

HEALTH POLICY

This policy is informed by:

- **CMS Student Welfare Policy 2015**
- CMS Health Policy (*reviewed 2014*)
- CMS Head Lice Policy (*reviewed May 2016*)
- CMS Medication Policy (*reviewed May 2016*)
- CMS First Aid Policy 2016
- National Health and Medical Research Council recommended exclusion period for infectious conditions
https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43poster4.pdf
- The Australian Immunisation Handbook
http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook_10-home
- Staying Healthy in Childcare
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf

Statement:

Canberra Montessori aims to provide a healthy and safe environment for the mental, physical and emotional well-being of students in our care. We manage the health of the students by working with parents and carers to ensure appropriate actions are taken to prevent or manage identified health issues.

Rationale:

For parents, this policy provides an account of what action should be taken, and what medication given, in the event of a child being taken ill while at school. Further, it outlines the circumstances under which parents/guardians may be required to exclude their child from the school.

From the staff viewpoint the existence of a written policy provides an explicit statement of responsibility and some guidelines for action in a variety of potential circumstances.

Specific Policy and Procedures:

Immunisation

Childhood immunisation is a simple, safe & effective way of protecting children (& adults) against certain diseases. Despite excellent hospital care, significant illness, complications and death still occur from diseases that can be prevented by immunisation.

In Australia, immunisation is not compulsory, but is highly recommended for all children. Some government benefits are only available for children who are up to date with immunisations or have exemption. [Exemption includes conscientious objection, and immunisation providers (such as General Practitioners) can provide a Conscientious Objection Form.]

A record of each child's immunisations should be kept in their "blue book" (Personal Health Record). This information is also held on a national register, which can provide you with an immunisation record for your child.

When your child commences school please ensure that they are up to date with their immunisations. **You must present your child's immunisation record to the school.** The school needs to know which children are not immunised in case of an outbreak at the school, as non-immunised children may be required to stay at home to prevent them catching and spreading the disease.

Homeopathic Immunisation

Homeopathic "immunisation" does not offer any proven protection against infectious diseases. Children who have been "immunised" in this way alone are considered "not immunised".

Infection control practices:

Infectious diseases can be spread from person to person before the infected person becomes unwell, during their illness, and after they have recovered. Some infectious diseases can be spread without the person ever being unwell (such as Salmonella). Strictly adhered to infection control practices dramatically reduce outbreaks of diseases in schools by reducing person to person transmission of disease through nasal (and eye/ear) discharge, coughing/sneezing, faeces, personal items, and blood and body fluids. The following infection control practices are adhered to in this school and apply to staff and children:

To prevent spread of respiratory illnesses:

- Cover mouth with hand or tissue when sneezing or coughing.
- Always follow this with good handwashing.
- Use tissue to blow or wipe nose, and dispose of tissue immediately.
- Always follow this with good handwashing.
- Strict food handling procedures (see below).

Washing hands well at the following times:

- before eating or handling food
- after going to the toilet
- after blowing or wiping a nose
- after sneezing or coughing (when mouth should be covered by hand)
- after contact with animals

Washing hands well involves:

- using a liquid soap and running water
- counting to 10 during soaping and rubbing of hands
- counting to 10 when rinsing hands

- turn tap off using a paper towel
- dry hands using a new paper towel

Food handling procedures include:

- washing hands well before eating or handling food
- no sharing of food, utensils, plates or cups
- food from a common bowl must be taken using a pair of tongs
- washing up all eating utensils with detergent and hot water
- appropriate disposal of leftovers

Regarding personal items:

- No sharing of hats, scarves, pillows (head lice)
- No sharing of bedlinen (scabies)
- No sharing of lip balm or lip gloss (herpes, hand foot and mouth disease and respiratory illnesses)
- No sharing of towels, washcloths or eye make-up (conjunctivitis)
- Shoes should be worn at all times (warts)

Regular cleaning (at least weekly) of surfaces and equipment using detergent and hot water (disinfectant not necessary):

- floors
- surfaces (tables and shelves)
- toys / materials
- toilet area (toilet area should be cleaned daily)

Precautions the staff will take when dealing with spills of blood and other body fluids from any child include:

- Avoid contact with blood (if possible and appropriate to injury)
- Comfort the child and move them to safety
- Put on gloves and apply pressure to the bleeding area. (Or apply pressure, then get someone to put on gloves and take over, and immediately wash hands thoroughly)
- When wound is covered and bleeding has ceased, remove gloves and put them in a plastic bag, tie up and placed in the rubbish bin. Wash hands thoroughly.
- Wearing gloves, carefully mop up any blood spill using paper towels. Place the paper towels in a bag, tie up and place in rubbish bin. Clean the surface with 1 in 10 dilution of bleach. Remove gloves and put them in a plastic bag, tie up and placed in the rubbish bin. Wash hands thoroughly.

Sickness Exclusion Policy:

This school has a sickness exclusion policy to ensure the wellbeing of the sick child and to reduce the spread of significant illnesses among the other children and the teachers.

