declared "non-

infectious".

Impetigo (School sores)

The child has Impetigo. Before returning, the child must have undergone treatment for at least 24 hours and the lesions are dried and crusted.

Strep Throat

The child has strep throat. Before returning, the child must have undergone treatment for at least 24 hours and be well enough to return without requiring pain relief.

Head Lice and/or Nits

The child has head lice and/or nits. May return to ELC the day after treatment has commenced and hair is thoroughly combed. Public health recommends daily combing for 3 weeks to ensure hair is free of nits/lice.

Ring Worm

The child has Ring worm. Before returning, all treatment must have been completed and lesions are clear.

Scabies

The child has Scabies. May return to ELC the day after all treatment is completed.

Chickenpox

The child has Chickenpox. Before returning, at least 7 days should have passed since the onset of the rash and all lesions have dried and crusted.

Mumps

The child has Mumps. Before returning, at least 9 days should have passed after the glands started swelling.

Hand, Foot and Mouth

The child has Hand, Foot and Mouth. Before returning, a child is to be checked by a doctor and declared well enough to return.

E. Administration of Medication Procedures

1. Regulation (Criterion HS28)
 - a) Medicine (prescription and non-prescription) is not given to a child unless it is given:
 - i. By a doctor or ambulance personnel in an emergency; or
 - ii. By the parent / whānau of the child; or
 - iii. With the written parental authority appropriate to the category of medicine being administered.
 - b) 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.
2. Documentation required
 - a) A record of the written authority from parents for the administration of medicine in accordance with the requirement for the category of medicine outlined below.
 - b) A record of all medicine (prescription and non-prescription) given to children left in the care of the service. Records include:
 - i. Name of the child
 - ii. Name and amount of medicine given

- iii. Date and time medicine was administered and by whom
 - iv. Evidence of parental acknowledgement or authorisation.
3. Categories of Medicines and Written Authority Required from Parents / whānau
- a) Category (i) medicines
 - i. Definition: A non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite, etc) that is
 - Not ingested
 - Used for the First Aid treatment of minor injuries
 - Provided by the service and kept in the First Aid cabinet.
 - ii. Authority required: A written authority from a parent given at enrolment to the use of specific preparations on their child for the period that they are enrolled. The service must provide (at enrolment, or whenever there is a change) specific information to parents about the Category (i) preparations that will be used.
 - b) Category (ii) medicines
 - i. Definition: A prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as cough syrup, herbal/homeopathic remedies, and essential oils etc) medicine that is
 - used for a specific period of time to treat a specific condition or symptom, and
 - provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.
 - ii. Authority required: A written authority from a parent given at the beginning of each day the medicine is administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.
 - c) Category (iii) medicines
 - i. Definition: A prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is
 - Used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc).
 - Provided by a parent for the use of that child only.
 - ii. Authority required: A written authority from a parent given at enrolment as part of an Individual Health Plan, or whenever there is a change, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given.
4. Early Learning Centre Administration Procedures
- a) Medication will only be given to a child according to the Regulations detailed in D. 1-3 above.
 - b) All children have a personalised Accident/Injury Record (White Card). This will be completed recording all Category (i) Medicines given to children.
 - c) A personalised Medication Record will be completed detailing all Category (ii) (pink card) and (iii) (blue card) Medicines given to children.
 - d) At the time of enrolment, parents / whānau will complete the “Additional

Emergency Contact", "Child's Doctor", "Health" and "Medicines" sections of the Enrolment Form

