Nga Kupu Oranga
Healthy Messages

A health and safety resource
for early childhood services

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Foreword

Kia ora koutou katoa, Talofa lava, Kia orana, Fakalofa lahi atu, Taloha ni, Ni sa bula vinaka, Talofa koutou, Malo e lelei, Greetings.

Early childhood services play an essential role in the education, health and life of pre-school children. I hope that this resource will assist with this important role. It has been developed especially for early childhood services to provide information and advice about common illnesses and how to prevent them; the care of children with ongoing conditions such as asthma and diabetes; the *Well Child–Tamariki Ora* programme; food and nutrition; staff health; and safety issues likely to occur in any early childhood service.

It is a comprehensive, pertinent, reader friendly and useful resource. One of its major strengths is that a large amount of relevant information can now be found in the one place. Information has not been included which is produced by other agencies, such as information on child abuse and civil defence. The resource is cross-referenced and contains contacts for accessing additional information and resources. For additional advice please contact public health nurses, health protection officers, medical officers of health and the public health service.

A wide range of topics are covered in the resource. Information on preventing the spread of infectious illnesses is particularly important for early childhood services in order to protect the health of the children in their care. Immunisation is also an essential measure to prevent the spread of diseases.

I would like to thank the many people who were involved in the development of this very worthwhile resource. Comments, which can be used to improve future editions, are welcomed. Comments should be sent to:

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The Ministry of Health wishes to thank and acknowledge the many people who have contributed to this resource. Many organisations and individuals including educators, head teachers and other staff who work in early childhood services; specialists from the Ministry of Education, the Early Childhood Development Unit and the Early Childhood Consultative Committee; people from health and education agencies; and early childhood organisations have all commented on drafts and contributed to various stages of the development of these guidelines.

Staff from the Public Health Services, Hutt Valley Health, have provided the base information for this resource.

Di Davies, Jedi Associates, has contributed to the writing and editing of the final document in conjunction with the project team from the Ministry of Health and Hutt Valley Health.

Contents

Introduction

All children have individual differences, but they share common rights and needs. Children rely on adults to recognise their rights and meet those needs, to care for and protect them as they grow and develop.

Early childhood services play an important role in the growth and development of children. Part of that role is focused on health and safety. Educators are expected to protect children from injury or illness, and help children develop the skills to care for themselves. Early childhood regulations and the curriculum *Te Whariki* outline how this responsibility is placed on early childhood services.

This resource links with *Te Whariki* through Aim 1: Well-being, Goals 1 and 2:

> Children will experience an environment in which:
> - their health is promoted
> - they are protected and safe from harm.

Early childhood services can promote and protect the health and safety of children by implementing the curriculum, and by:

- setting up activities that encourage self care skills
- providing role models of self care and healthy behaviours
- providing nutritious food
- supporting *Well Child–Tamariki Ora* programmes (eg, immunisation, hearing and vision checks)
- taking part in the care of children who have ongoing conditions (eg, asthma and glue ear)
- minimising and, where possible, eliminating hazards which may be infectious, chemical or physical.

Nga Kupu Oranga has been developed to help early childhood services with these activities. It provides detailed information and practical advice about common illnesses, how to prevent them, the care of children with ongoing conditions, and safety issues likely to occur in any early childhood service.

Nga Kupu Oranga builds on specialised information that has already been developed for early childhood services, and aims to complement existing resources.

The resource does not include three aspects of child health and safety – child abuse, monitoring playground safety and the procedures that should be followed to prepare for a civil emergency. The following resources covering these issues have been specifically produced for early childhood services:

- *Breaking the Cycle: Interagency Protocols for Child Abuse Management*
- *The New Zealand Playground Safety Manual for Early Childhood Services, Primary and Intermediate Schools, Parks and Recreation Departments*
- *Emergency Procedures; Protocols for Early Childhood Services*

- *Plants in the North Island Poisonous to Children*
- *Plants in the South Island Poisonous to Children.*

Appendix 1 includes contact addresses to obtain these resources.

The practices and policies recommended in this resource are appropriate to all children regardless of individual needs, skills, abilities and the developmental level of each child.

About this Resource

The initial work on *Nga Kupu Oranga* was undertaken by the Public Health Service of Hutt Valley Health. The resource was developed as a result of requests for information about health and safety from early childhood services in the area.

It is not a set of rules for early childhood services but has been developed as a practical source of information and advice for staff to guide policy, day-to-day practice and activities.

The information in *Nga Kupu Oranga* can be used in several ways:

- as a reference: early childhood services can simply look within the document for information about a health issue or problem that must be dealt with
- as a resource: *Nga Kupu Oranga* provides background information to update knowledge or develop policies and practices that will promote health and safety
- as a guide: *Nga Kupu Oranga* includes checklists and charts of suggested actions to deal with issues or situations that affect child health and safety.

The Role of Health Services

A number of health personnel may work with an early childhood service. These include:

Public health services

This service is involved in a number of activities to protect and promote community health.

Public health services give advice about health and safety to early childhood services and work with them to ensure they meet the requirements of health and safety regulations.

Staff who work for public health services include the Medical Officer of Health, medical officers, health protection and health promotion officers, community dietitians and vision-hearing technicians.

To contact the nearest public health service, look for their number in the white pages of your telephone book. Other services cover a wider region. Contact them for help and advice about any health or safety issue.

Well Child–Tamariki Ora (child health) services

Well Child–Tamariki Ora services include the work of a range of health personnel and health agencies who monitor and/or promote the health of children and provide their health care. This includes child health nurses (Plunket and public health nurses), Mäori and Pacific Islands community health workers, dental therapists, general practitioners and hearing and vision testers.

Many Well Child personnel work closely with early childhood services as they provide a good setting to monitor and promote the health of children. However this is not always the case and contact between early childhood and Well Child services varies around the country. For more information about Well Child services and the Well Child programme, see section E.

Other agencies also give advice and information about health or safety issues, or provide a service to early childhood services. A number of these agencies are listed in Appendix 1. Contacts in your area may include Mäori and Pacific Island community health workers and iwi health services.

Section A: Health and Safety in Early Childhood Services

A1 What is health and safety?

Health

Our understanding of health has changed over time. It is now widely recognised that health is more than the absence of illness. Social, emotional, physical and spiritual aspects of our lives contribute strongly to our health and well-being. (This holistic view has always been a part of Mäori understanding.)

It is helpful to have a broad understanding of different concepts of health, as these vary widely within communities, cultures and families. Being aware of different understandings and acknowledging their value is particularly important as it is the early childhood community (children, staff, parents, caregivers, family and whänau) who determine what health means to the service. This must be based on their beliefs, understanding and practices.

The four cornerstones of Mäori health

The health of tamariki and their whänau cannot be separated and should be viewed together.

There are several dimensions of Mäori health which have been described as a four-cornered house. They are tied to each other as are the walls of a house – if one fails the others are strained, become weaker or fall.

The four walls are:

- *te taha hinengaro* – the mental well-being of the whänau together with the mental health of each individual in it
- *te taha tinana* – the physical side of health and the physical signs of ill-health
- *te taha wairua* – the spiritual health of the whänau including the practice of tikanga Mäori in general, and the way that health services and support are provided
- *te taha whänau* – the whänau environment where individuals live. This includes the closeness of the whänau, the environment they have created together (whether there is safety and support) and the way the whänau relates to the community.

While the physical and social environment of the whänau directly affect their physical or mental health, events of the past and present, together with thoughts of the future, also affect the well-being of whänau members.

The early childhood curriculum recommends that educators who work with Mäori families are aware of this definition of health and well-being, and understand what it means in practice. They need to

recognise that concerns for the past, present and future are sources of self-esteem which are very important, particularly to Mäori families.

Pacific people

Pacific people share an holistic understanding of what leads to health and well-being. Amongst Pacific people illness is often something shared, which affects everyone, not only the individual.

There are several dimensions to the health and well-being of Pacific people. These have been described as a shelter which is supported by four posts. Each dimension must be considered as an important part of the whole. In this way, all parts are affected when one dimension is weakened.

The shelter is based upon the extended and nuclear family. The roof of the shelter is culture. Linking family to culture are mental, spiritual, physical and other aspects of health or well-being (such as gender and age).

Services who care for Pacific children and families will need an awareness of this definition. They should consider how the definition of health and well-being may influence the way that Pacific families respond to health issues, and to the actions taken by an early childhood service.

Safety

Safety is usually thought of as the physical risk of injury from buildings, equipment, machinery or other people, and the risk of injury from harmful chemicals such as liquids and gases. People think about safety in different areas or aspects of life – in their work, recreation, in the home or community.

Thoughts of what safety is have now broadened to include emotional and cultural safety – making sure that services recognise and respect people's values, beliefs and needs. These aspects are closely linked to the holistic concept of health.

When is a service safe and healthy?

The minimum standards required to provide a safe, healthy early childhood environment are stated in a number of regulations and care orders. The requirements of a developmentally safe and healthy programme are explained in the early childhood curriculum. Beyond these frameworks there are other dimensions that will help to decide whether a service is safe and healthy – social, cultural, emotional, physical and spiritual health.

All early childhood services must respond to health and safety issues or problems when they arise. However, services can improve and protect health and safety by identifying the issues that are likely to cause problems before they occur.

Each service will need to consider the different aspects of health (social, cultural, emotional, physical and spiritual) together with the safety of the environment the service provides and the wider environment beyond. Educators should think about the health of the service as a whole, together with the health of groups and individuals – children, staff, parents, caregivers, family and whänau.

Before planning any action about a health or safety issue, it is important that educators understand the problem as it is seen by the people involved. Attitudes vary widely, particularly attitudes to health and well-being. So it is important to recognise and value individual and cultural beliefs or understandings that are brought into your service. These are part of our identity and our sense of 'having a place'. When they are not recognised, a service cannot be considered healthy or safe. As a result the well-being of children and adults may be jeopardised.

To be safe and healthy, an early childhood service needs to identify what makes it safe and healthy. This should be the goal. Once it has been agreed staff can see where changes are needed and set about making them happen.

A2 Promoting health and safety

Health promotion is a term that covers a broad range of activities which focus on maintaining and improving health, to prevent illness and disease. Health promotion activities are adopted by large and small agencies and can be applied at any level from a whole nation to a small family group. Activities may focus on developing legislation, policies, or the skills or understandings which are the basis of behaviours that affect our health.

Health promotion activities in New Zealand are based on the Ottawa Charter for Health Promotion and the Treaty of Waitangi. Activities are currently used to address many health issues – child car restraints, smoking reduction, drink-driving, heart health, food and nutrition, for example.

Early childhood services are uniquely placed to promote the health of children and staff, family, whänau and, indirectly, the health of the wider community. Health promotion activities adapted from the Ottawa Charter for use by early childhood services would involve:

- developing and extending policies so that they promote safety, health and well-being
- creating an environment that supports the safety, health and well-being of children and adults
- strengthening involvement from the local community
- developing personal and professional skills
- co-ordinating health activities that aim to promote the safety, health and well-being of children and adults.

The foundations of health promotion are already found in early childhood regulations and the early childhood curriculum. In addition there is a strong link between early childhood philosophy and practice and the activities of health promotion. This can be seen in the partnerships which develop between staff, family, caregiver and whänau, and the emphasis early childhood services place on the rights of the child.

In practice, health promotion is an approach that can be used to deal with certain issues. One example might be the action taken if several children needed fillings in their teeth. Educators might seek expert advice to identify the problem, then think about what can be done to reduce tooth decay. The service could work with parents, caregivers and whänau to develop a new policy about sugar and the drinks offered to children. To introduce the policy, the service might provide information for parents, and establish new routines or practices which cover the drinks that will be offered. Educators could also develop activities to help children understand why the change had been made to their diet, and help them support and accept the change.

A3 Developing policy and practice to promote health and safety

Most early childhood services will already be involved in health promotion activities – perhaps without knowing it. Most will have a number of policy statements on health and safety issues, as they are required by legislation and by the Ministry of Education for early childhood licences or charters. However, at times a service may need to develop new policies which deal with issues that arise.

Steps in policy development

When a problem is noticed, or there is a need to check on the general health and safety of a service, educators should draw together a group of people to work on the issue. Decide on the roles people will take and work through this process.

Talk with the community

Is there a problem? Talk widely with people – staff, parents, caregivers, whänau and local iwi, as they will help to understand the problem. Talking and listening will reveal different perspectives, skills and understandings. Seek expert advice. Educators might also talk with the children. They have their own perspective.

The way that people are approached can be very important. Early childhood services might like to think of a range of ways to speak with people or gather their views. Questionnaires may be ineffective and the service may be left with the impression that people have nothing to contribute.

Decide what is needed and what can be done

Is there a need to change? What can be changed? Early childhood services need sound information before making a decision. There are many health professionals in the community who can give advice and information about health issues.

Things may need to happen at different levels. There may be a need for new or changed policy, which will mean new management or staff practices, and new activities for children. If changes cannot be managed in the service, or they need support from other agencies, educators may need to negotiate what can be done.

Develop a policy

State the goal and why action is needed. Identify what can be done, how it will be done and the roles of people involved. Make sure a review date is included and a process is in place for dealing with concerns or complaints.

Ask for comment

Circulate the draft policy widely amongst staff, parents, caregivers, family and whänau. If everyone has the chance to comment, they are more likely to support the policy.

Again, the way that people are approached is important. If they recognise that their views will be considered, and are given enough time to prepare their comments, good response is more likely.

Incorporate the comments that are given as much as possible. It is often important to explain to people the reason why their comments have not been included. If people feel that their contribution was not valued, they may not support the policy.

Make the policy known

When the policy has been finalised make it public. Early childhood services might attach a new policy to the next newsletter and enlarge it and display the policy where it is easily seen. Parents and caregivers may need information which introduces the policy and how it will affect them.

Expect it to be followed

When a policy states that certain action will be taken, it is important that it happens. A policy should make clear what behaviour is expected. Failing to act on a policy will lead to confusion.

Adults are important role models. Staff should demonstrate their support of the policy if this is appropriate. Other adults should be asked to support the policy within the early childhood facilities, even if they do not support it in their own homes.

Review the policy

The service will need to check that the policy does work. Does it remedy the problem or issue it was designed for? This checking should be an ongoing practice. If the policy does not measure up, it should be changed. Policies are not fixed documents, they should change as situations change.

These steps are useful when dealing with a single issue and when a service needs to find out what staff, parents, caregivers and whänau think about the health and safety of the service. See other sections of this resource for information and advice about policies to cover exclusion of children and staff, food and nutrition, and smokefree.

Section B: Preventing Infectious Illness

There are many forms of illness, from mild to very serious, that may be found in an early childhood service. Some will be *infectious* – spread from person to person or from animal to person. Other forms of illness do not spread and will only affect the child or adult who has the illness. (For further information about common childhood conditions that are not infectious, see section D.)

B1 Spreading infectious illness

Most infectious illnesses spread when people are in close contact, such as in an early childhood service. Children and staff spend several hours in close contact and children are only beginning to master the self care practices that will help to protect them and others from infectious illness.

The most common illnesses in young children are upper respiratory tract infections – the coughs, colds and runny noses all children suffer from each year. An early childhood service should have a clear policy and agreement with parents and caregivers as to whether children who have symptoms are allowed to attend.

See the table on Preventing Illness.

Four main ways people spread illness	Four main ways people pick up illness
Air Coughing and sneezing sprays tiny drops of infected fluid from the nose and throat out into the air. The drops float around in the air or settle on an object or surface, eg, table, bench, toys.	**Breathe it in** Breathe in drops of infected fluid that float around in the air.
Body waste and fluids Bacteria, viruses and other organisms that cause illness can be found in: • faeces and urine • saliva from the mouth • mucus from the nose or throat • the fluid in sores and blisters caused by an illness.	**Touch then eat** Put hands, food and objects in the mouth after touching body waste of fluid from animals and infected people. Tiny amounts of waste and fluid are often left on: • toilet floors, seats and toilet flush buttons • taps and door handles • nappy changing areas • tissues and handkerchiefs. Hands may also touch drops of infected fluid that are coughed or sneezed onto objects, toys or surfaces such as benches and tables.
Skin Bacteria and viruses that cause some types of illness are found on the skin in sores and infected wounds, cuts or grazes. Parasites that live on or in the body (eg, scabies and lice) may be found on the skin or in the hair.	**Touch or use** Skin with small cuts or abrasions touches an infected sore or wound and the infection is spread. Head touches, or is close to, the head of a person with head lice. Clothes, bed linen, combs or other items used by a person who has scabies or head lice are shared with others, eg, when dressing up.
Blood Some viruses and bacteria that cause illness are found in blood.	**Mix blood** An open wound, cut or graze is splashed or touched by blood from an infected person. Pregnant women who suffer from certain viral or bacterial illnesses may pass the infection on to their unborn baby.

B2 Strategies for early childhood services

It would be very difficult to completely remove the risk of infection and illness from early childhood services. However, services should provide a safe environment so all efforts must be made to reduce the risk of illness spreading. Although self care practices such as handwashing are a part of the early childhood curriculum, these can only be achieved by older children who may not always be thorough and effective. This means the responsibility for reducing the spread of illness lies with staff, parents and caregivers.