In general, any child who is unwell should not attend school. When children are unwell they need to be at home, and may require medical assessment. They are also likely to be infectious.

Children should not attend school if they have the following symptoms:

- Fever
- Vomiting

- Diarrhoea
- Unexplained pain or general malaise
- Infected discharge from eyes (clear discharge is seen in hay fever which is not infectious and does not require exclusion)
- Infected discharge from ears

Policy Regarding colds, influenza and nasal discharge:

If a child has a nasal discharge but is well in themselves without a fever, they are likely to have the common cold and *need not be excluded from school*. Standard infection control practices should be reinforced, with emphasis on covering the mouth when sneezing or coughing, using a tissue to wipe the nose and washing hands thoroughly after sneezing, coughing, or wiping the nose, not sharing food, or food utensils or containers.

Children who are unwell enough to require medication (Panadol, Dymadon, Demazine etc.) should not attend school until well.

If a child has a nasal discharge but also has general malaise or fever, they may be in the highly infectious stage of a more serious illness (such as flu or chicken pox) and should be excluded until well.

Note that Influenza is a more serious illness than the common cold and requires exclusion. The child may have fever, chills, headache, muscle pain, cough and nasal discharge, and a mild sore throat.

Infectious diseases requiring exclusion from school are appended to this Policy.

Accident and injury:

If a child is unwell or injured a parent is contacted so they may take the child to a doctor (if appropriate) and/or take them home.

If a parent is not contactable and staff believe the child requires a medical assessment, the child will be taken to a doctor.

If the child has suffered a severe injury, or has become severely unwell, emergency procedures may need to be carried out. This may include calling an ambulance.

Parents will be required to sight and sign an Accident/Incident Report Form

All teachers are trained in first aid and have emergency first aid kits available.

Medication administering:

Children often require medication be administered at school.

A medication form must be completed and signed, indicating the dosage required and the time to be given. The medication must be handed to the teacher for safe storage.

Serious / potentially life-threatening conditions:

This includes asthma, allergies, diabetes, and epilepsy.

Children with chronic conditions are welcome at the school. The condition must be discussed with the School Director prior to school entry (or following initial diagnosis if the child is already enrolled at the school) to ensure the environment is appropriate, and to arrange any modifications and/or staff/parent education as required.

Medications required each day must be entered on a medication form, as described above.

All children with a potentially life-threatening condition must supply the school with an “Action Plan” for that condition. This plan will be available at all times in the child’s classroom, in the same area as the first aid kit. The Action Plan should provide specific instructions on what action should be taken for various scenarios appropriate to that condition. Instructions should be given on when to give additional medications, when to ring the parents, and when to call an ambulance. The Action Plan should be specific rather than vague and general (e.g. “Please call parents if Johnny is requiring his inhaler more often than every 3 hours” rather than “if he is getting worse”). The Plan should give the symptoms and signs the child will have when each action is required. (e.g. instead of saying “give Epipen if Johnny has an anaphylactic reaction”, list the symptoms and signs the staff should expect to see during an anaphylactic reaction.) If any medication requires a specific technique to administer (egg Epipen) this should be described in the Action Plan.

In the case of a child experiencing an asthma attack for the first time (where no Action Plan has been provided) the school will follow the 4 Step Asthma First Aid plan. Copies of the 4 Step Asthma First Aid plan are displayed in all classrooms.

All emergency medication to follow the Action Plan must be provided by parents (egg Hypostop for diabetes, Epipen for allergies). Parents are responsible for ensuring all medication is available every day. This may be in an emergency bag in the child’s schoolbag, or kept with the class first aid kit. Parents are responsible for checking expiry dates on medications and replacing as required when used or out of date.

Action Plans may be made up with the help of the child’s Paediatrician, or Hospital Liaison Nurse, or the relevant National Society /Council.

The following is a guide to the exclusion of a child with an infectious disease.

- National Health and Medical Research Council recommended exclusion period for infectious conditions
<https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch43poster4.pdf>

Infectious diseases which do not require exclusion (as long as child is well).

- Common cold
- Worms (pinworm or any other worm infestation) - although child requires medical treatment
- Thrush (candida)
- Warts
- Slapped cheek (also known as fifth disease, erythema infectiosum, parvovirus B19) – not infectious once rash appears
- Roseola (although child may be unwell with fever when they should be at home)

- CMV
- Toxoplasmosis

HIV and Hepatitis B & C:

Children and teachers infected with these viruses will not be excluded from school. People infected with these viruses are required by law to inform the school of their infection status. This information will be held in the strictest confidence.

To prevent transmission of these viruses, standard precautions are taken by staff when dealing with spills of blood and other body fluids from any child. Other policies such as preventing biting and scratching, and covering open sores or bleeding cuts and abrasions with a waterproof dressing are part of this strategy.

Approved by:	Date:	Next Review Date:
 Principal	12/06/2016	12/06/2017