

Child Health and Wellbeing Policy

Reference: HS25,27-30 and 33 - Licensing Criteria for Early Childhood Education and Care Services 2021

Supervision of Children

Reference: HS25 - Licensing Criteria for Early Childhood Education and Care Services 2021

Aim:

- To ensure the potential for accidents and injury to children is reduced.
- For staff to be aware of the variables relating to supervision.
- To ensure safety for children when participating in excursions.
- For staff to evaluate supervisory practices.

Parents will:

- Hand children over to a staff member on arrivals and ensure a staff member is informed when departing.
- Ensure that front gates are closed after entry or exit.

Staff will:

- Never leave a child unattended on the nappy change table/mat.
- Never leave any child unattended to eat or drink, including from bottles (choking is often silent).
- Ensure that all children are within sight and/or hearing of staff at all times.
- Ensure that where multiple areas are available to children at the same time (indoor/outdoor activities), all areas are supervised.
- Position themselves (do not sit back to the children) and arrange equipment, furniture and activities appropriately.
- Communicate effectively by informing other staff if they are leaving an area.
- Be flexible to allow for small groups of children who may require supervision, e.g. a group of children who are still eating their lunch.
- Be aware of the cultural and individual supervision needs of each child, e.g. a child may require private space but will still need to be supervised.
- Ensure younger children's safety is not compromised in mixed age groups.
- Regularly evaluate supervisory practices through staff meetings, staffroom discussions and at other times when required.
- Be aware of where every child is at all times.
- Discuss best position points of supervision (especially in the playground) to avoid clustering in one spot. Supervision should be active and interacting with the children when needed.
- Ensure staff/child ratios are correct at all times to assist with supervision.

- Encourage children to inform staff members when they are leaving an area to use the bathroom.

Collecting Children

- Only the parents/caregivers and persons named on the child's Enrolment Form have the authority to collect or remove a child from the centre.
- Only persons over the age of 16 can collect children from the centre or written permission from a parent is needed for a child who is the age of 14 or 15 to collect their children.
- In the case of an emergency which prevents a named person from collecting the child, the parent can ring the centre and advise the name and description of the person who will collect their child.
- Where a parent does not inform the centre, the parents will be contacted by phone and asked for the name and description of the person collecting their child.
- A custodial parent will be requested to provide legal documentation if a non-custodial parent is to be denied access to the child.
- If the non-custodial parent comes to collect a child without authority, they will be asked to leave. If they refuse, management will call the custodial parent (and maybe the police).
- If there is an agreement in place between the non-custodial parent and the custodial parent regarding viewing child information (held by the centre), then the centre needs to be informed of this agreement before releasing documentation.
- All staff will be informed if there is a custody order in place.
- A photo may be given to the centre of someone who is not able to collect the child, so that staff know what they look like if they do try to collect the child.

Non-Custodial Parent Procedure

Legal guardians have a right to be involved in all significant matters affecting their child's upbringing, unless those rights have been overruled by a Court Order. The Centre must comply with all legal requirements. Non-custodial parents sometimes visit the Centre requesting access to their children, or information regarding them. The welfare of the child is the most important consideration, and all decisions made by the centre will reflect this. These guidelines outline the Centre obligations and the procedures to be followed.

GUIDELINES

- 1. Names of legal guardians/caregivers will be recorded at enrolment.
- 2. Unless legally informed in writing, Beach Kids Waihi expects that both guardians will have co-equal and coexistent rights to access/disclosure of information provided Beach Kids is informed and provided access does not negatively affect the child's education.

- 3. Copies of Protection Orders defining custody/access rights will be attached to the student's enrolment form.
- 4. All concerns about guardianship should be directed to the Head Teacher/Centre Manager.
- 5. Where a Court Order exists, the child will only be released into the care of the custodial caregiver or emergency contacts.
- 6. Police, Oranga Tamariki and solicitors representing students will have access to any child, providing they have the necessary identification and authorization.
- 7. Where a lawyer has been appointed for a child, the school will deal directly with that person for guidance regarding access.
- 8. Where a child is under the care of Oranga Tamariki, or is the subject of a Court Order, only the Head teacher, Manager will provide any information concerning the child to the non-custodial guardian or Court Official. Any parents who wish access students under the custody of Oranga Tamariki will be referred to Oranga Tamariki.
- 9. The centre will refrain from making judgments about guardians or becoming involved in their problems.