Early childhood educators are able to protect children's health and prevent the spread of illness through policies, safe practices or routines, and by providing programmes that help children to develop the skills and understandings of self care. Some of these strategies involve simple things that are easy to

overlook. Others require careful thought and consultation to develop a policy that is successful and widely accepted. Strategies to prevent the spread of illness include:

- **Exclusion**: Ask children and staff who are ill to stay away from the service until there is no risk of them spreading an illness. In some cases children and staff who are likely to develop the illness may also be asked to stay away, to protect them from the illness and prevent its spread.
- **Immunisation**: Ensure that children and staff have been offered the vaccines available to protect them from serious illness. Early childhood services are required to keep a record of the immunisations for each child born from 1 January 1995 and advised to keep a record of older children's immunisations (see B4).
- **Personal hygiene**: Staff and children should use thorough handwashing and hygienic nappy changing practices. This prevents transmission of infection when children put hands or objects in their mouth.
- **Cleaning**: It is imperative to set up a thorough cleaning and disinfection programme for all surfaces, equipment, bedding, clothing and toys. Monitor the programme at regular intervals to make sure it is done properly. (See Appendix 4 for a sample cleaning system.)

The following sections give information and advice to help you check existing policies and practices and to make improvements or develop new systems if they are necessary.

Preventing illness: a quick check

- When children or staff become ill, send them home as soon as possible. Recommend that they stay at home until well again.
- If a child cannot go home immediately, keep them away from others, stay with them at all times and give them plenty of clear fluids. Keep them cool if there is a fever and warm if they are cold.
- Assess the child's illness. If a parent or caregiver is not available and the child seems to be becoming more ill, you will need to arrange for the child to be seen by a doctor.
- If you know what is causing the illness, check your exclusion policy and make sure the child or staff member stays away for the recommended time.
- If you are not sure but think the illness may be infectious, contact the public health service for information and advice.
- Contact the parents or caregivers of children who have low immunity, if the illness is infectious. They may want to keep their children at home until the risk of illness is over.
- Wash children and wipe noses with disposable wipes or cloths that are used only once.
- Make sure that any sores and weeping cuts, spots and scratches are covered at all times in all environments, and encourage children not to scratch or pick at them. If these wounds cannot be covered the child or staff member should stay at home until they have healed.

- If other children develop the illness take a careful look at the hygiene and cleaning routines used at your service:
  - make sure everyone is washing their hands thoroughly before eating and after using the toilet
  - check the nappy changing practice and make sure that all staff follow it carefully
  - look at the cleaning programme, including the cleaning of toys, bedding and equipment, and improve the programme if necessary. Make sure that staff wear gloves and use diluted bleach to clean up spills or blood or other body fluids.
- Check that cups and eating utensils are washed thoroughly in hot water.
- Keep the immunisation register up to date.
- Contact your public health service for more information and advice.

B3 Exclusion

Exclusion policy

Illness can spread very easily among children and staff in early childhood services. Yet it can be difficult for parents and caregivers to understand that a child who appears to have recovered, or to be only mildly ill, must stay away to protect others. Parents and caregivers can be stressed by the need to find alternative care or take time off work, and by the financial implications of a long period of exclusion. Early childhood staff members and management are often caught in the stress of this situation.

A policy that covers exclusion for general illness or infectious illness will be a great help when educators have to make a decision – either on the spot or when parents have a doctor's diagnosis.

An exclusion policy should:

- describe the process to use when someone must be excluded
- outline how the decision is reached and the roles of people involved
- explain how a conflict of views between staff, parents and caregivers will be dealt with
- note where staff, parents and caregivers can find further information, including where the service will go for medical advice
- explain who will decide when a child or staff member can return after being excluded. With some illnesses the public health service must 'clear' a child or staff member to return. Others have a set exclusion time; and others require test results.

When a child is ill

The person who holds a licence for an early childhood service (the licensee) may exclude a child who is unwell. However, the decision is not always simple. Quick decisions often have to be made over the phone or when the child arrives. It is often not known what the illness is. It may appear mild, may or may not be infectious, and may not have been diagnosed by a doctor.

A discussion with the parent or caregiver will give some idea of how the illness affects the child. Children respond to illness in different ways. They may be mildly or more seriously ill with the same illness. Policies and decisions about excluding children who are unwell should consider the needs of the child and the extra time and care they require, and balance this with the needs of other children. (To find out when exclusion is recommended or required by regulations, see the box, *When should they stay away*, on page 15).

Infectious illness

The licensee of an early childhood service and the public health service may exclude children and staff who have certain infectious illnesses. (See Appendix 2 for a list of these illnesses.) The infectious illnesses on the list are serious. The Health Act 1956 requires doctors to inform or notify the local Medical Officer of Health if they suspect one of the illnesses. This is done so that steps can be taken to make sure the illness does not spread to others.

In some cases the Medical Officer of Health is also able to exclude people who are likely to develop the illness, until there is no longer any risk to them or others. This group includes excluding children and staff who are not immunised against the illness; and advising pregnant staff if there is a risk to the unborn baby.

If a child or staff member from an early childhood service has a notifiable illness, public health staff may contact or visit the service. This will depend on the type of illness, whether older people have been infected, and whether other children or staff members must be excluded.

Early childhood services are not required to contact the Medical Officer of Health if a child or staff member develops a notifiable illness. This is the responsibility of a general practitioner or the doctor looking after the case. However, public health staff will help when an early childhood service is unsure which illness a child or staff member may have, and whether they should be excluded. Public health staff will work with early childhood service staff, providing information and advice.

The length of time that a child or staff member will be asked to stay away varies because illness can spread in different ways and at different stages. The following table provides information on common infectious illnesses and on when a child or staff member should be excluded from an early childhood service. See Section C for more detailed information on specific illnesses.

When should they stay away?

In general children should stay away from an early childhood service when they are ill and causing concern or:

- have no interest in activities or play
- have little energy, want or need to sleep or rest for long periods
- cry easily, are irritable or in pain
- constantly want to be held and comforted
- have a fever
- any child with diarrhoea or vomiting should stay away until symptoms cease and they are well.

"Should" is used where regulations require you to exclude a child or staff member for the stated time. "Advised" is used where medical experts recommend that you exclude a child or staff member for the stated time. Illnesses which are required to be included on your immunisation register have been marked with a (IR).

Illness	Treatment	Exclusion
Campylobacteriosis	Antibiotics in serious cases	• The child or educator who is ill should stay away until they are well. (The Medical Officer of Health may require a series of faecal tests to prove there is no longer a risk of infection)
Chickenpox	Symptoms are treated	• The child or educator who is ill should stay away until at least five days after the rash appears, or in mild cases until all the spots have dried (there is no fluid left in the spots) • Pregnant staff who do not know if they are immune are advised to see a doctor or midwife
Conjunctivitis	Eye cream or drops	• The child who is ill is advised to stay away until they have been treated by a doctor, or the doctor says they can return
Cryptosporidium	Symptoms are treated	• The child or educator who is ill is advised to stay away until they are well
Cytomegalovirus (CMV)	Symptoms are treated	• There is no need for a child to stay away • Pregnant staff are advised to see a doctor
Fifth Disease (Slapped Cheek, Parvovirus B 19)	Symptoms are treated	• There is no need for a child or staff member to stay away unless they feel unwell • Pregnant educators are advised to see a doctor
Gastroenteritis (Viral)	Symptoms are treated	• The child or educator who is ill is advised to stay away until they are well and until 48 hours after last episode of vomiting or diarrhoea
Giardiasis	Antibiotics	• The child or educator who is ill is advised to stay away until they are well
Hand, Foot and Mouth Disease	Symptoms are treated	• The child who is ill is advised to stay away until the blisters are dry and they are well

Illness	Treatment	Exclusion
Head Lice	Treatment shampoo	• The child or educator with head lice is advised to stay away until the morning after their first treatment
Hepatitis A	Symptoms are treated	• The child or educator who is ill should stay away until they are well and until at least seven days after jaundice appears
Hepatitis B (IR)	Symptoms are treated	• The child or educator who is ill should stay away until they are well • Unimmunised children/staff could reconsider immunisation.
Herpes Simplex Virus (cold sores)	Anti-viral ointment or cream	• The child who is ill is advised to stay away if they are dribbling, until the sore has stopped weeping and is dry • There is no need for educators to stay away
Hib (*Haemophilus influenzae* type b (IR)	Antibiotics In some cases all children and staff at an early childhood service will be given antibiotics to prevent spread of the disease	• The child who is ill is advised to stay away until they are well and they have finished treatment with antibiotics to prevent the illness spreading. • There is no need for other children or staff members to stay away • Unimmunised children could reconsider immunisation
HIV/AIDS	The symptoms of each illness are treated	• There is no need for the child or educator with the illness to stay away unless they have open sores or wounds that cannot be covered • The child or educator with the illness is advised to stay away when there is a risk of infectious illness from others at the early childhood service
Impetigo ('School sores')	Antibiotics	• The child or educator with the illness is advised to stay away for 24 hours after treatment begins. Sores should be covered until they have healed
Measles (IR)	Symptoms and complications are treated	• The child or educator who is ill should stay away until at least four days after the rash appears, and until well • Unimmunised children and staff (who have not already had measles) should stay away as soon as the first child is diagnosed with measles, and until 14 days after rash appears in the last child infected. If they have been immunised they may return • When an epidemic has been declared by the Medical Officer of Health there is no need for unimmunised children and staff to stay away
Meningococcal Disease	Antibiotics All children and staff at an early childhood service may be given antibiotics to prevent spread of the illness	• The child or staff member who is ill should stay away until they are well and they have finished treatment with antibiotics to prevent the illness spreading • There is no need for other children or staff to stay away

Illness	Treatment	Exclusion
Mumps (IR)	Symptoms are treated	• The child or staff member who is ill should stay away until nine days after swelling around the face began or until swelling of involved glands has settled completely • Children who have not previously had mumps and who are not immunised are advised to stay away until 26 days after the last child becomes ill
Pertussis (Whooping cough) (IR)	Antibiotics If the early childhood service cares for children under 12 months old, all children and staff will be offered this treatment	• The child or staff member with the illness should stay away until they are well and have had five days of treatment. If treatment is refused the child or staff member should stay away for 21 days • Unimmunised children who have not previously had pertussis and who are not treated should stay away until 14 days after the last child becomes ill. The 14 days can be reduced to five days if they are receiving an appropriate preventative antibiotic
Rotavirus	Symptoms are treated	• The child or staff member who is ill is advised to stay away until 48 hours after the last episode of vomiting or diarrhoea
Rubella (German measles) (IR)	Symptoms are treated	• The child or staff member who is ill is advised to stay away until seven days after the rash appears • Pregnant staff who are non immune or have not been immunised are advised to see a doctor
Salmonellosis	Symptoms are treated	• The child or staff member who is ill should stay away until three faecal tests taken 48 hours apart are clear of infection
Scabies	Skin cream over the whole of the body from chin to soles of feet	• The child or staff member who is ill is advised to stay away until treatment has finished
Shigellosis	Antibiotics	• The child or staff member who is ill should stay away until two faecal tests taken 48 hours apart are clear of infection
Shingles (unlikely to affect a child) (see also Chickenpox)	Treatment may be complex and will be arranged by a doctor	• The child or staff member who is ill is advised to stay away until at least five days after the rash appears, or in mild cases until all the spots have dried (there is no fluid left in the spots) • There is no need to stay away if the rash can be covered • Pregnant staff are advised to see a doctor
Streptococcal Sore Throat	Antibiotics	• The child or staff member who is ill should stay away for the first 24 hours of treatment

Illness	Treatment	Exclusion
Tuberculosis (TB)	Antibiotics	• The Medical Officer of Health or attending physician will say when a child or staff member with tuberculosis can return • In some cases all children and staff at an early childhood service will be tested for the illness. The Medical Officer of Health will advise

B4 Immunisation

Children in New Zealand can have free immunisation to protect against nine serious diseases: hepatitis B, diphtheria, tetanus, whooping cough (pertussis), Hib, polio, measles, mumps and rubella. These immunisations are given as part of The Well Child-Tamariki Ora programme by a practice nurse, doctor, public health nurse or child health nurse. Immunisations are given at 6 weeks, 3 months, 5 months and 15 months.

To be immunised, a child is given a treated form of the virus or bacterium which causes each disease. This is given in a vaccine (a specially developed fluid) which may be swallowed or injected. Vaccines prepare the child's body to fight the infection and stop it developing into a serious illness.

Immunisation is not compulsory in New Zealand. Parents and caregivers have to choose whether their child will be immunised. They may decide against all or some of the immunisations in the schedule. Parents and caregivers are asked about their decision at the first Well Child check when the baby is six weeks old, as this is usually when immunisation begins. However, parents and caregivers can change their mind about immunisation at any time.

Issues for early childhood services

It is important for early childhood services to know whether the children they care for have been immunised.

If one of the nine serious diseases appears in an early childhood service it can cause real problems. Some diseases will spread quickly amongst children who have not been immunised. They may become seriously ill. Children who have the disease must be excluded, and children who have not been immunised may also be excluded because they are most at risk - they are more likely to get the disease and more likely to become seriously ill. They are also more likely to spread the disease.

The immunisation register

Every early childhood service must keep an immunisation register. Most early childhood services include questions about immunisation in their enrolment form. However, children born from January 1995 need an *Immunisation Certificate* to show if they are fully immunised or not.

The Health (Immunisation) Regulations 1995 mean that services must ask parents and caregivers for the *Immunisation Certificate* when the child enrols, or at age 15 months, if they enrol before age

15 months. Staff must write information from the certificate on an *Immunisation Register*. This records the name of each child and whether they are fully immunised or not. If the parent or caregiver does not have the certificate, educators record that fact on the register.

An immunisation register sheet (code 7018) has been developed by the Ministry of Health. Services who need a copy should contact the public health service. However, services are able to develop their own register, as long as it contains the same information.

The Medical Officer of Health will use information in the register if children in the community or in the early childhood service develop one of the nine serious diseases. The register allows staff to see who is not at risk from disease, who might be offered an immunisation and who may need to be excluded until the risk of disease is over.

For more information about immunisation certificates and the immunisation register, see *Immunisation 2000: New Regulations for Early Childhood Centres*, code 7017, or *Immunisation Guidelines for Te Kohanga Reo*, code 7019. These are available from the public health service.

For information about immunisation for educators, see section H.

B5 Hygiene

It is easy for many illnesses to spread in early childhood services. While children and staff may be excluded as soon as they appear ill, this does not remove the risk because it is not always clear when an illness is being spread.

- Many illnesses spread as they develop, before signs and symptoms appear
- In some cases a child or staff member may have the illness but never show signs of it
- Some illnesses can be spread after the child or staff member has recovered.

Thorough handwashing and safe nappy changing procedures are two simple but effective ways to reduce the risk of an illness spreading in an early childhood service.

Handwashing

Every early childhood service needs to be sure that children and staff wash their hands thoroughly.

Children and staff need to wash their hands:

- before and after preparing, handling, serving food or eating. Separate facilities for washing hands should be available in the kitchen, in addition to sinks that are used to prepare food and clean dishes
- after using the toilet, helping a child to use the toilet or changing nappies
- after blowing their nose or helping a child to blow their nose

- after touching pets and other animals
- after playing outside
- after handling rubbish.

Staff who supervise young children when they use the toilet can also help the children to wash their hands when they have finished. As children become more independent, they are encouraged to start caring for themselves and this often means that they go to the toilet on their own. As much as possible, however, staff should supervise children when they wash their hands. This provides an opportunity to teach children how to wash their hands and to check that they continue to wash them thoroughly.

Children should be taught to wash their hands carefully and not to rush. They should use soap and rub it over the backs and palms of the hands, between the fingers and around the fingernails. (Children who are allergic to soap should have a suitable alternative. Contact the public health service for advice.) Rubbing the soap about and rinsing it off with water removes the body waste and fluids, viruses or bacteria that cause illness.

- Chants and songs can be used to show children how to wash their hands properly. You might make up some that suit the needs of your service
- Role modelling by staff, parents and caregivers is an effective way to reinforce practical messages
- Contact the public health service for stickers and posters which remind children to wash their hands.

Children should wash their hands under clean running water. Viruses and bacteria spread when children wash in the same water. If staff remove the plugs in basins used by children, they cannot share washing water. Early childhood services which have a limited supply of water should not ignore good hand washing routines because of the need to conserve water.

The type of soap used by an early childhood service can make a difference. Most children enjoy using liquid soap and it is easy for them to use. A dispenser may be free if the soap is bought in bulk. Choose one that is easy for children to use. Dispensers which have a lever are generally easier for children to use than push-button ones. If dispensers are not disposable, make sure that they are thoroughly cleaned and disinfected before they are refilled.

There are a number of ways that children can dry their hands. Some are more hygienic than others. Viruses and bacteria spread easily from one child to another when they share the same towel. It is recommended that early childhood services use disposable or single-use towels (towels that are used once then put straight in the laundry basket) for hand drying. Disposable towels can also be used for other cleaning purposes.

If your service is making changes to buildings, you may want to think about installing a wash trough instead of basins.

- A wash trough makes it easy for groups of children to wash at the same time, for example, before meal times.