- i. Giving basic medical information regarding the child's doctor, medical conditions, allergies and immunisation details.
 - ii. Giving authorisation for the administration of Category (i) Medicines.
 - iii. Acknowledging the need to give written authorisation at the beginning of each day that Category (ii) Medicines are to be administered.
 - iv. Giving written authorisation for the administration of Category (iii) Medicines. This authorisation is to be updated whenever there is a change to the information or instruction prescribed in the Individual Health Plan included in the Health section of the Enrolment Form.
 - v. An Individual Health Plan is prepared in consultation with Parents / Whānau for children who suffer from ongoing medical conditions (e.g. asthma, specific allergies, epilepsy) that require the administration of Category (iii) Medicines.
5. Responsibilities of staff
- a) Staff will only administer medicines for which the ELC has the proper parental / whānau authority to administer.
 - b) As necessary, Staff and / or Centre Manager will endeavour to ensure that parents complete and sign the Medication Record for the administration of Category (ii) Medicines (pink card) before they leave the ELC for the day; review and resign their authorisation for the administration of Category (iii) Medicines (blue card) if there is a change to that prescribed in the Individual Health Plan at the time of enrolment.
 - c) Any Category (i) Medicines administered as a first aid treatment will be detailed in the Accident and Injury Record (white Card).
 - d) The Person Responsible will check early in the day which children require Category (ii) or (iii) medication.
 - e) Only ELC staff who hold a current First Aid Certificate and who have been given information, instruction and /or training will administer Category (ii) and (iii) Medications.
 - f) Before administering Category (ii) and (iii) medicines, the staff person giving the medication is to ask a second staff person to thoroughly check the child's name and the type and dosage of medication.
 - g) At least one of the two people described in point e) and f) will be an ECE registered teacher.
 - h) Once the medication has been administered, the staff person who gave it is to fill out, and sign, the Medication Record (pink or blue cards). It also to be signed by the second staff person who did the pre-administration check.
 - i) Staff are to ensure that medication is stored and secured appropriately:
 - i. Over twos - in the kitchen refrigerator (if required).
 - ii. Up to two's - in the kitchen refrigerator (if required).
 - j) Staff are to ensure that all medication is kept in a safe place not accessible to children. Under no circumstances is a child's medicine stored in their bag.
 - k) Staff are to take every measure practicable to ensure the child is kept comfortable and their symptoms minimised, until they are collected by Parent / whānau.
6. Responsibilities of parents / whānau
- a) At enrolment, Parents / whānau complete the "Additional Emergency Contact", "Child's Doctor", "Health", "Allergies" and "Medicines" sections of

the Enrolment Form.

- b) If a child has become unwell while under the care of the service, a parents / whānau is to sign the Child Health Record (yellow card) when the child is collected.
- c) In the case of Category (ii) Medicine, the parent / whānau is to complete and sign the Medication Record (pink card) before they leave the ELC for the day. Unless the record is complete, medication cannot be administered. Parents / whānau can give consent for medication to be administered by staff on an "if required" basis. Administration of medication is therefore at the discretion of the Person Responsible.
- d) In the case of Category (iii) Medicines, the parent / whānau is to review and re-sign the Medication Record (blue card) whenever there is a change to the information or instruction prescribed in the Individual Health Plan at the time of enrolment.
- e) When dropping the child off at the ELC, parents / whānau are to remove the medication from the child's bag and give it a teacher to be stored in a safe place.
- f) A parent / whānau is to inform staff of any medication administered prior to the child's arrival at the ELC.
- g) If a dose is required outside of ELC hours, it is the responsibility of parents / whānau to collect medication and take it home.
- h) Parents / whānau are to ensure that all medications are within the expiry date and that all courses of medication are completed. Medication that has expired cannot be administered.