Immunisation

To protect the wellbeing of all children and staff in the centre, Beach Kids have decided to accept children who are not following an immunisation programme, providing that they can be excluded from the centre in the event of an outbreak.

Management Plan

- Immunisation records will be noted on the enrolment form.
- Immunisation certificates will be sighted AND photocopied by the person enrolling the child and recorded on the immunisation register. If the certificate is unavailable, the parents/caregiver will sign the enrolment form stating whether the child has been immunised/not immunised.
- Parents/whanau should ideally contact their doctor/medical centre to provide a certificate of immunisations if they do not have one already.
- In the event of an outbreak, the Centre Manager will contact the parents/caregiver of the unimmunised children and it will be at the discretion of the parent as to whether or not the child is removed from the centre for the duration of the outbreak.
- Parents/caregivers of the child will still be charged normal fees for the time the child is away from the centre.
- The Centre Manager, in consultation with the Health Department, will specify the period of exclusion.
- The Centre Manager will notify other parents/caregivers of any outbreak.
- In the event of a dispute regarding this policy, the complaints procedure will be followed.

Contractor/Visitor Access Procedure

- All visitors to the centre must make themselves known to the centre manager, or a delegated person, as soon as they arrive on site.
- The centre has an obligation to anyone in the work area to take all practicable steps to provide a safe environment.
- Visitors, such as photographers, hearing and vision testers, psychologists who interact with the children and others have a legal responsibility for the health and safety of the children when they are working with them.
- Visitors must sign in upon entry and exit on the tablets at from desk.

Alcohol and Drug Use

Reference: HS33 - Licensing Criteria for Early Childhood Education and Care Services 2021
No person is allowed to work under the influence of alcohol, drugs or other substances that may affect their ability to work safely. Any person who is seen to be under the influence of drugs or alcohol will be asked to leave the centre immediately. This includes visitors and contractors. The Centre Manager is to be informed if any employee or contractors are on prescription drugs that may affect their behaviour.

Drug testing

Employees at Beach Kids are constituted to be employed in “safety-sensitive” roles. This means Beach Kids management reserves the right to randomly or specifically drug test employees. A specific purpose may be where the employee:

- shows signs of being affected by drugs or alcohol.
- has recently been involved in a workplace accident or a near-miss.

A reliable external agency will carry out the testing.

Illness Procedure

Reference: HS 27 – Licensing Criteria 2021

Objective:

At Beach Kids Waihi we are committed to promoting and maintaining a safe and healthy environment for all children and adults.

Rationale:

To ensure tamariki are provided with a healthy environment at Beach Kids Waihi, and to prevent the sharing of illness whenever possible. Also, we will strive to keep tamariki and Kaiako safe from infectious disease.

Procedures:

Exclusion of children with infections or disease from early childhood centres is sometimes necessary where there is potential for further spread of infection.

If your child is showing signs of mild respiratory infections, it will be down to the discretion of the Head Teachers to make the decision as to whether your child can attend Beach Kids Waihi. This is especially important if parents or whānau put pressure on the centre to allow the child to attend.

Having the policy in place also means that parents or whānau can be made aware of exclusion requirements when they enrol their child and can understand why it is important. With the recent global pandemic we also implement the Ministry of Health's guidelines from their website for excluding a teacher or child from the service during their time of infection.

Reasons to exclude a child from the centre

- The illness prevents the child from participating comfortably in programme activities.
- The illness results in a greater care need than the centre can reasonably provide without compromising the health and safety of the other children and staff.
- The child has any of the following conditions:
 - Any cold or flu symptoms (including persistent coughing, sore throat, persistent sneezing etc.).
 - Has thick/runny/discooured nose discharge.
 - Has a fever and is displaying a temperature reading of 38° or above.
 - Persistent crying, difficulty breathing or other signs of possible severe illness.
 - Diarrhoea and/or Vomiting two or more times in the previous 48 hours, unless the diarrhoea is known to be caused by a non-communicable condition and the child is not in danger of dehydration. Repeated diarrhoea and/or vomiting suggests an infection so the child should be taken to a GP for a diagnosis. Children must be symptom-free for 48 hours.
 - Mouth sores, which are associated with an inability of the child to control his or her saliva, unless the child's GP or the public health service or medical officer of health advises that the child is non-infectious.
 - Rash, with fever or behaviour change, until a doctor has determined that the illness is not a communicable disease.
 - Conjunctivitis, this is pink or red whites of the eyes, with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye until examined by a doctor and treated.