- A trough has only one waste outlet, and as the temperature of warm water in an early childhood service is controlled, costs can be reduced by fitting only warm water taps. [Water for handwashing must not be more than 45 degrees Celsius (NZ Building Code – Approved Document]. This replaces Early Childhood Education Regulations regarding building construction).
- Wash troughs need to be designed and constructed by a professional to ensure they work properly and are easy to clean.
- Make sure that troughs or basins used by children for handwashing are placed at an appropriate height.

Changing nappies

Many illnesses spread through contact with faeces. This is why it is important for early childhood services to develop and follow a safe practice for changing nappies, and to have facilities that make safe practice easy.

Safe practice means all staff should:

- make sure they do not prepare or serve food if they are responsible for changing nappies
- use a surface that is easy to clean and is not absorbent. Cover change tables and mats made of absorbent fabric with something that is waterproof
- use disposable towels and disinfectant to clean the surface once the child has been changed. Disinfect the surface even if it was covered with disposable towels
- wash their hands and the child's hands immediately before and after changing a nappy. Use liquid soap and disposable towels
- wear clean disposable gloves, especially if they have cuts, grazes or sores on the hands or lower arms. Gloves also help staff who have dermatitis because they reduce the number of times that hands must be washed
- remove and dispose of gloves carefully once they have been used, then wash the hands thoroughly
- keep the things needed when changing nappies away from children, but where they can be reached easily. If items are stored above the changing area, they should be secure and not able to fall
- stay with the child when using a table or bench to change nappies. Do not turn away or become distracted or the child may move and fall
- store soiled nappies in containers with tight-fitting lids where children cannot reach them
- dispose of excess faeces down the toilet before putting cloth nappies in the storage container, or placing disposable nappies in the rubbish
- store potties where children cannot reach them so they do not become part of play. Make allowances for children who are not confident or able to ask for a potty. Clean the potties every time they are used and at the end of every day
- make a poster of the practices to be followed when changing nappies, and display it in the changing area.

When setting up an area for changing nappies, be aware of cultural and hygiene concerns that children should not be changed near areas where food is prepared, served or eaten. Make sure that the changing area is within or near the toilet and bathing area. This means that warm water is within reach and the risk of spreading illness is reduced because nappies are changed away from areas used for other activities.

Check the strength of any change tables before they are bought or used, and make sure they are not used for any other purpose.

B6 Cleaning and disinfecting

Cleaning and disinfecting are two different but important processes.

Cleaning

Soap or detergent and water are used to remove the dirt and grease that can be seen.

Although thorough cleaning removes dirt and grease so that most healthy children are not at risk of illness, it does not kill bacteria or prevent the build-up of dirt and soil that cannot be seen. It is possible that something may look clean but still spread illness.

Disinfecting

Chemicals are used to remove unseen dirt and kill bacteria. Disinfectants are needed where faeces and mucus are most likely to be found, and where blood or vomit has been spilled. Toys and play areas may also need to be cleaned and disinfected when children in an early childhood service become ill.

To make cleaning as thorough as possible:

- use hot water and change it often – detergent works best in hot water, but will not work if the water is dirty
- use a clean cloth and change the cloth at the end of each day. Cloths can be washed with detergent in hot water, boiled, or soaked in a suitable disinfectant and thoroughly dried each day
- do not use tea towels for cleaning or use cleaning cloths on the floor
- use different cloths for different cleaning jobs – colour code the cloths so there are separate cloths to clean areas where raw food is prepared, where cooked food is served or eaten, and for the bathrooms and the floor.

A cleaning programme

Early childhood services may find it helpful to develop a cleaning programme that states how and when the items and areas used will be cleaned. Some will need to be cleaned once a month, once a week or at a certain time each day. Others should be cleaned more often, as soon as they become dirty.

To develop a cleaning system, walk through the building and list everything that needs to be cleaned. Start with the structure, for example, the floors, walls and ceiling, then look at the fittings and equipment. Next, write down how and when each item must be cleaned, who will do it and who is to check that it has been done properly. Early childhood services who use a cleaner might work with the cleaner to develop this list.

The system should also name the cleaning products and equipment that will be used and where these things should be stored. Also decide where certain cleaning equipment is not to be used. For example, the equipment used to clean toilets should not be used in the kitchen.

The list of items and areas covered in the cleaning system should include, but not be limited to:

- the kitchen, including the floor, benches, cupboards, doors, walls, ceiling and lights
- kitchen equipment such as the oven, stove, refrigerator, dishwasher and freezer
- other floors and carpet
- general surfaces such as tables and shelves
- loose furniture covers
- play equipment – including dress-up clothes and water play baths
- bathroom and toilets
- bedding and other linens.

(An example of a cleaning system can be found in Appendix 4.)

Disinfectants

Disinfectants kill bacteria and viruses or other organisms that can cause illness. To work properly they must be used after the area or item has been thoroughly cleaned with soap or detergent and water.

Disinfectants used on most surfaces and items are chemicals which must be wiped on and left for a time to work. The length of time will depend on the strength of the disinfectant. The disinfectant should be left for as long as possible in areas where viruses and bacteria are most likely to be found (nappy changing areas, toilet and bathrooms, for example).

While there is a range of disinfectants available, many are not very effective. Household bleach is one of the most effective and cheap to use in an early childhood service. Bleaches contain hypochlorite, the chemical which kills bacteria and viruses. However, bleaches such as Janola and White Magic or supermarket bleaches, are sold in different strengths. The strength of the bleach is written on the label. Early childhood services will need a disinfectant that has at least 2 percent hypochlorite.

Early childhood services who are unsure about which bleach to choose can read the label as the manufacturer often states what the bleach can be used for, or call the manufacturer or the public health service for advice.

Using bleach as a disinfectant

Different strengths of bleach are needed in different situations, depending on the amount of risk. The following tables will help you to decide how much water you should add to bleach to make a disinfectant of just the right strength.

High risk areas are those where there have been spills of blood or vomit, or where there are likely to be faeces or body waste.

High risk areas

Strength of bleach		Disinfectant recipe	
%	ppm	Parts of bleach	Parts of water
2	20,000	1	3
3	30,000	1	5
4	40,000	1	7
5	50,000	1	9

Note: ppm means parts per million

General areas

Strength of bleach		Disinfectant recipe	
%	ppm	Parts of bleach	Parts of water
2	20,000	1	40
3	30,000	1	60
4	40,000	1	80
5	50,000	1	100

Note: ppm means parts per million

The strength of the bleach will be on the label. This is the undiluted strength, before you mix it with water.

- A fresh solution of bleach should be prepared each day. It must be protected from light and heat or it will not work well.
- Read the label to see how it should be used and follow the instructions.
- Be aware of allergies to bleach and wear gloves if you need to.
- Use bleach carefully. It cannot be mixed with other chemicals or cleaners and will attack some surfaces, so do not use it on metal or carpet.

- Where there have been spills of blood or other body fluids the most effective way to disinfect is to leave the bleach on the surface for 30 minutes. If this cannot be done, wear gloves and wipe up the spill using a cloth soaked in bleach solution made for high risk situations, then throw away the cloth. Wipe over the area again using another cloth soaked in the bleach solution, then clean the area with water and detergent.
- Store bleach safely away from children in a secure, locked cupboard. Try to buy bleach in containers with child resistant caps. If the bleach is to be transferred to another container, transfer information on the label also.
- Do not allow children to play with empty bleach containers.

Dishes and other items used to prepare, serve or eat food

Commercial dishwashers should have:

- a wash temperature of 60 degrees or higher
- a device that gives an automatic dose of soap or detergent
- a rinse that lasts for ten seconds or longer with water temperature of at least 77 degrees Celsius
- baskets and trays that allow all dishes to get completely wet
- temperature control that stops the machine if the water temperature is too low, or the rinse cannot continue for at least ten seconds
- a thermometer to show the temperature of rinse water.

To wash dishes by hand

Thoroughly wash the dishes in:

- hot water that is at least 43 degrees Celsius
- adequate soap or detergent, then

Rinse and disinfect the dishes in hot water by:

- placing in clean boiling water for 30 seconds, or in clean hot water that is at least 77 degrees Celsius for two minutes
- make sure children are kept out of the area until the water has drained away
- keep the dishes separate from each other while they are rinsed
- remove them immediately and let the air dry them. Never use a teatowel or cloth to dry or polish the dishes after they have been cleaned.

If your service only uses a small number of dishes they can be washed by hand following the instructions above. Services that use large quantities of dishes will need a commercial dishwasher. Domestic dishwashers are not suitable as the temperature of water used to wash and rinse may not be hot enough to disinfect the dishes. They also do not usually meet the requirements outlined above.

If the cost of a commercial dishwasher is a problem, early childhood services might consider using disposable plates and cutlery. The public health service may also give specific advice for your service on other methods that may be used to ensure dishes are thoroughly clean and do not spread infection and illness.

Play equipment and toys

Play equipment and toys should be included in the cleaning programme. Although it is not usually necessary to disinfect the toys used at an early childhood service, they do need washing to prevent the spread of illness. This is particularly important for toys that children are likely to place in their mouths, chew or suck. Cleaning will be easier if only washable toys are provided.

Playdough equipment and toys that are placed in the mouth, chewed or sucked should be washed daily. Dress-up clothes should be washed in hot water once a week. Other toys that are handled frequently, such as books, need to be wiped clean regularly whenever they are soiled. Try to plan time for a weekly check and clean any toy that needs it. Once a month or once a term is not often enough.

- **Hard toys, some waterproof soft toys, plastic books.** Wash in hot water and detergent, then rinse in hot water. A dishwasher can be used, but this may damage plastics and the dishwasher powder contains bleach which may affect the colour of some toys.
- **Soft absorbent toys (teddy bears, fabric books).** These should be machine washed in hot or warm water. However, some fillings, particularly those used in home-made toys, are not washable. These toys must be completely dry before they are stored or used again.
- **Large waterproof toys (ride-on toys).** Wash with a clean sponge or cloth using warm water and detergent.

Comfort toys that children sleep with are likely to be chewed and sucked. They should not be shared with other children unless they are washed between use. However, these toys often do not handle frequent washing very well.

- It is recommended that early childhood services encourage children to have their own comfort toy which is not shared and is kept with their bedding. Wash or clean these often.

Toys should not be used in the bathroom, toilet or kitchen for safety and hygiene reasons. It is better to use bright mobiles or décor if there is a need to distract children in bathroom areas.

Playdough

Although children play with dough it should be treated as a food because no matter how it is made, some children will try to eat it. It is recommended that dough is not used for more than a day. While people may believe that the large amount of salt contained in the dough mixture will keep it safe, the salt will not stop bacteria growing in the dough if it becomes dirty.

Many early childhood services make up enough dough for several days and keep it in the fridge, taking out only what is needed each day. This means that the dough is clean and safe for playing or eating.

Sandpits

Sandpits can gather rubbish, sharp objects and animal droppings as well as other twigs, soil and dead leaves. To keep the sandpit clean:

- make sure the bottom of the sandpit allows water to drain through it, but stops soil from mixing with the sand
- cover the sandpit when it is not in use. Rake it every morning to remove rubbish and other unsafe matter before it is used
- clean the sandpit by washing water through the sand. A good fall of rain or a hose will do this. Disinfectant will not clean a sandpit. The sand and soil will neutralise the disinfectant before it can work
- dig out the sand and replace it if it has mixed with a large amount of soil. How often this is needed will depend on where the sandpit is located and the way that children play in it
- make sure the sandpit is properly drained. If it is located on a poorly draining base such as clay, pipe drains should be laid to ensure that the sand does not become damp and stagnant.

Section C: Illnesses

The first part of this section looks at illnesses in an early childhood service – decisions that are needed, the care that must be provided, and the signs that a child is seriously ill and in need of immediate medical help. An alphabetical list of information about common or serious illnesses can be found at the end of the section. See Section B3 for a table which provides information on common infectious illnesses and on when a child or staff member should be excluded from your early childhood service.

C1 A policy on illness

Some children become ill during the day and early childhood services need to contact parents or caregivers to take them home. However, for a variety of reasons it is not always possible for parents or caregivers to come immediately and sometimes they cannot be contacted. In this situation a service will need to care for the child for a time. Staff may also want to talk about the child's condition with a doctor; or feel that the child is becoming quite ill and needs to see a doctor straight away.

The service should have a policy to cover:

- **When a child will be isolated.** A child who is thought to have an infectious illness must be isolated from other children at the early childhood service. Signs that an illness may be infectious include fever, vomiting, diarrhoea, a rash or discharge from the eyes.
- **How and where the child will be cared for.** Early childhood services are required to have an area set aside for a child who is ill. The area may need to be close to toilet and washing areas as many infectious illnesses cause vomiting and diarrhoea. The child will also need constant supervision to ensure their safety, and because the condition of a child who is ill can change very quickly.
- **Who will care for the child.** Staff who care for a child who is ill should have a sound knowledge of hygiene and cleaning practices. They will need to thoroughly clean away any vomit, diarrhoea and other body waste or fluid to reduce any risk of the illness spreading.
- **How a doctor will be contacted if necessary.** Some services include permission to contact family doctors in their enrolment form. Others make an arrangement with a local doctor who provides them with advice when needed. The public health service may also be able to help. Any arrangement to get medical advice when needed should be developed with the agreement of parents and caregivers.
- **What information will be provided to other parents or caregivers if the child has an infectious illness.** Parents and caregivers may need to be told if a child in the service develops an infectious illness. They will need to know whether it can be avoided, signs of illness they should look for and what to do. In some cases, children who are not immunised or who have low immunity may need to stay away. Before preparing to distribute information, contact the public health service who can confirm what the illness is and provide information and advice.

The policy may also need to state how long the service will be able to care for a child who is ill. Whatever is included in the policy, it should allow staff to get immediate help when needed and ensure that children who become ill have proper care for as long as required, without reducing the level of care given to other children at the service.

Caring for a child who is ill

- Contact the child's parents/caregiver
- Stay with the child at all times
- Give plenty of clear fluids (if they have diarrhoea give boiled water and Oral Rehydration Fluid, not sugary drinks such as fruit juice or fizzy drinks)
- Keep the child cool if they have a fever, keep them warm if they are cold
- Give the recommended dose of paracetamol for fever, if the parents or caregiver have given approval and the child has not been vomiting

C2 Sudden illness or emergency that needs immediate attention

Parents often bring their child to an early childhood service when they have a mild illness. Something that begins as a flu-like illness or a heavy cold can change within the course of the day to a condition that is very serious and requires urgent medical attention. This change to serious illness can happen within a few short hours.

Be aware of the following signs in a child who may or may not have been mildly ill, and get medical help immediately. An early childhood service may not have time to wait until the parent or caregiver arrives.

Get immediate help from a doctor if you notice a child who:

General

- has been ill, or is ill and seems to be getting much worse
- cannot be woken or is responding less than usual to what is going on around them
- has glazed eyes and is not focusing on anything
- seems more floppy, sleepy or less alert than usual
- has a seizure or fit (unless they are already known to have fits or seizures and the parent/ caregiver and centre have discussed what to do)
- has an unusual cry that lasts for one hour or more
- has a bulge or swelling on the groin that gets bigger when the child cries and does not get smaller or go away when crying stops
- has a severe stomach pain that makes them bend over and scream or cry

- has been badly injured
- has stomach pain without vomiting or diarrhoea after a fall, a blow or injury
- has fallen and knocked their head and appears dazed, or was knocked out for any length of time

Temperature

- feels too cold or too hot (a temperature of 38.3 degrees or more)

Circulation and skin colour

- body is much paler than usual or suddenly turns very blue or white
- nails are blue or big toe is completely white and after squeezing the toe, normal colour takes more than three seconds to return
- has a rash which covers a large part of the body
- has a blood-red or purple rash of tiny spots or bruises, but has not been injured
- goes blue

Breathing

- goes blue or stops breathing
- breathes more quickly than normal or grunts when breathing
- makes a wheezing noise when breathing out
- breathes so fast and hard that they cannot speak, eat, cry or play
- skin below the ribs sucks in as the child breathes

Vomiting and diarrhoea

- has vomiting at least half of the last three feeds
- has green vomit
- has faeces that are black or bloody
- has vomiting and diarrhoea together, is refusing fluids and has passed less urine than usual.

C3 List of illnesses

Campylobacteriosis

A person with campylobacteriosis may have diarrhoea, fever and/or severe pain in the abdomen. The bacteria that cause this illness may be found in raw or partly cooked meat and chicken, unpasteurised milk, untreated water and in the faeces of pets or farm animals. The illness usually develops three to ten days after contact with the bacteria.

- The child or staff member is infectious and should stay away until they are well.
- In some cases, the Medical Officer of Health may require a series of faecal tests to prove there is no longer a risk of infection. Cases and their contacts may be checked/interviewed by public health staff.

Chickenpox

A person with chickenpox may have a fever, a runny nose and a cough. They will develop a rash which appears on the face and scalp, then spreads to the rest of the body. The rash begins as small itchy red lumps which turn into blisters for three or four days before leaving a scab. People with chickenpox are infectious when they have the cough and runny nose, about two days before the rash appears. The rash is infectious until the blisters have dried and formed scabs.