7. Specific procedures

- a) Antibiotic medication
 - i. If antibiotics have been prescribed, the individual must have been taking them for **24 hours before they can return** to the ELC. This is to allow time for the medication to take effect and for any possible allergies to the antibiotic, to emerge.
 - ii. Being prescribed antibiotics does not automatically ensure that an individual is well enough to resume attendance.
 - iii. Antibiotics will only be given according to the typed instructions on the label.
- b) Prescription medication
 - i. Prescription medicine will only be given if the appropriate authority has been given.
 - ii. Prescription medicine will not be given to any child other than whom it is prescribed, that is the name typed on the label by the Pharmacist.
 - iii. Medicine will only be given according to the typed instructions on the label.
 - iv. Medicine will not be given if it has expired.
- c) Non-prescription, herbal and over-the-counter medication
 - i. As a matter of policy, Paracetamol and Ibuprofen **will not be administered** while children are in the care of the service. Any child requiring that level of ongoing pain relief can not attend the ELC.
 - ii. Non-prescription, herbal & over-the-counter medication will only be given if the appropriate authority has been given, as detailed above.
 - iii. Non-prescription, herbal & over-the-counter medication must be named.
 - iv. Medication will only be given according to the written instructions on the label.

- v. Medication will not be given if it has expired.
- d) Sunscreen, nappy creams and powders, teething medication
 - i. The ELC provides SPF 30 or 50 broad spectrum Sun Block as part of its Category (i) medicines. Any other creams are to be supplied by the parent AND WILL BE REGARDED AS MEDICINE. These creams must be recorded on a category (ii) Medication card (Pink Card).
 - ii. Parents / whānau can provide a child's own sun block when allergies are a problem.
 - iii. Parents / whānau can provide a child's own nappy cream. This will be treated as a Category (ii) medicine.
 - iv. All teething medications must be treated as a Category (ii) medicine.
 - v. Parent supplied sunscreen, nappy cream and teething medication must be named
 - vi. It will only be given according to the typed instructions on the label.
 - vii. It will not be given if it has expired.
- e) Arnica and Calendula Cream
 - i. The ELC will use Arnica for bumps and bruises, and Calendula cream for small cuts and grazes as part of its Category (i) Medicines. Written parental permission is given at the beginning of enrolment, indicated in their enrolment form.
- f) Essential Oils
 - i. The ELC will use Young Living Essential Oils when needed (eg: Lavender Oil for Bee stings), as part of it Category (i) Medicines. Written parental permission is given at the beginning of enrolment, indicated in their enrolment form.

F. Accident and Injury Policy and Procedures

1. Policy statements
 - a) All accidents will be attended and recorded by a permanent staff member or reliever.
 - b) All qualified staff are to hold a current First Aid certificate, some unqualified staff may also hold current first aid certificates.
 - c) The Person Responsible is to be informed of all accidents whether or not an injury incurred, and whether or not it is of a minor or major nature.
2. Procedures for the recording of all injuries
 - a) For every new Accident & Injury Record (white card) that is begun for a child, the parent must sign the authorization and declaration part of the card, immediately.
 - b) All injuries to a child that are of a minor or major nature and require first aid, are recorded on the child's Accident & Injury Record (White Card).
 - c) All injuries to an adult are recorded on an incident form, held in the ELC Offices and the Centre Manager is to be notified. These forms are retained with other Health and Safety records in the ELC filing cabinet.
 - d) A separate line on the Accident & Injury Record is to be used for each entry and it will record: the date and time when the injury occurred; the nature of the injury (e.g. cut to the left knee); a description of how and where the injury occurred (e.g. child biking down ramp, lost control and crashed into rough edge of concrete); the treatment given or action taken, including the First Aid treatment and Category (i) Medicine(s) administered; and the name of the staff member who attended the accident and administered the First Aid.
 - e) Upon collection, a parent / whānau is to be informed of the incident and asked to sign off the Accident & Injury Record (white Card).