- Tuberculosis, until the child physician or the public health service advises that the child is non-infectious.
 - Impetigo (school sores), until 24 hours after treatment has started.
 - Streptococcal pharyngitis (strep throat), until 24 hours after treatment has started, been initiated and until 24 hours after fever has stopped.
 - Pediculosis (head lice), until the morning after the first treatment.
 - Scabies, until after treatment has been completed.
 - Varicella (chickenpox), until at least 6 days after onset of rash, and until all lesions have dried and crusted.
 - Pertussis (whooping cough), until 5 days of appropriate antibiotic therapy. The total course is usually 14 days.
 - Mumps, until 9 days after glands have started swelling.
 - Hepatitis A, virus infection, until 1 week after onset of illness or jaundice if symptoms are mild) or until immune globulin has been administered to appropriate children and staff in the programme, as directed by the public health service.
 - If your child is on antibiotics, they can not return to Beach Kids until 24 hours after the first dose of antibiotics.
 - Pamol will only be administered for pain relief for things such as teething, ear ach etc not to mask a fever. A medicine form needs to be completed prior to administration.
- For some vaccine-preventable diseases, there is a requirement to exclude unimmunised children who have had contact with a case of the disease at your centre. This applies to measles, Diphtheria and whooping cough and would be arranged on the advice of the medical officer of health.

Exclusion Guidelines for an Infectious Illness

1. Staff will apply first aid as needed.
2. Staff will isolate the child under full supervision if a contagious condition is suspected (child will made comfortable in the non-contact room/office area to wait for their parents/emergency contact to come and collect them).
3. Staff will inform the Manager of the suspected condition.

4. Staff/manager will notify a parent or emergency contact person of the child's condition.
5. The child's symptoms are to be monitored and all information is to be reported back to the child's parent/emergency contact.
6. The child will be collected by their parent/emergency contact and excluded for the recommended length of time, in line with the Ministry of Health guidelines.

Conditions that don't require exclusions from the centre

- Non-purulent conjunctivitis (a clear, watery discharge from the eye without fever or pain)
- Cytomegalovirus infection (can be cause of glandular fever).
- Hepatitis B virus carrier
- Hepatitis C virus carrier
- H.I.V. infection

All staff members have a duty to report to the centre manager if they have reason to suspect any adult, staff member, visitor or child is attempting to or has come onto the premises during centre opening hours, that is an "infectious person" defined as any person who may come into contact with children and who has a disease or condition (that is likely to have a detrimental effect) and which is capable of being passed onto children. Where the centre manager or the person on duty has reason to believe that an "infectious person" is attempting to come onto, or is present on the premises, the centre manager or person on duty will advise that person that they may pose a risk to the centre children/staff by being on the premises, and will be asked to leave.

Administration of Medicine Procedure

Reference: HS28-29 - Licensing Criteria for Early Childhood Education and Care Services 2021

Objective: To provide clear guidelines for Kaiako and parents / whanau to allow safe administration of all medicines.

Rationale: To ensure there is a safe and correct management and administration of all medicines at the centre.

There are different 3 categories of medication:

Category (i) medicines:

Definition - a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray, sunscreen) that is:

- not ingested;
- used for the 'first aid' treatment of minor injuries; and
- provided by the service and kept in the first aid cabinet.

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. Beach Kids must provide (at enrolment, or whenever there is a change) specific information to parents about the Category (i) preparations that will be used.

Category (ii) medicines:

Definition - a prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup 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.

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.

Category (iii) medicines

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); and
- provided by a parent for the use of that child only.

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.

To ensure medication is safely administered, the following procedures will take place:

- Category (ii) medications will be recorded on the Administration of Medicine clipboard in that child's room.
- Medicine will be administered by a staff member who is qualified and holds a first aid qualification, but the dosage amount must be observed and confirmed by another staff member.
- Following administration by a teacher, the form will be signed with the accurate time recorded.
- Parents must sign the Administration of Medicine clipboard to acknowledge that their child has received the medicine
- Medicine is to be signed out by the parent on collection.

- All medication must be taken out of children's bags upon arrival and given to a Kaiako. Medication is to be stored beside the First Aid kit or in the refrigerator. All medication must be labelled with the medication name and the child's name written on it with the dosage amount. Staff are not permitted to exceed the dosage amount, even if the parent/guardian suggests otherwise.
- Expiry date must be checked. No expired medication will be administered
- Accurate records are to be kept about the administration of all medication to any child in the centre.