- Children and educators should stay away until all the spots have dried.
- Pregnant staff are advised to see a doctor.

Conjunctivitis

This infection makes the eyes itchy, red, swollen and painful. A thick mucus develops and can stick to the eyelids after sleeping. Conjunctivitis is very easily spread amongst children when the discharge touches hands and other objects (toys, clothing, cloths used to clean faces), which then touch the eyes of another child. This illness is highly infectious until treated.

- Children and staff should stay away until they have been treated by a doctor, or until the doctor says they can return.

Giardiasis

A person with giardiasis may have diarrhoea, bloating or flatulence (wind), foul-smelling faeces, fatigue, nausea and sometimes vomiting or weight loss. People may also have diarrhoea with no other signs of illness, and some have no symptoms at all. The parasite that causes giardiasis spreads in the faeces of people who have the infection. Although it may also spread in contaminated water, this is unlikely in an early childhood service. The illness develops five to 25 days after contact with the parasite. A person is infectious until the parasite is no longer found in the faeces.

- Children and staff should stay away from the early childhood service until they are well.
- As giardiasis is now a notifiable disease, contacts of cases may be contacted by public health staff.

Hand, foot and mouth disease

This is a mild disease caused by a virus which is not related to the foot and mouth disease of cattle. People with hand, foot and mouth disease develop blisters in the mouth, on the soles of the feet, the palms and hands. The blisters can also appear in the nappy area. People may have a mild fever and feel generally unwell. Children may complain of a sore mouth or throat for a few days before the blisters or ulcers appear. There is no treatment for this disease. Children can be given paracetamol and a soothing cream if needed. People are infectious as long as there is fluid in the blisters. The faeces are also infectious for several weeks.

- Children and staff are advised to stay away from the early childhood service until they are well and the blisters have dried.

Head lice (Nits)

Nits are the eggs of lice. Lice usually infect the head of children although they can infect other areas of the body such as pubic hair. Lice lay their eggs on the hair shaft. The eggs are like little white lumps. Some treatments are able to kill both the lice and the nits. Other treatments need to be repeated so that they kill the lice which have hatched since the initial treatment.

- Children and staff are advised to stay away from the early childhood service until the morning after their first treatment.

Hepatitis

There are several forms of hepatitis caused by different viruses including hepatitis A, B, C and others. These are diseases which affect the liver. Young children who have viral hepatitis may not seem sick at all, or they may appear to have a mild "tummy upset". Children under three years of age rarely show any signs of illness. Older children and adults are likely to feel uncomfortable with pain in the abdomen, nausea, slight fever, tiredness and lack of appetite. Sometimes this is followed by yellow skin and eyes (jaundice), dark urine and pale faeces.

People who have any form of hepatitis are infectious, but the time when they can spread the disease varies. Hepatitis A spreads in faeces. A person with hepatitis A is infectious in the two weeks before they show signs of illness until the week after the jaundice appears.

A person with hepatitis B is infectious for about a month before the jaundice appears and for the following one to three months. Some people become long-term carriers of this disease. However, childhood immunisations include a vaccine that will protect children from hepatitis B. (For information about immunisation see section E.) The disease spreads through broken skin, where blood is mixed with other people's blood or through sexual contact.

It is not known how long people with hepatitis C are infectious. The disease spreads in contaminated injection or transfusion equipment. It is common amongst drug users but not in the general public. There is no treatment which can cure any form of viral hepatitis.

- Children and staff with hepatitis A should stay away from the early childhood service until they are well and until at least seven days after the jaundice appears.
- Children and staff who become ill with hepatitis B or C should stay away from the early childhood service until they are well.
- As these are notifiable diseases, close contacts of cases will be contacted by the staff of the local public health service.

Hib (*Haemophilus influenzae* type b)

Hib disease will begin as a mild illness that can become more serious in a few hours. It often causes meningitis in children under two years, and epiglottitis – a swelling of part of the throat which blocks the breathing tubes, in children between two and four years.

A child with Hib may have a fever-like illness and then start vomiting. Older children may complain of a headache and stiff or sore neck. They may be fretful, irritable and difficult to wake, or have a high-pitched, moaning cry. Children who show signs of this illness need to see a doctor immediately. Even with prompt treatment some children become more seriously ill, developing a hearing loss or die. (See information about meningitis.>

Some people carry the Hib bacteria in their throats and spread the disease when they cough or sneeze. This is stopped by giving antibiotics to people who have been in close contact with a person who has the disease. A vaccine for Hib has been included in the early childhood immunisation programme. Since the vaccine was introduced this disease has become much less common. (See information about immunisation in section E.)

- Contacts of a case may be given antibiotics by public health staff to prevent spread of the disease.
- Children who develop Hib are advised to stay away from the early childhood service until they are well and have received antibiotics which will stop them spreading the illness.

HIV (human immunodeficiency Virus) and low immunity

People can have a low or poor immunity which results from illnesses such as anaemia or HIV or certain forms of cancer and cancer treatments. HIV is a virus infection which leads to acquired immunodeficiency syndrome (AIDS). People with this syndrome and other people with very low immunity develop a range of repeated infections by viruses and bacteria that do not usually affect people who are healthy.

People may be concerned that children with these conditions could spread their illness to other children. However, the risk of early childhood education for this group of children is that they will develop infections spread by others around them rather than being a risk to others. Safe cleaning and hygiene

practices are particularly important to protect the health of children with these conditions, as their low immunity means that even a mild illness can be very serious.

Other than HIV, conditions which cause low immunity are not infectious. There is no evidence to suggest that HIV has been spread to others in early childhood or education services. This infection is spread through the sharing of body fluids during injecting drug use, sexual activity, blood products (all blood donated in New Zealand is checked for HIV), and from an infected mother to her baby. HIV is not spread by the social activities children are involved in at an early childhood service.

Doctors advise parents or caregivers to consult staff of an early childhood service before they enrol a child with HIV. While there is no legal requirement, parents or caregivers will wish to speak with staff and/or management to protect the health of their child. As with other personal information about children in your service, any information about a child with HIV must be confidential.

- If the child appears healthy, and safe hygiene and cleaning practices are followed, there is no need to exclude a child with HIV. Their right to enter any education service is protected by the Human Rights Act 1993.

Impetigo

Impetigo is also known as school sores. People with the condition have a blistery rash that dries to form a golden-coloured crust. It may appear on any part of the body but is usually found on the face. The fluid which weeps from the rash or sore is extremely infectious. Staff will need to talk with the parent or caregiver if it is thought that a child may have impetigo, as the child must see a doctor for treatment. Sometimes impetigo can cause glomerulonephritis (kidney damage). People with impetigo are infectious until they begin treatment, and when the sores are not covered.

- Children and staff are advised to stay away from the early childhood service for 24 hours after treatment has begun.
- The sores must be covered until they have healed.

Insect bites

If the child has an itchy rash or several raised spots in a small area, they may have been bitten by insects. Insects that bite include bed bugs, fleas, mosquitoes and sand flies. It is important that the parent or caregiver knows about the spots or bites. If fleas or bed bugs are the cause of the problem, bed linen will need to be washed, carpets sprayed and pets treated for fleas.

Measles

A person with measles may have a fever, sore or swollen eyes, a cough and runny nose. The illness usually becomes worse over two or three days, when you may see white spots in the mouth on the inside of the cheek. After three to seven days a rash begins around the hairline and spreads over the body. It disappears about six days later. Children with measles usually feel very ill.

Measles can develop into more serious illness such as an ear infection, pneumonia or encephalitis.

In developed countries there are a small number of deaths due to measles, but in developing countries and where children are not well nourished, measles is a major cause of death. A person with measles is infectious from four days before the rash, until the fourth day after the rash appears, and until well.

- Children and educators with measles should stay away from the early childhood service until at least four days after the rash appears, and until well.
- Children and staff who have not been immunised should go home as soon as the first child is diagnosed with measles. They should stay away until 14 days after the rash appears on the last child who develops the illness. If immunised they may return.
- Children and staff who have been immunised do not need to stay away. All children and staff should be immunised. (For information about immunisation see section E.)
- Some unimmunised people may have natural immunity from past infection and need not be excluded. This can be confirmed by a laboratory test for antibodies.

Meningitis

Meningitis can be caused by a number of different viruses and bacteria. However, the signs you will see in a child are similar.

A child with meningitis may have a mild fever-like illness that is becoming worse. They may have a high fever and become ill very quickly with vomiting and a rash. They may dislike bright light, develop a stiff neck and headache and may vomit. Their skin may be pale and blotchy. They will be fretful, irritable and difficult to wake. A baby will be unusually floppy or even stiff, and have a high-pitched, moaning cry. Children who show signs of this illness need to see a doctor immediately.

The public health service will offer antibiotics to people who have been in close contact with a child or staff member who has meningitis caused by Hib or meningococcal meningitis to prevent the spread of the illness. It is important that your attendance register and immunisation register are kept up to date so that parents and caregivers can be contacted quickly if this treatment is required.

Immunisation against mumps and Hib will prevent two forms of meningitis. (For information about immunisation see section E.)

Meningococcal disease

Meningococcal disease is a life-threatening illness which can cause septicaemia (blood poisoning) and meningitis. Meningococcal organisms (bacteria) are treated with antibiotics. For information about meningitis see above.

A child with meningococcal septicaemia may have an illness that begins with a fever, tiredness and loss of appetite but rapidly gets worse. The child may become drowsy, vomit, and develop blood-like spots or bruises under the skin. They may show signs of meningitis at the same time. The bacteria which causes this illness are carried in the back of the throat and nose.

- A child or staff member with meningococcal disease is infectious until they have finished a course of antibiotics which destroy these bacteria. They should stay away from the early childhood service until that time and until they are well.
- Antibiotics may also be given to children who have had several hours of contact with the infected person in the week before the illness appeared. The treatment will be arranged by the public health service. This prevents spread of the illness by stopping carriage of the bacteria by healthy people who may spread it to another person.

Mumps

A person with mumps will have a fever, headache and swollen glands around the mouth and neck. Older people can become very sick with this illness, but young ones may not be greatly affected. Mumps can also develop into more serious conditions such as meningitis. A person with mumps is infectious from two days before the illness appears until nine days after the swelling starts.

- Children and staff with mumps should stay away from the early childhood service until nine days after swelling around the face began or until the swelling of involved glands has settled completely.
- Children who have not been immunised are advised to stay away until 26 days after the last child at the service becomes ill with mumps. Children who have been immunised do not need to stay away. (For information about immunisation see section E)

Pertussis (Whooping cough)

A person with whooping cough will have a cough which follows an illness with a runny nose and temperature. After several days, long hard bouts of coughing may cause the person to vomit or become breathless. People sometimes vomit or make a whooping noise when they breathe in at the end of a bout of coughing. The cough can last up to three months and is most serious in young babies. A person with whooping cough is infectious until they have had five days of antibiotic treatment, or until three weeks after the illness began.

- The child or staff member with pertussis should stay away until they are well and have had five days of treatment. If treatment is refused they should stay away for 21 days.
- Unimmunised children given protective antibiotics should stay away until five days of the treatment course has been taken. If treatment is refused, these children should stay away until 14 days after the last child becomes ill.
- There is no need for children who are immunised to stay away. (See information about immunisation in section E.)

Ringworm

People with ringworm have a fungal infection which causes itchy patches on the body where the skin appears red, flaky, scaly or blistered. Ringworm is usually found in warm moist areas of skin such as the groin and armpits. Some forms of the infection that are spread by animals are usually found on the lower leg. Treatment can be bought from a pharmacy and should continue to be used for two weeks after the rash has disappeared. Pets will need to see a vet.

- Children and staff who have ringworm may continue to attend the service if on treatment. If not treated they should stay away until cured.

Rotavirus

A person with rotavirus infection may have vomiting, fever and watery diarrhoea. It is usually children up to three years of age who are affected, although older children and adults may also develop the infection. The virus which causes this illness is spread in faeces. It is also possible to inhale the virus if general cleaning and hygiene is poor. The illness develops in 24 to 72 hours and it appears quite suddenly. It lasts for around eight days, and a person is infectious as long as they have signs of illness.

- Children and staff are advised to stay away until 48 hours after the last bout of vomiting and diarrhoea.

Rubella (German measles)

A person with rubella has a fever and a rash that covers the whole body. The rash usually appears as separate pink spots which begin on the face and quickly spread to the stomach, back, upper arms and legs. It fades quickly and is usually gone within three days. The illness is usually mild in children.

Rubella causes serious problems to an unborn child if the mother is infected during early pregnancy. A baby infected in early pregnancy (1–3 months) may be born with one or more disabilities, including blindness, deafness, heart defects and brain damage.

Many other illnesses can appear to be rubella. A blood test is needed to be certain that a person has rubella, as a number of viruses can cause a similar illness.

Rubella is easily spread, particularly by children who have little or no signs of the disease. People who develop rubella are infectious for a few days before and up to seven days after the rash appears.

- Children and staff with rubella are advised to say away until seven days after the rash appears.
- Pregnant staff in contact with the disease are at risk if not previously immunised, or not immune as shown by a blood test.

All children and staff (male as well as female) should be immunised. (See information about staff health and safety in section H.)

Salmonellosis

A person with salmonellosis may have fever, nausea and vomiting, diarrhoea and/or pain in the abdomen. There may also be blood or mucus in the faeces of a person with this illness. Salmonella, the bacterium causing the disease, may be found in raw or partly cooked meat and chicken, unpasteurised milk, contaminated water and in the faeces of pets or farm animals. The illness develops in six to 72 hours and a person can be infectious for weeks or months after the illness is over if they become a carrier of the disease.

- Children and staff with salmonellosis infection should stay away until three faecal tests, taken 48 hours apart, are clear of infection. The Medical Officer of Health will say when children or staff may return.

Scabies

A person with scabies may have itchy spots, or a rash which may be in patches or over a large area of their body. There will be fine grey lines or spots that appear infected between their fingers, on the wrists, elbow, armpits or the back of the knees.

People with scabies and all members of the family will need treatment and should see a doctor or public health nurse. Bedding and clothes of all the family must be washed in hot water. People with scabies are very infectious to those who live in close contact with them or share their bedding, towels or clothing.

- Children and staff with scabies are advised to stay away until their treatment is finished.

Shigellosis

Shigellosis is also known as bacillary dysentery. A person with shigellosis may have a fever, nausea, vomiting, pain in the abdomen and/or diarrhoea. There may also be blood or mucus in their faeces. The bacteria that cause this illness are found in faeces. The illness develops in one to seven days. A person may be infectious for four weeks after the illness begins.

- Children and staff with shigella infection are advised to stay away until two faecal tests, taken 48 hours apart, are clear of infection.

Streptococcal sore throat

Streptococci are a group of bacteria that may lead to a sore throat. People with this illness have a very sore throat, a fever and redness of the tonsils and upper part of the throat. If not treated this illness may develop into rheumatic fever and sometimes cause heart damage. Young children will not always complain of a sore throat, but staff may notice that they have a fever and do not want to eat or drink.

- Children and staff with a streptococcal sore throat should stay away until they have had 24 hours of antibiotic treatment and are well. Those who are not treated are infectious until the illness is over.

Tuberculosis (TB)

A person with tuberculosis may have a fever, weight loss and fatigue. Later on they may develop chest pain and a cough. Sometimes the coughing brings up blood. Children do not usually show specific signs of illness, but they may lack energy, fail to thrive and develop a fever or cough. Tuberculosis usually affects the lungs, but can also infect other parts of the body such as the kidney, bone and brain.

Children with tuberculosis do not usually spread the disease to others. If a child has developed tuberculosis, the public health service will arrange checks for everyone who has been in close contact, to see if anyone else is infected or has developed the disease. Adults who are infectious become non-infectious after two weeks of antibiotic treatment. A complete cure will take six or more months of treatment. During this time they are usually able to carry on a completely normal life.

- The Medical Officer of Health or physician looking after the case will advise whether a child or staff member with tuberculosis should be excluded and when they can return to the early childhood service.

Abdominal (tummy) pain

Many illnesses that cause vomiting and diarrhoea also cause tummy pain. However there are other reasons for a child to complain of a tummy pain. Some colds and 'flu can also cause a tummy ache. A urinary tract infection may cause pain and the child will need to be seen by a doctor. However, if the pain continues this may mean there is a serious problem, particularly if the child also has a fever. The child will need to see a doctor so contact the parents or caregiver. If they are unavailable or the pain is getting worse, take the child to a doctor yourself.

Section D: Managing Common Childhood Conditions

Early childhood services can play an important role in the care of children with long-term medical conditions.

There are many conditions which can affect children and some are very serious. Parents or caregivers often wish to enrol these children at an early childhood service. Early childhood services offer a positive and stimulating environment that is carefully monitored and managed, a chance for children to do the same things as their peers while being cared for by trained educators.

This section gives information about several common conditions and focuses on the care of the child rather than prevention of the disease. However, any arrangements needed to care for a child with an ongoing condition must be discussed and agreed with parents and caregivers. They know the needs of their child best.

D1 Allergy and eczema

A large number of substances can cause allergies which affect people in different ways. The most common things causing allergies are house dust, pollen and pets. Allergies usually cause skin rashes, stomach upsets or breathing problems such as coughing and sneezing or asthma. Some people have rare but more serious allergies which may cause a total collapse and even death.