- f) As a risk management strategy designed to avoid, eliminate, or minimize injuries, the centre administrator is to complete a report from the accident and injury cards every month. These are then brought to and discussed at the monthly H&S management meeting. See also hazard management policy
3. Procedures for dealing with major injuries
- a) A major injury is one that requires medical treatment beyond that which can be reasonably administered as First Aid by ELC staff or the Centre Manager.
 - b) Head injuries, as a matter of policy, may be treated as a major injury. Parents must be made aware of **all head injuries**, minor or major, immediately by phone call. Child is closely monitored for signs of distress or concussion and may need to be collected by parent, as soon as possible, if warning signs show.
 - c) The regulations of the Health and Safety at Work Act 2015 will guide the Centre Manager in responding to accidents, injuries and illnesses, particularly as it relates to the need for notification to the Regulator (i.e. WorkSafe NZ).
 - d) Where medical attention beyond First Aid is required, the person responsible will make urgent contact the parent / whānau and explain the nature of the injuries and seek advice.
 - e) In consultation with a parent / whānau a decision is made as to what action is to be taken.
 - f) The parent / whānau may choose to collect the child and take responsibility for their treatment from that point.
 - g) If more immediate and urgent medical attention is required, a staff member who is with the child, will immediately call emergency services (111). Once that call is made, the Centre Manager will contact parent / whānau immediately, and advise them of the situation. The Centre Manager or Person Responsible will accompany the child to hospital or emergency care facility. The child's Enrolment Form will accompany them.
 - h) For any major incident, a permanent staff member or the Centre Manager will continue trying to contact parent / whānau or additional emergency contacts until contact is made and they can be informed of the injury and the action taken.
 - i) When there is an incident that causes serious harm to a child and an outside agency such as ambulance, fire or police are called then the MOE will also be informed. It is the responsibility of the centre manager to notify the MOE immediately after the child or staff member is out of danger but no more than 4 hours after the initial event. The MOE local office number is 07 5717800
 - j) When the parent / whānau is next in the ELC they are asked to complete the Accident & Injury Record (white card) related to the incident.

G. Vaccination Policy and Procedures

1. Policy Statements
 - a) Changepoint ELC acknowledges the Government's target of having 95% of children under the age of two fully vaccinated.
 - b) Changepoint ELC recognises that vaccination is a valid preventative health measure in providing protection from a range of serious diseases.
 - c) As a fully licenced service, Changepoint ELC is aware of its regulatory obligations under the Health (Immunisation) Regulations 1995 and works to implement them.
 - d) Changepoint ELC also respects the parental right of choice for non-

vaccination or under-vaccination.

- e) No child's enrolment will be declined on the basis of their vaccination status.
- f) The service maintains a current Vaccination Register which includes up-to-date and accurate records for all children enrolled in the ELC.
- g) All diseases preventable by vaccine on the National Immunisation Schedule are Notifiable. Therefore, it is a legal requirement (Health Act 1956) that health professionals who suspect that a person has, or diagnose a person as having a disease prevented by vaccines on the Schedule, must notify the local Medical Officer of Health. Appropriate action (e.g. public health prevention and control activities) will then be undertaken, which may include asking parents of non/under-vaccinated children to remove them from the ELC until the incubation period has passed and no further cases are reported.

2. Vaccination Procedures

- a) Upon enrolment, the Health section of the enrolment form is to be completed and signed by the child's parent or guardian. This includes a declaration about the child's vaccination status and an acknowledgement that verification in the form of the child's Immunisation Certificate is to be provided for ELC's records.
- b) As part of the enrolment process, the Centre Manager or Administrator is to sight the verification of vaccination provided by the parent / guardian and retain a confidential record on the child's file.
- c) Parent / whānau are to keep the ELC advised of child's vaccination status by informing the Centre Manager or Administrator of each vaccine that is received.
- d) According to the National Immunisation Schedule, routine vaccination events occur at ages 15 months and four years of age. The ELC endeavours to remind parents / whānau after a child reaches these milestones to provide the ELC with an update to the child's vaccination status. The Centre Manager may ask to see and / or copy the Immunisation Certificate.
- e) The ELC is to ensure that the vaccination Register is available for inspection at all times upon request by the following persons: a Medical Officer of Health; a Health Protection Officer; or any person who is authorised in writing by a Medical Officer of Health or a Health Protection Officer to inspect the register.