Sick and Soiled Children Procedure

Reference: HS30 - Licensing Criteria for Early Childhood Education and Care Services 2021

From time to time, children will need to be washed when they are soiled or pose a health risk to themselves or others.

This might be necessary:

- At nappy change time – sometimes wipes are not enough
- If a child has vomited over themselves or over another person
- If a child has had a toileting accident
- If children become dirty during play

Please follow the below steps:

1. Prepare all required supplies (i.e. towels, change of clothes, wet bags etc) prior to beginning the cleaning of the child.
2. Use disposable gloves, one or two at your own discretion.
3. Place the child in the shub/shower and use a comfortable temperature to clean the child thoroughly.
4. Dry the child with towels.
5. Dress the child in a fresh change of clothes/new nappy etc.
6. Put the soiled clothes into the child's wet bag for parents to take home for laundering, or if very soiled, dispose of them.
7. All contaminated items should be thoroughly disinfected.
8. Wash down area with diluted disinfectant solution.

Consider the child's need for privacy and the need to be gentle, nurturing and respectful of the child. Respectful interactions between the adult and child are important.

If the child is sick, please notify parents to take them home and fill in the illness register.

Until the parent arrives, make the child comfortable in a room away from other children.

Accident Procedure

Reference:

Education (Early Childhood Services) Regulations 2008/46 a/ b/ c

HS27 - Licensing Criteria for Early Childhood Education Curriculum Framework 2021

Rationale: To ensure the safety and protection of the children and staff of Beach Kids.

Objective: The centre will be accountable for every child while they are in our care and these procedures support staff in knowing how to deal with all accident that occur. Any and all accidents will be recorded, by staff in an accident register, signed and dated by both staff and parent/caregiver.

Procedures:

- Permanent staff members that are first aid trained will support with all injuries, with management being informed if serious, i.e., head injury, broken bones, bruising etc.
- All accidents (both within centre or on excursion) will be documented in the accident register detailing:
 - Name of child
 - Date and time of accident
 - Location of accident
 - Details of injury/illness
 - Action taken
 - Staff and parent signatures
- The staff member responsible for documenting an accident will make certain that the parent/caregiver is informed about the incident. (Must have a First Aid Certification).
- The supervisor will contact parent/caregiver if necessary.
- If parent/caregiver cannot be contacted a designated person from the child's enrolment form will be contacted.
- In the event of serious accident and no authorized person can be contacted to collect the child, the supervisor will without delay call the necessary services, e.g. ambulance, to ensure the safety of the child.
- If a major accident occurs in the centre, staff will fill out the Major Accident form, providing all the required information in depth around the accident that has occurred. The teacher must obtain the parent's signature and teacher's signature, including a photocopy for the parent to take home.
- In the event of a serious accident where a child requires hospitalisation the Centre Manager will contact Worksafe NZ and MoE.
- The centre management will be available to discuss with parents any concerns regarding accidents that occur to their child whilst in our care.

- ANY CHILD WHO SUSTAINS A HEAD INJURY (i.e. A BUMP, BRUISE OR KNOCK) THEN THEIR PARENT/CAREGIVER ARE TO BE NOTIFIED IMMEDIATELY. THE RATIONALE AROUND THIS IS THAT THERE MAY BE ISSUES RELATING TO CONCUSSION OR DELAYED CONCUSSION.
- If further medical attention is required, this will be recorded. The staff member in attendance will then sign the form. They will be responsible for obtaining the signature of the parent/caregiver regarding the incident.
- The centre staff, under the direction of the person in charge, will administer emergency first aid as and when required.
- The teacher may wish to contact the parent/caregiver regarding an accident that did not require further medical attention in any regard.
- There is an accident form in each of the rooms in the centre.
- First aid kits are located in each room.
- An ice pack is kept in the freezer for use on bruising or sprains. The ice pack will be covered by a cold cloth or paper towel before being applied to skin.
- All staff will be encouraged to maintain a valid first aid certificate, with one member at all times being present on the premises having a first aid certificate.
- All severe accidents will be discussed immediately to review if there is a potential hazard with management and staff.
- During staff meetings at least once a term staff will discuss accidents that have occurred to see if there are patterns that indicate potential hazards.
- Old accident forms will be kept on file in the office for 2 years from date of accident.