People develop allergies. They may touch, breathe or swallow something which does not necessarily affect them at first. However, their reaction becomes more noticeable each time they come into contact with the substance. This means that people with a recognised allergy need to avoid the substance that causes a reaction.

Early childhood services will need to be aware of children who have allergies, particularly if their reaction to the substance is severe. However, some allergies may not be obvious at the time of enrolment and some children may experience their first allergic reaction in an early childhood service.

Children with severe allergies which may cause them to collapse, such as those to bee stings, should have medication to take if an allergic reaction occurs. Educators will need to have a supply of the medicine prescribed for each child, know how and when to use it and when to get medical help.

Early childhood services should include questions about any allergy in enrolment information and talk with parents or caregivers about the care or medication needed by the child. Educators may also need to speak with the family doctor to decide who should be contacted for emergency help if a severe reaction develops.

While many children are considered to be allergic to certain food or drinks, this is often in fact an intolerance and results in changes to behaviour which are not serious or life threatening.

Food allergy

Food allergy is a reaction to food that affects the immune system. A child with a food allergy will show signs of a reaction after eating, although these may not appear immediately. The reaction may include itching, eczema, hives, asthma, sneezing, diarrhoea, tummy ache, headache and vomiting. However, some children who experience these signs after eating certain foods may not have food allergies, and many who do will grow out of the allergy.

Signs of a food allergy may be mild, such as itching and hives. Other signs may be very serious, such as asthma or a sudden swelling around the mouth and throat.

A number of foods are known to cause allergies in some children and babies. These include cow's milk (also goat and soy milk), eggs, nuts, fish and wheat.

Early childhood staff who suspect that a child may have a food allergy should suggest that the parents or caregiver contact a general practitioner who can refer the child for specialist advice.

Eczema

A child with eczema will have an itchy rash or areas where the skin appears flaky, scaly or blistered. Eczema is often found on the face, inside the elbows, wrists and hands, or behind the knees. Eczema is caused by an allergy and it is not infectious. Staff may be able to reduce the itching by:

- using only small amounts of soap and water when washing the child, then making sure that the skin is completely dry
- applying a moisturising cream on areas that have been washed or wet, but only on the advice of the child's parent or caregiver
- making sure that woollen clothes are not worn next to the skin as wool can be irritating.

If the rash covers a large area or causes the child distress, they need to see a doctor.

D2 Asthma

Children with asthma have very sensitive breathing tubes. These become narrow during an asthma attack because the muscles tighten around the breathing tubes, extra fluid blocks the tubes, or the lining inside the tubes begins to swell. Many things can cause an asthma attack or aggravate asthma such as an infection, physical activity, house dust, pet hair, pollen, cigarette smoke and some foods.

Signs of asthma include difficulty breathing, rapid breathing, a wheezing noise when the child breathes, and coughing – particularly at night and after physical activity.

Many children in New Zealand develop asthma. About one in five children show signs of this illness at some time. Doctors are very aware of asthma in children and most children with the condition will have medicine to prevent and control an attack. Asthma attacks can develop quickly and become serious in a short period of time.

Early childhood services will need to know:

- which children have asthma
- warning signs of an asthma attack or that an attack is becoming serious
- the medicines used to treat each child, and how and when they must be given
- when to seek medical help.

All children who need medicine to treat their asthma should have an action plan which gives this information. These plans are developed by the child's doctor or nurse with the parents or caregivers so that the condition can be treated and managed before attacks become serious. If children do not have a plan, early childhood services should ask that one is developed as it is highly likely staff will have an important role in the care of a child with asthma.

Early childhood services should talk over the action plan with parents or caregivers so that they can monitor the child's asthma and care for the child during an asthma attack. The service should also have an amount of the child's medicine on hand and have written permission from the parent or caregiver as to when and how the medicines are to be given.

Warning signs that asthma is worsening

- More coughing, especially after physical activity or exercise
- More wheezing or lack of breath, breathing rapidly (more than 50 times per minute) and with obvious effort
- The child becomes tense, muscles in the neck become tense, skin below the ribs sucks in as the child breathes
- A need for more medicine but little or no sign of improvement.

Life threatening attacks of asthma are not common in children if action is taken quickly. If the child's lips become blue, or they are so breathless that they cannot speak, cry or drink, or there is no improvement once the medicine has been given:

- telephone for the fastest emergency service in your area, an ambulance, or take the child to the nearest doctor immediately
- stay calm
- sit the child forward with the arms supported, try rubbing the child's back to help them relax
- give their reliever medicine as described in their action plan for serious attacks.

D3 Insulin Dependent Diabetes

Children with diabetes usually have insulin dependent diabetes. In this type of diabetes, the pancreas (a special organ in the abdomen) does not produce enough or any insulin. Insulin is the hormone which allows the body cells to use glucose for energy. Without insulin the blood glucose rises above normal levels. High or low blood glucose levels cause problems. The child's caregiver will give the child an injection of insulin at least twice a day at home.

A child with diabetes should be able to enter into all activities, but precautions may be needed to keep blood glucose at normal levels.

The child is likely to be on a special diet. This should be discussed with the parent or caregiver.

Hyperglycaemia (high blood glucose)

The main symptoms of high blood glucose levels are: excessive thirst, passing large amounts of urine and tiredness. This means that the child may need to go to the toilet more frequently than normal and may need to drink water more often. Ensure the child receives adequate fluids and inform the parent or caregiver.

Hypoglycaemia or "HYPO" (low blood glucose)

Low blood glucose is usually due to too much insulin, or physical activity which has not been balanced with enough carbohydrate, or a delayed meal or missed food.

The symptoms of HYPO may include: sweating, feeling weak and shaky, light-headedness, looking pale, headache, stomach ache, hunger, confusion, mood change – irritability or quietness, and unconsciousness. Ask the parent or caregiver whether the child usually notices these symptoms, and what form they take. Record with the parent/caregiver what treatment they usually give, at the time of enrolment.

Standard treatment includes giving 2–3 teaspoons of glucose or 5–6 jelly beans or 10g of glucose tablets. After this has taken effect the child should eat some complex carbohydrate, eg, a sandwich or biscuits. Each child will have their own routine with regard to eating.

If the child is unconscious, place him/her in the recovery position and call an ambulance or doctor and the parents or caregiver immediately.

D4 Fits and seizures

Fits, seizures or convulsion do not last for more than a few minutes and usually end themselves. Most fits in young children are associated with a fever. They need to be seen by a doctor to find the cause of the fever. Other fits and seizures can start at any time, whether or not the child has had one in the past.

Fits and seizures happen in different ways. Some are mild, but others can seem dramatic or even violent. A child who is having a fit may:

- become completely still as though they are in a trance
- go stiff, shake or jerk without stopping
- clench their teeth together
- become unconscious
- roll their eyes, have noisy heavy breathing
- vomit or have froth around their mouth
- wet or soil themselves
- fall to the floor.

Caring for the child

If a child at your service has a fit you won't be able to stop it, but you can make sure that the child is not injured.

- Stay with the child, but don't try to hold them while they jerk or shake
- Remove anything close by that could hurt the child, or if they are in danger, move them away
- The child will probably fall. If they don't fall then lie them down
- Don't try to force anything between their teeth
- If they are still or unconscious, remove or loosen tight clothing from around the neck. Roll them onto their side and keep their chin from falling onto the chest if you can
- Ask another staff member to call a doctor, preferably the child's family doctor, and to call the parents or caregiver
- If the fit has not stopped after five minutes, don't wait for the doctor. Have someone call an ambulance straight away.

It is important that you watch carefully so that you can tell people exactly how the fit began and what happened. Write it down later. If the child has a fever that may have caused the fit. If the child has fits at other times there may be another reason. The child's doctor will want to look for any pattern or cause. What you have seen will be very helpful.

After a fit is over most children are sleepy. Make sure the child has not been hurt, comfort and reassure them and then let them sleep. Some children behave strangely when they wake up – the child may want to go home or walk off, for example. Again stay with them, and comfort and reassure them.

Children who have seen a fit may be confused. Other staff will need to reassure and comfort them. Encourage the children to comfort the child if this is possible. It will be helpful to all.

Children who have recurrent fits have epilepsy and will take medicine to prevent them. Discuss with the parent/caregiver if the child is taking medicines.

D5 Glue ear

When a young child has difficulty hearing or cannot hear at all, their speech, development and learning may be affected. Hearing loss seriously affects their ability to play and relate to other children and adults. The effects of hearing loss may stay with the child throughout life unless the problem is treated or they have support to help gain the skills they have lost.

Research shows that children in early childhood services are more likely to develop hearing problems such as ear infections and glue ear. Mäori and Pacific Islands children are particularly susceptible. Most hearing loss in New Zealand children is caused by glue ear, when the middle ear fills with a thick, sticky fluid. This form of hearing loss is usually temporary and will disappear with treatment, but it can recur with repeated infections.

Glue ear usually begins after an ear infection or a cold. The tubes which drain fluid from the ear run from behind the ear drum to the back of the nose. After an infection or a cold these tiny tubes become blocked and the fluid cannot drain away.

Signs of glue ear

The key to preventing the hearing loss that results from glue ear is to recognise a problem and ensure the child gets medical help. Glue ear is not always easy to recognise as children with this condition may not notice any pain at all. Staff at your service will notice that the child's behaviour changes. Look for:

Young babies or children who

- do not appear to notice quiet voices or sounds
- have recently had a cold
- have behaviour or mood changes. Become quiet or withdrawn or loud and aggressive
- are slow to develop new sounds and speech
- have a short attention span when stories are read, do not appear to listen, are restless
- have difficulties learning.

If a child in your care shows these signs, contact the parents and recommend that the child sees a doctor as soon as possible.

How can you help to prevent glue ear and other ear problems

- Hold babies slightly upright when they drink from a bottle. Never lie them down
- Teach children to blow their noses. This clears the fluid from the tubes where infection can begin. Children should blow gently through both nostrils three or four times
- Encourage children to blow their nose and not to sniff. Sniffing can force fluid up into the tubes which usually drain fluid from the ears
- Make sure that children who have medicine for ear problems which must be given by the early childhood service, are given every dose required, even when they appear to have recovered
- Keep the environment as warm and dry as possible. Infections may be more frequent if the building/home is cold and damp
- Make sure that parents and staff follow the smoke-free policy. Tobacco smoke can irritate the nose and tubes which drain the ears. This may lead to glue ear
- Encourage parents and caregivers to have children's ear problems checked out as soon as possible
- Encourage parents and caregivers to keep children at home when they are unwell with respiratory infections such as colds and running noses, to stop infection spreading amongst the children

If your service would like to know more about glue ear or other ear or hearing problems, contact a doctor, vision-hearing technician, child health or public health nurse.

Section E: The Well Child–Tamariki Ora Programme

All children need some basic checks after they are born and in early childhood to identify certain problems requiring early treatment. These checks, which are freely available to all children and their families, are part of the Well Child–Tamariki Ora programme. The programme includes a range of services which give support, information and advice to parents or caregivers, regular health checks, and immunisation for babies and children.

Well Child services are primarily responsible for the health care of children. The Well Child workers include child health nurses (such as Plunket and public health nurses), doctors, Mäori community or iwi health workers and home visitors, parent educators, pharmacists, dental therapists and vision-hearing technicians. For much of the time a single Well Child worker will work with the family. However there may be situations where others also become involved.

The Well Child–Tamariki Ora programme is important for early childhood services. Like early childhood workers, the Well Child team share knowledge about the child's health and development. They are one part of the group of professionals working to support the family and ensure that the child develops in a safe and healthy environment. Well Child workers may be the first people to contact for advice about a child's health, and those working with the family should be listed in the child's enrolment information.

E1 Immunisation

Childhood immunisation usually begins at six weeks of age and is completed at 15 months. Children are given booster doses at 11 years of age.

Immunisations are recommended at the following ages to ensure the earliest possible protection.

- 6 weeks:
  - Oral Polio vaccine
  - Diphtheria – Tetanus – Pertussis – Hib vaccine
  - Hepatitis B
- 3 months:
  - Oral Polio vaccine
  - Diphtheria – Tetanus – Pertussis – Hib vaccine
  - Hepatitis B
- 5 months:
  - Oral Polio vaccine
  - Diphtheria – Tetanus – Pertussis – Hib vaccine
  - Hepatitis B

- 15 months:
  - Diphtheria – Tetanus – Pertussis – Hib vaccine
  - Measles – Mumps – Rubella vaccine

Children whose mothers are carriers of hepatitis B will start their course of immunisation for hepatitis B at birth.

Immunisations are given by practice nurses, doctors, public health and child health nurses. Early childhood services are required to have information about the immunisations given to children born from January 1995. This must be recorded on an immunisation register. (See section B4 for more information.)

E2 Well Child checks

The Well Child Tamariki Ora programme begins at birth with checks at:

- birth
- 24 hours
- 5 days
- 2–4 weeks
- 6 weeks
- 3 months
- 5 months
- 8–10 months
- 15 months
- 21–24 months
- 3 years
- school entry

The checks are usually carried out by Plunket or public health nurses, practice nurses or the family doctor. Some nurses work closely with early childhood services. They may come into the service to visit children and provide support or advice to parents and staff. However this varies around the country depending on local practice, so in other areas services may have little or no contact with the child health nurse.

Vision and hearing screening

Vision-hearing technicians, Plunket or public health nurses will test the hearing and vision of children at about three years, and again at five when they start school. In some areas vision-hearing technicians work closely with early childhood services and visit to test each child in their third year.

Vision-hearing technicians are usually based at the public health service. Parents and caregivers who are concerned about the sight or hearing of their child should contact the service to arrange an appointment for a test, or see the general practitioner.

E3 Oral health

Most dental therapists work from the clinics attached to local schools. They usually like to see children for a first visit at about two years of age. A visit to the dental clinic will mean the child is familiar with the dental therapist and knows what to expect.

Many therapists are happy to work with early childhood services. They may visit the service so they become familiar to children, talk with children about the health of their teeth and mouth, and provide information, advice and support to parents and educators.

Dental therapists may also help early childhood services to plan their menus. They can give advice that will ensure the food offered to children, including snacks between meals and drinks, does not increase the risk of tooth decay.

Dental therapists encourage children to brush their teeth from an early age. While brushing at night and in the morning is best, and is mostly done at home, some early childhood services have developed their own tooth brushing programme. Children are encouraged to brush their teeth in the morning using a smear of fluoride toothpaste, to establish the habit of cleaning their teeth. Each child should have their own small soft toothbrush. The brushes should be stored separately, away from hand-basins and other areas that may harbour bacteria.

Toothache and teething pain

Some children are uncomfortable before a tooth comes through. They may be irritable, chew or suck objects and dribble more than usual. The gums may also be swollen and red. Although teething is often blamed for all sorts of problems, very few are actually caused by teeth. If children are irritable, distressed or in pain, have a fever or diarrhoea, speak with the parents or caregiver and recommend that they see a doctor.

When a child has toothache this may be a sign of tooth decay. If the tooth aches when they lie down, there may be a hidden infection in the pulp of a tooth. Untreated tooth decay or infection will make the child miserable, and the face may swell. If children complain about pain in their teeth or gums, or if the child's face is swollen and they have toothache, contact the parents or caregiver and recommend that the child sees a dental therapist, dentist or doctor immediately.

Injuries

If a child in your service knocks out, breaks or chips a tooth, you will need to get help and advice from a dental therapist or dentist as soon as possible.

Cuts and grazes to the mouth, cheek, lip or tongue usually look dramatic and bleed a lot, but they heal fast. To stop the bleeding and check the injury, hold a clean cloth or handkerchief on the area or encourage the child to suck an ice cube.

If the injury is deep or the child has bitten through the lip or cheek, contact a doctor.

Medication

Some children need to take long courses of medication. Staff could suggest that parents ask for "sugar free" mixtures which are less likely to cause decay. Most medicines can be prepared in this way. Children can also take the medicine through a shortened straw so that the sticky mixture goes straight past the teeth and down the throat. If there is no substitute for a medicine which contains sugar syrup, children can use a toothbrush with a smear of fluoride toothpaste after the medicine has been taken.

Some medicines leave a stain on children's teeth that cannot be removed by brushing. Parents who are concerned should contact a dental therapist who will be able to remove the staining.

Section F: Food and Nutrition

F1 Developing a food and nutrition policy

Many early childhood services have informal food policies that cover aspects of food and nutrition. By developing a written policy and agreeing that it should be adopted, everyone can be involved in a team approach to the nutrition of children. Parents, caregivers, whänau and the wider community can also clearly see the commitment that the service is making to the health and wellbeing of children.

A policy should outline the goals of the early childhood service, how they can be achieved and ways that progress can be measured.

The goals should aim to:

- provide safe and appetising food that meets the National Food and Nutrition Guidelines
- provide opportunities for children (parents and caregivers) to learn about food and nutrition, and why it is important to their health
- provide opportunities for children (parents and caregivers) to learn about food safety
- provide an eating environment that acknowledges and supports family and cultural values about food.

Food and nutrition guidelines for New Zealanders have been developed for different age groups to help people choose their daily food intake appropriately. Guidelines have been developed for babies, toddlers, children, adolescents, adults, pregnant women, breastfeeding women and older people.