H. Child Hygiene

1. Policy Statements

- a) Children are encouraged to maintain effective personal hygiene habits. Tissues are always available for children to use.
- b) ELC staff assist children in maintaining personal hygiene by prompting children to keep face, hands and noses clean and by helping them when necessary.
- c) ELC practices ensure that children's play, eating and hygiene eliminate or minimise the risk of cross infection.
- d) With respect to the use of pacifiers (dummies), ELC encourages that they be used for comfort only and staff will support parents / whānau in weaning a child off a dummy when appropriate.

2. Child Hygiene Procedures

- a) Children are to wash and dry hands before eating, after eating, after toileting

and after wiping their face/ blowing their nose.

- b) Children who become 'contaminated' or 'soiled' are to be cleaned immediately.
 - c) Gloves are always used by adults when dealing with blood, faeces and vomit on others.
 - d) Soiled clothing is to be removed in the bathroom / nappy changing area, with staff assisting the child whenever needed.
 - e) If possible excess soiling on clothing is removed and flushed down toilet, and soiled clothing is rinsed in water,
 - f) Soiled clothing is secured in a plastic bag. This bag is placed in another bag and stored out of reach of children in the bathroom. When the parent comes to collect the child they are advised of the incident and given the bagged clothing to take home and wash.
 - g) Soiled clothing, towels or linen belonging to the ELC are kept separate from other items and laundered using a hot wash cycle, then tumble dried if able to be.
 - h) After soiling, children are cleaned up and, if necessary, washed down in the shower. Children are encouraged to do as much of the cleanup as possible given their age and degree of distress.
 - i) The child is re-dressed in their spare clothes, or, if necessary, in clean clothes belonging to the ELC.
 - j) All cleaning cloths and tissues used in dealing with unwell children are secured in a plastic bag and disposed of in a hygienic manner.
 - k) After the child is washed, the shower is disinfected with bleach (1:9 – High risk strength as indicated in cleaning and maintenance policy), left for at least 30 minutes if possible, then rinsed to remove bleach residue.
 - l) All areas and items that come in contact with blood, faeces, urine and vomit are cleaned with detergent and then disinfected with bleach (1:9 – High risk strength as indicated in cleaning and maintenance policy).
 - m) See also cleaning and maintenance policy
3. Pacifiers, Dummies
- a) Dummies are not to be shared
 - b) Dummies dropped on the ground will be washed, then sanitized by soaking in boiling water for at least 30 seconds or in hot water (77 Degrees minimum) for at least 3 minutes before being used again.

Relative policy: Cleaning and Maintenance Policy.

I. Teething

1. Policy statements
 - a) Changepoint Early Learning Centre recognises that teething is a significant stage in a child's developmental process and one which can have a considerable impact upon the child, the staff, the programme and the learning environment.
 - b) A supportive partnership between parents / whānau and staff is important to minimise any negative teething experiences for the child.
 - c) As a matter of policy, if the pain associated with teething is so severe that it would need regular pain relief while the child is under its care, the service may request that the child does not attend.
2. Teething Procedures

Changepoint.

Early Learning Centre
Licensing Criteria for Early Childhood Education and Care Centres 2008 (as amended May, 2015): C13, PF16, C13, PF16, PF20, PF21, PF22, PF25, PF26, PF27, PF28, HS1, HS2, HS3, HS23, HS25, HS26, HS27, HS28, HS29, HS30, GMA10

- a) Parents / whānau may provide teething rings and teething preparations like Bonjela and/or teething gel or powder. These are considered a Category (ii) Medicine and will be treated as such in terms of their administration.
- b) Upon arrival at the ELC, parents / whānau are to advise the Person Responsible of any pain relief that has been administered to a child prior to arrival.
- c) If, in the opinion of the Person Responsible, the pain associated with teething has become so severe that it impacts negatively upon the child's ability to participate fully in the programme, the service reserves the right to request a parent / whānau to collect the child.

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