Copies of the background papers for the *Guidelines for Healthy Infants and Toddlers (aged 0–2 years)* and the *Guidelines for Healthy Children (aged 2–12 years)* are available from the Ministry of Health. These are useful reference books. Copies of pamphlets based on the guidelines *Healthy Eating for Babies and Toddlers: from birth to 2 years old* (code 6004), *Starting Solids* (code 6014) and *Food Fantastic – Eating for Healthy Children 2–12 years)* (code 4379) are available from the public health service. The key messages from the national food and nutrition guidelines for babies and toddlers and for children are as follows:

Food and Nutrition Guidelines for Babies and Toddlers (Birth–2 years)

- breast milk is best
- if the mother is not breastfeeding, use an infant formula until baby is 12 months old
- give babies and toddlers plenty to drink
- start solids with one new food at a time
- change variety, texture and quantity of food as your baby grows
- healthy eating habits start early

Food and Nutrition Guidelines for Children (2–12 years)

- eat many different foods from the four food groups
- eat enough food for activity and growth
- mini-meals and snacks are okay
- drink plenty of water every day
- offer treat foods now and then.

Early childhood services may provide full meals or only snacks. They will need to adapt the nutrition guidelines so that the goals are appropriate to food provided and to families who use the service. Consult with parents and caregivers to hear their views, and learn about the children's cultural beliefs and practices regarding food and eating.

When people think about a food and nutrition policy they tend to focus on day-to-day food, and that is where they apply the policy. But beyond day-to-day planning are other broad issues the service will need to consider:

- What food will be accepted as treats to acknowledge special occasions – how will a birthday or farewell be celebrated for example?
- What food will be offered and what will be accepted from parents? There are other foods the service may not choose but they will be associated with the service, such as food that is donated and the food used for fundraising.
- What about the drinks offered to children?
- How will these foods fit into the food and nutrition policy?

Introducing a food and nutrition policy may mean changes in several areas. Although new practices will be felt mostly by staff and children, parents and whänau may also notice changes. The service will need to plan activities to support the new policy so that everyone understands why changes have been made. The public health service can help. Their staff include food and nutrition specialists such as child health nurses, dental therapists, community and public health dietitians. They are able to work with early childhood services and with parents, caregivers or whänau on any aspect of food and nutrition.

Activities which support the introduction of a food and nutrition policy may involve providing information, education or training for staff, parents, whänau and children. The service might:

- hold information sessions about child nutrition for parents and invite a dental therapist, child health nurse, community or public health dietitian
- develop and display guidelines about the types of food that can be donated
- develop fundraising schemes that don't use food high in fat, salt or sugar – for example, have a barbecue, run a fruit and vegetable co-op for parents and staff, bulk purchase some grocery items and sell them on to parents
- decide that staff should sit and eat with children during snack and meal times

- emphasise handwashing after using the toilet, and before meals or snacks. Introduce songs or rhymes about handwashing to help children learn the routine
- include lunchbox ideas in the newsletter if food is brought from home.

F2 Food that is prepared and served by early childhood services

The food served by an early childhood service should supply children with the nutrients they need for growth and development. It should also encourage good eating habits, as these are established early and may last for life. The food and the support each service gives to parents are particularly important.

Planning a menu

Planning a menu for an early childhood service will help to control the quality and cost of food that is served. It will also make it easier for staff to order and buy the food needed.

A rotating or cycle menu is probably the easiest to use. A cycle of four weeks will mean that there is plenty of variety in the food children are offered. However, a shorter cycle of 10 or 12 days may also work well.

When writing a menu the service will need to include drinks and a variety of foods for morning and afternoon snacks.

Vary the menu for different seasons, changing foods so that there is a summer and winter menu, for example. Think about the skills of those who prepare the food and the equipment available. For example, does the service have enough oven space to cook the meal planned?

- Remember to consider children from different cultures and also those with special nutritional needs when planning.

If the menu of an early childhood service includes morning and afternoon snacks as well as lunch, children should be offered (each day) at least:

- 2–3 servings of bread or cereal
- 2–3 servings of fruit and vegetables
- 1½–2 servings of milk or milk products
- 1 serving of meat or an alternative.

Services can assess whether the menu is adequate by checking that the nutritional guidelines have been met for the number of recommended servings.

- It is often easier when planning a menu to decide on main lunch dishes first. Add lunch extras, morning and afternoon snacks, then drinks.

Morning and afternoon snacks

It is important to serve young children with small amounts of food often. Morning and afternoon snacks are very important for young children.

Try not to give sweet and sugary foods as snacks. They help to cause tooth decay and reduce the hunger for more nutritious food. Sugar has many names. Look on food labels for lactose, dextrose, fructose, glucose, malt, raw sugar, brown sugar, icing sugar, golden syrup, corn syrup and honey. Some foods have hidden sugars and while they are advertised as health snacks (muesli bars and fruit leathers, for example) they are high in sugar and stick to teeth. Keep these foods for special occasions only.

(See Appendix 5 for snack and meal suggestions, and section E, *Oral health.*)

Drinks

Milk or water is best. Fruit juice, cordial and fruit drinks are high in sugar and should be saved for special occasions and given in small amounts.

Water is the best drink to quench thirst. It should be freely available to children throughout the day. Encourage them to drink water whenever they are thirsty, especially when the weather is hot. Try storing water in the fridge so that it is ice cold, and add a few slices of fruit for a refreshing drink that tastes good. (For more information about drinking water see section F5).

Milk drinks are also good for children. For variety, try making a fruit smoothie of soft fruit and milk blended together. Milk should be offered to all children in the early childhood service, unless they are known to have a milk allergy. If there are children who have a milk allergy, seek advice from a dietitian.

Reduced and low fat milks are now available. However, the best milk for children under two years who are drinking cow's milk, is standard homogenised milk. Children over two years who are of healthy weight and height can be introduced to reduced fat milk and milk products. Children who are underweight or are poor eaters should continue to be given homogenised milk.

If the service offers fruit juice, cordial or fruit drinks, serve them only at meal time to reduce the chance of tooth decay. The vitamin C in the juice or fruit drink helps the stomach to absorb the iron from some foods, so if a vegetarian meal is being served, diluted fruit juice or fruit drinks are a good idea. These drinks should be diluted by at least one part of juice to four parts of water.

Tips for healthier food

- Read the labels and ask about foods before you buy. Don't be afraid to ask which are the low fat, low salt or sugar varieties.
- Avoid artificial sweeteners. They are not recommended for children because they can encourage a taste for sweet foods and provide less energy than foods that have been sweetened naturally.
- Don't add salt when preparing or serving food.
- Use only a small amount of fat or oil when cooking food and avoid deep frying.
- Trim all fat from meat or chicken, and remove the skin from chicken as it is high in fat.
- Use small amounts of butter or margarine, mayonnaise or salad dressings. These foods are high in fat, so spread them thinly.
- Grate cheese finely and do not serve large amounts. Most cheese is high in fat, although edam and other low fat cheeses are now available.
- If packets or cans of soup are used, follow the instructions to make them up and add extra vegetables and dilute with water or milk.
- Choose pies carefully. Some are lower in fat than others so ask the supplier about the fat content. Potato top pies are lower in fat, as are pies that have bread or rice as a base.
- Keep cakes and slices for special occasions.
- Avoid croissants. They are a type of pastry that is higher in fat than bread.

F3 Making the most of a food budget

Budgeting and buying

Planning is the key to keeping within the food budget at an early childhood service. When there is a limited amount to spend on food each week, careful planning, buying, storage and preparation will make the money go further.

The food order can be written once a menu has been planned and the recipes are collected. Check around the area for the best suppliers and never buy more than the service can use by the use-by date. Specials are only a good buy if they are used before this date. Do not buy damaged goods, for example, dented cans. Although these items may be on special, the damage may have caused food to become contaminated so it will not be safe to use. Some early childhood services link together and buy food in bulk from a supplier to reduce the cost. This works well for foods that do not perish or spoil quickly.

F4 Food safety

Storage and waste

There are a number of ways to reduce food waste so that the service is not paying for food that has to be thrown away, and the service can be sure that leftovers are safe to eat.

Follow the storage instructions on food labels to make sure that food is stored properly. Keep cereals such as flour and spaghetti in airtight containers. Put foods that will spoil or perish quickly into the fridge or freezer straight away.

Make sure that the fridge temperature is no higher than 4°C, and that it is not too full or overcrowded. Cool cooked foods quickly and put them in the fridge. Do not leave them at room temperature.

Put a date on any cooked food and place it at the top of the fridge, above shelves of raw meat and other raw foods. This will stop juices and fluids from raw foods spilling onto food that will not be cooked again before it is eaten. Raw foods, especially meat and chicken, can contain bacteria that are only killed by thorough cooking.

Keep any leftovers. Cool them quickly, cover and store them in the fridge so that they last longer. It is a good idea to label and date any leftovers before putting them in the fridge. Reheat the dish until the food is piping hot throughout, and do not reheat it more than once.

Keep waste to a minimum by using every part of the food. Scrub vegetables rather than peeling them and use as many of the outside leaves of green vegetables as possible. Use meat and fish bones for soups and add the cooking water from vegetables to soups and sauces.

Rubbish

The way an early childhood service stores and removes rubbish is very important. Bacteria and viruses can survive in rubbish. Mice and rats may live there and it can also become a danger to children. Early childhood services need to:

- wrap food scraps and waste
- remove rubbish from the kitchen and serving areas as soon as the bag or bin becomes full
- store rubbish in a strong container with a lid
- clean and disinfect the rubbish container often
- remove all rubbish from the service each day or store it in a separate area that children cannot reach and insects cannot get at.

Preparation and cooking

Food safety is all about making sure that food is safe to eat and doesn't make people sick. When food is contaminated it can be harmful, causing food poisoning or infections which lead to vomiting and diarrhoea.

Food can be contaminated in many ways, from cleaning chemicals to foreign bodies such as hair, insects or pieces of packaging. Bacteria and viruses can also contaminate food. They are the most common cause of food-related illness. To be sure that the food served is safe to eat, everyone needs to think about the types of hazards that could be a problem. In particular staff need to understand the type of bacteria or viruses that may cause an illness, and how they are controlled.

Many raw ingredients can be contaminated naturally with bacteria. It is also possible to contaminate food when it is being handled and prepared. The service can control these hazards by proper storage, cooking and serving of foods. Early childhood services will need to be sure that everyone is aware of hazards and trained in the practices used to control them.

While each service will have particular food safety issues and practices, there are some general principles everyone should follow.

Storage and preparation

- Follow the instructions for storage given on food labels, and make sure all food is used before the use-by date.
- Store cooked and raw foods separately, or store raw foods below cooked food so that juices do not drip or spill from one food to another.

Staff should:

- Thoroughly wash hands often, as well as washing them every time before they
  - begin to prepare or serve foods
  - handle raw food
  - blow their nose or a child's nose, use the toilet, help a child to use the toilet or change a nappy
  - touch rubbish or have a cigarette (see smokefree policy section G4)
  - touch, feed or clean the homes of animals.
- Use disposable towels or a warm air dryer to dry hands
- Cover cuts and sores with clean plaster, then use disposable gloves as an extra precaution. Wash or change the gloves as often as hands would be washed
- Make sure that the kitchen and all equipment used are kept clean (refer to section B, Hygiene, Cleaning and Disinfecting).
- Make sure that all utensils and containers used to prepare or store food are only used for that purpose

- Use separate containers, separate chopping boards and utensils to prepare raw meat and other foods, or wash them thoroughly in hot soapy water between uses. Wipe chopping boards dry with a disposable towel
- Wash fruit and vegetables thoroughly before they are used
- Thaw frozen foods in the fridge, the microwave or under running water, rather than at room temperature
- Use frozen food immediately after it has been thawed. It must not be refrozen
- Store all foods in covered containers, whether they are in the fridge or the cupboard
- Wash and rinse dishes and utensils in hot water and stand them to dry, or use a dishwasher
- Throw out any chipped or cracked cups and plates. They can hold bacteria
- Do not cough or sneeze where food is being prepared.

Cooking

- Preheat the oven so that the food will cook more quickly.
- Follow any cooking instructions on food labels.
- Cook all meat and poultry thoroughly until the juices run clear, not pink, when pierced. Any boned, stuffed, minced or sausage meats must be cooked through to the centre.
- If a microwave oven is used, follow the manufacturer's instructions and leave the food to stand for the recommended time, stirring to remove any cold spots.
- Use a clean spoon to sample food. Never use fingers.
- Heat the food until it is piping hot throughout, then cool to eat.
- Use clean dish cloths, oven cloths and teatowels, and change them often.

F5 Drinking water

One of the best drinks for children is water. However, the water supplied for drinking must be pure and safe, so it is wise to check the quality of the water supplied to the early childhood service. This is especially important for services in rural areas and those whose supply is gathered from rainwater. Call the public health service if the water needs to be checked, or if further advice is needed.

Some early childhood services are supplying water in filters (free-standing water filters) that children can operate themselves. This ensures that water is always available. However, the filters must be carefully maintained or the water quality may deteriorate. Some companies service their filters every 16 weeks. Early childhood services who use a water filter must make sure it is maintained according to the manufacturer's instructions.

Early childhood services who install a water filter also need to be sure that children who use water from a filter remember to use a separate clean cup for each drink, so that there is no possibility of infection spreading from one child to another.

Section G: Safety and injury prevention

Exploration is an important part of a child's growth and development, and increased independence. However, that exploration should take place in an environment that is as free of hazards as possible.

A simple practice that will prevent many injuries and accidents is to remove the hazard from the child. When hazards are recognised they should be removed wherever possible. If they cannot be removed, the early childhood service will need to develop a programme to monitor and control the hazard so that the risk is kept to an absolute minimum.

While safety hazards are largely universal, they present different degrees of risk to children of different ages and stages of development. A pair of scissors may be minimal risk to a child with the manipulative skill to manage them. To another child of the same age but with lesser skills they present a significant risk of injury.

There are also broad age groups or developmental milestones that many services use to determine the play area and equipment a child can use independently and safely. Many services have a separate "safe" area and toys for babies and very young children. These children may spend much of their day in the area, but move into other places designed for older children at times when educators can provide close supervision. This is one example of the way a recognised risk can be controlled.

The key to safety and injury prevention is to:

- constantly check the child's environment for hazards
- recognise the risk to different children
- identify ways to remove or control the hazard
- take action so that this becomes part of daily practice.

G1 Safety

Poisons

A number of substances that can be found in any early childhood service are poisonous to children:

- medicines – particularly paracetamol, some asthma and hayfever drugs
- household cleaners – disinfectants, dishwasher powders, kitchen and laundry detergent, other kitchen cleaners, spot cleaners, drain cleaners, polishes
- personal products – shampoo, bubblebath, cosmetics.

The substances which most often poison children in New Zealand are medicines and household products, garden chemicals and plants.

Early childhood services can reduce the risk of a child reaching a poisonous substance by:

- storing all cleaners, bleaches and disinfectants away from children in a locked secure cupboard, not in the kitchen if children are allowed in that room
- disposing of containers which held poisonous substances and not allowing them to be used by children for their play or construction activities
- storing all of the children's medicines in a high cupboard that cannot be reached, or can be locked
- buying powders instead of liquids. Children must chew a powder to swallow, and the taste often stops them before they swallow. Liquids are easier to swallow as they can be poured straight down the throat without the need to taste
- keeping children out of the kitchen. If this is not possible keep the door of a dishwasher shut and remove any powder that has not been used or dissolved
- buying only the amount of cleaners and other poisonous products the service needs, so that large quantities are not stored
- never leaving the lid off a poisonous substance. Take out the amount needed and put the lid back on straight away
- asking parents and caregivers to bring medicines in containers which have child-resistant caps. They must ask the pharmacist for these caps which cost 50c each
- buying a supply of child-resistant caps for poisonous products used by the service
- storing poisonous products in the original containers. These have a label which contains safety information that may be needed if taken by a child. If a product is put in another container, the labelling should be moved also
- having a secure place away from children, where staff can store their baggage or other personal items
- teaching children not to eat plants, berries or flowers from the garden.

Poisons are a particular hazard for children who attend an early childhood service. Children in this age group are mobile and willing to explore on their own. They have developed the skills needed to open jars or containers and appliances. They are very curious and enjoy role-play or imitating the actions of adults.

Keep the numbers of the National Poisons Centre by the telephone so that the early childhood service is prepared if a child takes a poisonous substance. These are:

National Poisons Centre

- **(03) 474 7000 for urgent calls,**
- **(03) 479 1200 for non-urgent and general information calls.**

Also keep a bottle of Ipecac syrup, in case a doctor or the National Poisons Centre advise that it should be given. It is important to note the Ipecac should not be given unless recommended by a doctor or the National Poisons Centre. The expiry date on the syrup should be checked frequently and the bottle replaced once it has expired.

Poisonous plants

New Zealand has many native and introduced plants that are poisonous to children. These plants may be poisonous if eaten or if touched. Many different parts of the plant may be poisonous – the roots, flowers, leaves, fruit or berries. Parts of some plants can be eaten while others are poisonous. For example, rhubarb has edible stalks and poisonous leaves. Other plants are poisonous when raw but not once they have been cooked, such as taro. Plants that are most common cause of child poisonings by far are the arum lily and nightshades.

A brief list of poisonous plants and a description of each can be found in Appendix 6, and other information to help services identify poisonous plants is listed in Appendix 1.

If there are any concerns about the safety of a plant growing in an early childhood service call the public health service or the National Poisons Centre information line (03) 479 1200.

Medicines register

Many medicines are poisonous to children if they are taken in large quantities. When several people are caring for a child, the chance of giving too many doses or the wrong amount of medicine increases. Early childhood services will need a system which ensures that staff know which children need medicines each day, how much and when they are to be given.

A medicines register helps to avoid the risk of a child being given too many doses of medicine, or doses that are too large. The medicines register is a simple record of each child who has been given medicine, the amount that was given, at what time during the day, who gave it, and who checked the dose.

Many early childhood services use a notebook that is kept with the attendance register and filled in each day.

Medicines register

Most of the recording is done by the parent or caregiver who:

- writes the child's name
- the name of the medicine
- the amount
- the time that it must be given
- signs their approval for this to be done.

The staff member who gives the medicine then signs the register, notes the amount given and the time. This can be checked again by another staff member who signs that the procedure has been completed properly.

First aid policy

Every early childhood service must ensure that staff members have first aid training. They should know where to find the first aid kit, what it contains and how the contents should be used. Local branches of the Order of St John and New Zealand Red Cross usually offer first aid training. Early childhood services may also wish to include some parents or caregivers in this training.

Early childhood services are likely to need two first aid kits. One should stay at the service. The other is taken on trips. The first aid kits should be stored in a container that is readily available to staff, but secure and out of reach of children. Items in the kits will need to be replaced each time they are used, and the kit should be checked each month to make sure that any perishable items are not past their use-by date.

The first aid kits should include at least the following:

- disposable gloves
- antiseptic or sealed packs of alcohol wipes
- thermometer
- bandaids/small elastoplast dressings
- safety pins
- rolls of stretchable bandage
- cold pack
- note pad, pen/pencil
- a first aid manual
- National Poisons Centre phone number
- small plastic or metal splints
- scissors
- tweezers
- bandage tape
- sterile gauze pads
- eye dressing
- triangular bandage
- paracetamol
- syrup of Ipecac
- insect sting preparation
- water
- soap

Among the items listed in a first aid kit, there should be an antiseptic to clean wounds and other injuries. There are a number of these products to choose from.

A number of organisations such as the Order of St John and the New Zealand Red Cross are able to assist with advice on restocking your first aid kit.

G2 Injury prevention

Hot water burns

People tend to think about fire more than hot water when they think about burns. However, hot water is the most common cause of burns to children in New Zealand.

Babies who are not yet mobile are often scalded while they are carried and held. Their arms move quickly and knock things that are held. As they get a little older they will also try to reach for objects. Burns from hot drinks happen easily at this age. Older babies are starting to stand and use objects to pull themselves up. They can be scalded when they grab at the cord of a kettle, or pull at a tablecloth or small table that holds drinks or hot food. Toddlers may try to turn on a tap to use hot water like the adults around them. Scalds in the bath are common at this age.

Early childhood services can reduce the risk of hot water burns by:

- checking that the temperature of water in the bathroom and changing areas is under 45 degrees Celsius
- keeping children out of the kitchen area, especially when making hot drinks, preparing or serving hot food
- keeping hot foods out of reach of children while they cool
- checking the temperature of all warm food or drinks before they are offered to babies or children
- making sure that staff have their hot drinks in an area away from children, and that drinks are not carried amongst children to that area
- boiling only enough water for their hot drink and emptying the rest
- using short curly appliance cords instead of long straight ones that dangle and attract attention
- using a jug-holder so that it cannot be tipped or pulled out of place
- staying with a child while running hot or warm water. If they are to be bathed or showered, check the temperature every time before it is used for the child.

Flame and other burns

Flame burns happen when children get too close to a hot appliance, heaters, fires or barbecues. Their clothes begin to burn and many modern fabrics burn very quickly. Other burns are usually from hot appliances, when children touch an oven or hot element, for example.

Early childhood services can reduce the risk of these burns by:

- keeping children out of the kitchen area, particularly when hot food is being prepared or served.
- fitting a stove guard around the stove so that pots and pans cannot be tipped or pulled off.
- making sure that all electrical sockets are out of reach or covered by a safety device.
- checking the type and position of heaters used at the service. Some fan heaters are not a burn hazard. Other heaters should be placed at least six feet above the floor or have guard rails around each heater so they cannot be touched by children. Services also need to be sure that the heaters work properly.
- making sure all staff are trained in first aid and know what to do if there is a fire or a child is burnt.
- installing smoke alarms to warn if there is any risk of fire. These are not very expensive.
- including fire safety drills in day-to-day activities so that children know what to do if there is a fire.

The New Zealand Fire Service will provide free advice about the placement of smoke alarms, fire safety and fire evacuation plans.

Falls

Children are often injured by falls. Falls are the most common cause of hospital admissions for children. Head injuries from falls can have a permanent impact on a child's development. Some people see falls as a natural part of growing and learning to sit, stand, walk and run. However, children need to develop these skills in an environment that is as safe and free of hazards as possible.

Early childhood services can reduce and remove hazards by:

- not leaving a baby or child alone on a chair, bed, change table or bench. If they have to be changed, make sure everything needed is close by before beginning
- using a safety harness for children in strollers and highchairs
- not using baby-walkers. Babies cannot control them and they tip over easily
- putting a safety gate across the top and bottom of any steps or stairs. Supervise children when they use stairs and steps – inside or outside
- placing a barrier around decks and platforms that surround buildings or are used in play areas
- using safety matting underneath any climbing equipment that is used
- fitting safety glass or safety film so that children cannot fall through glass doors and large windows. Place stickers or other items that are easily seen on large glass surfaces
- checking the position of windows. Are they above the children where they cannot climb and fall out? Fit security stays to hold low windows shut
- using non-slip surfaces for floors. There is a New Zealand Standard that services can refer to. Contact Standards New Zealand for more information.

Playgrounds

The New Zealand Playground Safety Manual has been produced to help early childhood services check the safety of playgrounds. The resource recommends an initial inspection to find problems with the design and safety of the playground, then weekly checks so that problems are found and corrected before injuries can occur. All aspects of a playground safety check together with the tools required are included in the resource. This is an essential resource for early childhood services and is available from offices of the Accident Rehabilitation and Compensation Insurance Corporation (ACC).

Together with the safety of outdoor equipment, early childhood services must ensure that the outdoor play area is well fenced and secure. Gates and fences often need regular maintenance to make sure they remain secure and effective. These barriers also need to be reviewed when children reach new developmental capabilities, or when new adventurous and able children begin to challenge the security of the play area.

Play equipment and toys

Children need play equipment and toys that will help their growth and development. However, these can be a significant hazard when they are not appropriate to the age and skill of the child. It is important to provide equipment and toys for each age group of children in an early childhood service. It is also important to make sure that younger children such as those under two years do not use toys and equipment designed for older children. Some of these items, scissors for example, could cause injury.

- Buy toys and equipment to suit the age and development of each group of children in your service. Most have labels which indicate ages they are suited to
- Buy strong toys and equipment with parts that are not likely to break or wear badly
- When buying new toys or equipment, check with the manufacturer or supplier that the paint used does not contain lead. Old toys and equipment (more than 15 years old) should be tested for lead paint. Toys from after this time only need to be tested if they are repainted with old stock or industrial specification paint. Contact the public health service
- Look for toys and equipment that have the New Zealand standard NZS 5822:1992. Those that meet this standard may just show an "S" on the label
- Check at least once a week the toys and equipment used in the service. This could be done when they are cleaned. Look for:
  - loose parts
  - sharp points and rough edges
  - broken or splintered pieces
  - small parts that could be removed
  - loose strings that could tangle or fit over a child's head.
- Teach children to look after their toys and equipment. They can help to check these are in good condition and that no parts are missing or broken.
- Toys and parts of toys or equipment which can fit into a 35 mm film container are too small and can cause choking.

G3 Suncare

The sun is particularly dangerous for young children. They are more easily burned by the sun than adults, and the sun's ultraviolet rays can cause long-term damage to their skin.

Some children are at more risk than others. A child who has blond or red hair and pale skin is more at risk than a child with dark hair, brown eyes and olive skin.

The danger hours when it is most important to cover up are between 11am and 4pm, particularly in the summer. Try to plan activities and outings so that the children are not in the sun for too long at that time of day.

There are several important aspects to "covering up". The key is to make sure there is a barrier between the child's skin and the sun.

Slip into shade

Shade is the first and most important barrier. Children need shade where they play most often. If your service does not have enough shade, set up some temporary cover by using a beach umbrella or shade cloth, build shade, or plant some trees.

Slip into clothing

Loose fitting clothes with long sleeves are best. Check that children's clothing protects the shoulders, the back of the neck, thighs and arms.

Slap on a hat

Hats are the next most important barrier to the sun. A child needs a hat which shades the face and neck and stays on in the wind. Ask parents and caregivers to bring hats for their children and have a basket of hats by the door to the play area for children who come without them.

Slop on some sunscreen

Most early childhood services find that it is easiest to provide sunscreen themselves. Use a broad spectrum SPF15+ waterproof sunscreen. Talk first with parents and caregivers to see if the child has an allergy to the product, or test it on a small area of the child's skin to check for any reaction. Then apply the sunscreen to any skin that is not covered with clothing such as the face, lower legs and arms. Wipe it on thickly and do not rub it in. If the child sweats or rubs the sunscreen off, you may need to use more. It will protect them from sunburn for two to three hours before more must be applied.

G4 Smokefree

The Education (Early Childhood Centres) Regulations 1990 require that early childhood services must ensure that all areas used by children are smokefree.

Under the Smoke-free Environments Act 1990, all schools must have a written workplace smokefree policy that applies to all staff as employees. Early childhood services are encouraged to be totally smokefree. While it is not the role of a service to stop people from smoking or insist that they quit, people need to know what is meant by a smokefree service, so that they know where and when they can smoke. This can become an issue if staff members, parents or caregivers are smokers. The following information covers some of the issues each service should consider when developing a smokefree policy.

Talk with your community

People can have very strong views about smoking. Often these are associated with what they see as their rights – the right to smoke or the right to breathe clean air that is free of cigarette smoke. If there are smokers amongst the early childhood community, has the service agreed on times and places where

smoking is allowed? Can the service include non-smoking as a topic in programmes and activities or do smokers feel they are being attacked? Does the service have a policy about helping staff who want to quit?

Early childhood services that do not have a policy must raise the issue so that they can find out what people think, make decisions and form a policy that is fair to everyone. The service may need to think of some new ways to get feedback from parents and caregivers if it is difficult to get a response. If letters, newsletters, notices and posters do not work for the service, try a different approach. Some early childhood services arrange evenings or afternoons to meet with parents and caregivers, and follow a meeting with a display of children's work, a performance or fund-raising activity. This may be a good way to get as many people as possible along so that their views can be heard.

After the meeting, a small group of parents, caregivers, educators and management can work through what people have said. From this they can decide what everybody wants. For adults this may be a place outside the service where people can smoke if they need to, or the place where people must put out their cigarette before they enter the service. For children it might cover the information and attitudes they will learn from the service about smoking or non-smoking.

The group can then develop a draft policy. It does not have to be the final policy or have a single answer to each issue. Draft policies can give suggestions or options for people to decide on. It should cover all the concerns people have raised and encourage discussion. The early childhood service can then develop a final policy that is based on the comments that have been received.

A policy on smoking and smokefree early childhood services should include:

- areas that must be smokefree and, if necessary, places where people can smoke. It is important to note that places where smoking is allowed must be away from areas inside the building used to prepare food, or used by children, and away from outdoor areas where children play. Early childhood services which have difficulty meeting this requirement should contact the public health service for advice.
- how people will be told about the smokefree policy – visitors, staff, parents and caregivers, prospective employees
- whether the policy applies to people who use the service out of working hours
- how and if the service will help staff who wish to quit smoking
- what children will learn about smoking from the service, and how they will learn – activities, programmes, practices and role modelling, for example
- how the service will deal with complaints about smoking or about the policy
- how the service will deal with people who do not follow the policy
- when the policy will be reviewed.

A model policy

The Smoke-free Environments Act 1990

The purpose of the Act is to prevent as much as possible the harmful effects of smoking on the health of any person who does not smoke or does not wish to smoke. The Act covers the workplace and certain public places. Under the Act, early childhood services are required to have a written workplace smokefree policy.

Aims of our policy

To provide a healthy environment for staff, children, parents, caregivers and visitors who come to our service.

To provide a smokefree role model for children and the wider community.

Policy details

- **Smokefree policy**: ..... is a totally smokefree early childhood service in the buildings and grounds, 24 hours a day. This includes times when the building is used for private functions.
- **Policy on smoking**: We recognise that we must provide a suitable example for children and the wider community and have developed this policy to reduce the risk of smoking to staff and children. The service will be totally smokefree in all inside areas used by children or where food is served, and in the grounds where children play.

Implementing the policy

- All people who apply for positions in the service will be told about the policy.
- Clear signs will show areas which are smokefree, and where people can smoke (cross out where people can smoke if it is not needed).
- The policy will be clearly displayed and all staff will be aware of it.
- The policy will be reviewed on .....

Complaints

- All complaints about smoking or about the policy will be made to .....
- All complaints will be dealt with by .....
- ..... will take any action needed if the policy is not followed.

Developed by:.....
Approved by:.....
Date:.....

Section H: Staff Health and safety

Staff members who are not well are often not able to provide the best quality of care and, without knowing it, can spread illness because of their contact with many numbers of children. While all early childhood educators need a sound knowledge of practices that will prevent the spread of illness, services need to make sure that staff feel able to take sick leave when it is needed. They need adequate paid sick leave and relievers.

H1 Immunisation for early childhood staff

Early childhood centre staff are more likely to be exposed to some diseases. If they are immunised they protect themselves and the children in their care. All early childhood services staff need immunity to measles, mumps and rubella. A blood test can confirm immunity. MMR immunisation is free of charge to adults who are not immune.

Adults are more at risk of developing paralysis from poliomyelitis than children. This risk is greater for contacts of a child who has recently been immunised than the immunised child. There are no tests available to test immunity to polio, but the vaccine is available free of charge. Because of the higher risk of paralysis, non-immune adults are usually given the polio vaccine by injection.

Chickenpox is more serious in adults and early childhood services staff are very likely to be exposed to it. Staff who do not have a history of chickenpox can be tested for immunity. If they are not immune, immunisation should be considered. Chickenpox vaccine is not free.

Immunity to hepatitis A and B can also be checked by blood tests. Hepatitis B immunisation is free for people under the age of 16 years and for household contacts and sexual partners of hepatitis B carriers.

All adults are recommended to have a booster dose of adult tetanus-diphtheria vaccine (Td) every ten years, and after some injuries. Staff at early childhood services are not at increased risk of these diseases.

H2 Infections that can affect an unborn baby

There are a number of infections which can have serious effects on an unborn baby. These infections are common in the community and easily spread amongst people at early childhood services. These include chickenpox, hepatitis B, cytomegalovirus, fifth disease (slapped cheek, erythema infectiosum or parvovirus), listeriosis, rubella and toxoplasmosis.

While you can be immunised against rubella and chickenpox, there are no vaccines to protect staff from the other infections. However, people can develop natural immunity and blood tests will show whether you are immune to some of the infections.

Staff who may become pregnant should have a blood test to check whether they are immune to rubella. If you are not immune, your best protection is to be immunised. Otherwise avoid children with the disease.

Chicken pox	Refer to information about chickenpox in section C3.
Cytomegalovirus	Cytomegalovirus spreads in nasal fluids, saliva and urine. Studies have shown that women are most often infected with the virus by their sexual partners and by young children. The virus can cause a number of serious disabilities in an unborn child, such as hearing and visual problems, cerebral palsy and intellectual disability. • Women of child bearing age need to take particular care by washing hands before and after nappy changing and toilet care of children.
Fifth disease	The parvovirus, the virus that causes this disease, spreads in fluid from the nose and throat, usually when a person coughs or sneezes. It is a mild illness that causes a rash on the cheeks which looks like a slap mark. It is followed a few days later by a lacey rash on the stomach, back, feet and hands. The rash fades but may appear again for up to three weeks after a warm bath or time in the sun. The virus can be passed from a woman to her unborn child. • Women of child bearing age who are or may become pregnant should take particular care with handwashing and not sharing eating utensils.
Listeriosis	*Listeria* is a bacterium found in the soil, water, plants and the faeces of humans and animals. Food that is contaminated with *Listeria* can cause an illness, listeriosis, which is dangerous for pregnant women. The illness can lead to a miscarriage or stillbirth. Newborn babies whose mothers were infected during pregnancy often die from the infection. A woman may not have any sign of illness or she may have mild flu-like illness, with a fever, headache or other aches and pains, and sometimes nausea and vomiting. In some women there may be a very high fever which can mean that the baby has also developed the illness. The best way to avoid *Listeria* is to be sure that food is carefully stored, prepared and cooked. Pregnant women should also avoid foods that are most likely to have the bacteria. These include: • chilled, pre-cooked seafood (unless it is heated until piping hot throughout before eating) • paté, pre-cooked chicken, ham and other chilled pre-cooked meat products • uncooked seafood • stored salads and coleslaw • raw (unpasteurised) milk. In rural areas, especially on dairy farms, pregnant women should avoid feeding out, particularly with silage, and assisting with cattle abortions as *Listeria* causes cattle to abort too.
Rubella	Refer to information about rubella in section C3.

Toxoplasmosis	Toxoplasmosis is an infection caused by the parasite *Toxoplasma gondii*. This is rare in New Zealand. In humans, other mammals and birds it lives in tissue cells, and may form cysts. Infected cats carry *Toxoplasma* in their intestines and pass out cysts in their faeces. Cats become infected by eating infected animals or birds. Humans become infected either by swallowing cysts that have been passed by cats, or by eating undercooked or raw meat from infected animals. Apart from transfer from mother to baby during pregnancy it is not passed from person to person. Infection of a woman during the early stages of pregnancy may result in death of the baby, or it may be born with brain and/or liver damage. Infection which occurs in late pregnancy is less damaging to the unborn child. Specific treatment with certain antibiotics is available. Prevention is by: • keeping stray cats out of sandboxes (cover when not being used) • disposing of cat faeces and litter daily by burning or burying and disinfecting litter pans daily by scalding • feeding cats dry, canned or boiled food and discouraging hunting • ensuring that everybody washes their hands before eating, before and after handling meat, and after handling anything that might have been contaminated by cat faeces (including the cat).

H3 Back injury

Back injuries are common amongst early childhood staff. Caring for children involves constant lifting of children and equipment. This can put a significant strain on the back if lifting is not done correctly.

To help the back stay strong and healthy staff should:

- keep their back straight and bend the knees, so their legs do the lifting whenever possible
- squat when talking with children. Get down to low cupboards or shelves. Don't bend your back
- ask for help when lifting heavy objects. Plan to set up and put away heavy equipment when there are at least two staff members free to help
- push rather than pull heavy objects. This will not give as much control, but it is better for the back
- look at the design of the building and the equipment used. The areas used should be at bench height so that staff do not have to bend
- wherever possible use rolling, sliding or pull-out storage instead of things that must be lifted
- organise storage so that items used often are at a comfortable height and not stored low down
- arrange furniture and equipment so that staff can kneel next to children instead of having to reach or bend.

Put Your Back Behind You is an easy-to-read guide about the many ways to care for the back. Early childhood services can get a copy from the nearest ACC branch office.

H4 Stress

Stress is important and can be helpful. It helps to keep people active, motivated, alert and efficient. Stress can have a positive or negative effect, and is likely to affect people in different ways. Things that are stressful to one person may not be to another. However, people develop problems with stress when they have too much or too little.

Signs of stress can be seen in tight muscles, quick movements and rapid breathing. It may change people's behaviour, make them irritable, hyperactive or disorganised. Stress can also influence thoughts or feelings making people annoyed, depressed, frustrated or pessimistic.

If there are problems at work staff need to be able to talk about it with other staff and management. Talking to partners or friends about personal and work problems also helps.

One of the best ways to deal with stress is through relaxation. Like stress, relaxation means different things to different people. However, there are simple, quick techniques that will help you to deal with everyday stress. The three main areas you should target for relaxation are your breathing, your body and your mind. You can choose to target one area, or work on all three.

Breathing

Breathe slowly and deeply. Try counting while you breathe – one as you breathe in, two as you count and three as you breathe out. Try to breathe deeply into your diaphragm, just under your ribs. This should rise and fall as you breathe.

Body

You may not be aware of your muscles tightening when you are tired or tense. However, in order to relax, you need to be able to recognise the sensation. There are many techniques which loosen and relax tight muscles, such as exercise and massage. While at work you may try tightening your entire body, holding it and then relaxing. Notice how loose your muscles feel as they relax. Alternatively, try looking at your posture and changing it so your muscles feel long, open and smooth.

Mind

When you try to think of several things at once your mind can stubbornly refuse to relax once work is over. To relax your mind try to focus on one thing at a time – a picture or object. You might also try to remember a relaxing place, the colours and the smells. Block out all distraction as you look or remember for several minutes.

A similar technique is to repeat the sound of the word "one". Let distractions pass through without concentrating on them.

Appendix 1: Other health and safety publications

The New Zealand Playground Safety Manual for Early Childhood Services, Primary and Intermediate Schools, Parks and Recreation Departments, by Tom Jambor, David Chambers and Diana Ritchie, 1994. Available from your nearest branch of the Accident Rehabilitation and Compensation Insurance Corporation (ACC).

Breaking the Cycle: Interagency Protocols for Child Abuse Management, New Zealand Children and Young Persons Service, 1996. Available from the nearest branch of the Children and Young Persons Service.

Emergency Procedures; Protocols for Early Childhood Services, Ministry of Civil Defence, 1995. Copies were sent in bulk to national early childhood agencies for distribution to local services in 1995. If you did not receive a copy contact the Ministry of Civil Defence, PO Box 5010, Wellington.

Plants in the North Island Poisonous to Children, Plants in the South Island Poisonous to Children, and the *Poisonous Plants Poster*, Landcare Research New Zealand LTD, 1994. Available from Landcare Research PO Box 40, Lincoln, New Zealand. The cost of the poster is $12.00 including packaging and postage.

Ministry of Health publications

A range of health education pamphlets, posters, stickers and other materials is produced by the Ministry of Health on child health and safety, communicable diseases, dental health, food safety, hearing, nutrition, smokefree and other topics. These are available free from the health education resource provider based in the public health service. Ask for a current catalogue.

Other agencies who can help with health and safety issues:

There are many other agencies who can provide advice and information. Some will be government, local body or professional organisations. Others will be voluntary or support agencies and groups with both national and local offices. Check with your local Citizens Advice Bureau for a contact address and phone number.

- Cancer Society of New Zealand
- Diabetes New Zealand
- Local city and regional councils
- Occupational Health and Safety Service, Department of Labour
- Pacific Islands Heartbeat
- Safekids
- To Hotu Manawa Mäori
- The Ministry of Civil Defence
- The New Zealand Asthma and Respiratory Foundation
- The New Zealand Children and Young Persons Service
- The New Zealand Epilepsy Association

- The New Zealand Heart Foundation

Appendix 2: Selected infectious and notifiable diseases

The following diseases which are explained in this resource must be notified to the Medical Officer of Health (at the public health service) by the doctor who suspects the illness. Early childhood services do not have to notify the Medical Officer of Health if a child develops one of these diseases.

Other uncommon diseases are also notifiable, but have not been included in this list as they are not often seen in an early childhood service.

Notifiable diseases include:

- Acquired immunodeficiency syndrome (AIDS)
- Campylobacteriosis
- Giardiasis
- Hepatitis A, B, C
- Hib (*Haemophilus influenzae* type b)
- Listeriosis
- Measles
- Meningococcal disease
- Mumps
- Poliomyelitis
- Rubella
- Salmonellosis
- Acute gastroenteritis when there is a suspected common source, or in a person in a high risk category (eg, food handler, childcare worker), or serious cases of chemical, bacterial or toxic food poisoning
- Shigellosis
- Tuberculosis
- Whooping cough (pertussis).

For most of these conditions the local public health service may interview the patient and contacts to initiate measures to prevent spread of the disease.

Appendix 3: When to obtain help

Get immediate help from a doctor if you notice a child who:	
General	• has been ill, or is ill and seems to be getting worse • cannot be woken or is responding less than usual to what is going on around them • has glazed eyes and is not focussing on anything • seems more floppy, sleepy or less alert than usual • has a seizure or fit (unless they are already known to have fits or seizures and the parent/caregiver and centre have discussed what to do) • has an unusual cry that lasts for one hour or more • has a bulge or swelling in the groin that gets bigger when the child cries, and does not get smaller or go away when crying stops • has a severe stomach pain that makes them bend over and scream or cry • has been badly injured • has stomach pain without vomiting or diarrhoea after a fall, blow or injury • has fallen and knocked their head and appears dazed or was knocked out for any length of time.
Temperature	• feels too cold or too hot (a temperature of 38.3 degrees or more)
Circulation and skin colour	• body is much paler than usual or suddenly goes very white • nails are blue or big toe is completely white and after squeezing the toe, normal colour takes more than three seconds to return • has a rash which covers a large part of the body • has a blood-red or purple rash of tiny spots or bruises, but has not been injured • goes blue.
Breathing	• goes blue or stops breathing • breathes more quickly than normal, or grunts when breathing • makes a wheezing noise when breathing out • breathes so fast and hard that they cannot speak, eat, cry or play • skin below the ribs sucks in as the child breathes.
Vomiting and diarrhoea	• has vomited at least half of the last three feeds • has green vomit • has faeces that are black or bloody • has vomiting and diarrhoea together, is refusing fluids and has passed less urine than usual.

Appendix 4: Cleaning systems – a sample

The following table shows part of the system for daily cleaning in an early childhood service. This service would also have systems for weekly and monthly cleaning tasks.

What	When	Who	How	Check
Work benches	End of each day	Jane	Wipe with a cloth and detergent to remove dirt and soil	Helen
	Start of day and after use	Person who uses them	Disinfect with bleach, following instructions on label	
Basin and sinks	End of each day	Jane	Following instructions on the bottle of cleaner, wash down and wipe sink, wall surround and bench top	Helen
Floors	As needed and at end of each day	Robert	Wet mop floors, wipe up spills Mop using hot water, detergent and disinfectant Rinse with clean hot water and mop dry	Pam
Rubbish	As needed	Jane	Remove bins/bags from inside area as soon as they are full, to storage or skip	Pam
	End of each day	Robert	Remove all rubbish bags/bins from inside to storage or skip	Pam
Toilets	End of each day	Robert	Clean toilets and wipe around outside of the bowls, the seats and flushing mechanisms with disinfectant	Helen

Appendix 5: Food and nutrition

Ideas for snacks

Fruits

- Fresh fruit: Prepare bite-sized chunks or cut fruit such as kiwifruit in half and serve with a teaspoon. Use seasonal fruit to keep costs down.
- Frozen fruit: This is ideal in the summer. Try banana chunks, orange segments and grapes. Banana chunks need to be dipped in lemon juice or yoghurt before freezing so that they don't turn brown, or freeze whole with skin on and peel and cut before use.

Bread

- Add bread for a more filling snack. Make mousetraps. Bake cheese on toast until it is crisp. This is nutritious and it also makes a great alternative to sweet cakes or biscuits. Look for other ideas with bread in the lunch section.

Muffins, scones and pikelets

- Serve small muffins or half muffins. Some have quite a lot of fat or fibre, so check the recipe or ask the shop you bought them from about the ingredients.

Vegetables

- Serve a selection of well washed raw vegetable sticks regularly. Vegetables such as carrot, celery, broccoli and tomatoes are ideal. Introduce new sorts such as whole mushrooms, cucumber slices and bean sprouts.
- Team vegetables with other foods. Try vegetables with cubes or slices of cheese, with dried fruit, bread or with a dip made from yoghurt, lite cream cheese or peanut butter sauce.
- Plain popcorn is economical. It is great served warm and there is no need to add butter, salt or sugar. Remove any unpopped pieces and remember children should be supervised when they are eating at all times, but especially when they are eating popcorn.

Crackers and plain biscuits

- Buy low salt crackers that are not greasy. Serve the crackers with different toppings. You do not need to spread plain biscuits or crackers with butter or margarine.

Ideas for lunches

Sandwiches and bread rolls

Serve lots of different types and shapes. Remember that very young children should not have too much fibre, so children under two should not have the real wholegrain and coarse seedy breads.

Change the spreads and fillings you use often. Try different combinations, making sure that they do not have too much fat, salt or sugar. Some ideas to get you started:

- mashed egg (with a little milk)
- grated cheese
- lean cold meat
- peanut butter
- tinned fish
- marmite or vegemite

Now add:

- grated carrot
- sprouts, chopped celery, parsley or walnuts
- pickle
- tomato, lettuce or sliced cucumber.

For more variety, roll the bread once the filling has been added, or cut the bread into different shapes – faces, letters, the sun, the moon, etc.

Muffins, crumpets, buns and pita bread

- Spread halved muffins, buns, pita bread or crumpets with fillings. You can also use halved cooked potato or kumara as a base.
- Offer a variety of toppings such as creamed corn, grated cheese, sliced tomato or mushroom, crushed pineapple, finely chopped lean bacon, celery, onion or green pepper.

Ideas for hot meals

Wherever possible make sure that vegetables, cooked or raw, are a part of each meal.

- soup and bread
- macaroni cheese, pizza, spaghetti bolognaise or lasagne
- tomato pasta sauce with slices of grilled sausage, served on pasta or rice
- baked stuffed potatoes
- fish and chicken fingers, microwaved, grilled or baked and served with chunky baked potato chips
- fried rice, noodles in dishes such as chop suey (if you use instant noodles, don't use all of the flavour sachet as it is very salty)

- grilled mince rissoles, shepherd's pie or hamburgers with salad
- nachos with lite sour cream
- quiche and other egg dishes
- fish pie
- hot dogs in bread rolls
- filled pita bread
- salads of potato, pasta and rice.

Ideas for dessert

Desserts should be thought of as an important way to give children nutrients from milk-based foods and fruit, not as a treat or reward. Fresh fruit and/or milk-based desserts are a great way to finish a meal.

Milk-based desserts include:

- baked or instant custard
- rice pudding, sago, tapioca or semolina
- yoghurt and dairy food
- instant pudding
- plain and fruit ice cream.

Fruit-based desserts include:

- fruit salad
- finger food fruit platters, fruit kebabs using toothpicks (for older children only and under supervision)
- stewed fruit and baked apples
- fruit crumble
- fruit jelly or fruit whip.

More food ideas and recipes

Ideas and recipes

Recipes that state the amount of food to be used for each dish will give you a clear idea of the cost of each meal. The following are resources and agencies who can provide you with quantity recipes.

From the National Heart Foundation, PO Box 17-160, Greenlane, Auckland:

- *Heartbeat Recipes and Food Ideas for Caterers*
- *A Little of Lots.* (This publication includes a video, book and teachers notices. The book is available separately.)
- *The Lunch Box.*
- *Yummy Food for Lunchboxes*. Ideas sheets in Mäori and English.

- *Yummy Food*. Posters in seven languages with teaching notes (in English only) and stickers. (English and Mäori).
- *Cheap Eats* by the National Heart Foundation
- *Pacific Island Recipes for the Heart*, the Pacific Island Heartbeat Programme
- *Good Food for Kiwi Kids* by Jenny Carr, Mills Publishing
- *A Food and Nutrition Guide for the Under Fives* by Julie Stufkens, from the Public Health Service, Healthlink South, PO Box 1475, Christchurch
- *Veges for Little Children*, resource kit available from VegeFed, PO Box 10232, Wellington
- *Mini Money Meals* by Alison Holst
- *Low Cost Health Meals* by FOCAS Information Service, University of Otago

Recipe cards from the New Zealand Pork Industry Board, PO Box 4048, Wellington

Quantity Recipe Cards, FOCAS Information Service, University of Otago, PO Box 56, Dunedin.

Resource people

- Public health or Plunket nurse
- Dental Therapist
- Dietitian at your nearest CHE.

Appendix 6: Poisonous plants

Apple of Sodom (*Solanum sodomeum*)	A shrub with prickly stems and leaves. It grows as a weed in the Auckland area. The leaves are round, flat and grey to white on the back. The plant has purple flowers and white berries with green stripes which turn yellow. *Poisonous parts: The berries.*
Apricot (*Prunus armeniaca*)	This is a fruit tree. *Poisonous parts: The kernels are inside the fruit stone. However, they are not poisonous once they have been cooked.*
Arum (*Arum*)	The leaves and stalks of this plant are soft and fleshy. Leaves are long and pointed. The flower is a white sheath which is wrapped around a soft yellow spike. Other forms of the flower may be different colours – yellow, pinks, apricot, for example. Other arums have orange berries on a stalk, or red berries after the leaves die back in the autumn. *Poisonous parts: All parts.*
Bittersweet (*Solanum dulcamara*)	A climbing shrub that grows in swampy areas. The leaves are made of three ovals and may be striped with yellow. The plant has groups of droopy purple and white flowers with red or yellow-green berries. *Poisonous parts: All parts, especially the berries.*
Boxthorn (*Lycuim ferocissimum*)	This shrub is often grown as a hedge. The branches end in a thick spine. The leaves are small and grouped together. Flowers are white and appear alone or in pairs. The plant has red berries. *Poisonous parts: Berries.*
Buttercup (*Celery leaved*) (*Ranunculus sceleratus*)	This low spreading plant grows in wet areas. The stems are thick and stand up. They are shaped like the leaves of celery, are hollow and have many fine grooves. Flowers are small and a bright golden-yellow. *Poisonous parts: Leaves and flowers.*
Calico bush (*Kalmia latifolia*)	This is a shrub that has leaves all year round. It is often grown in gardens. The leaves are pointed and stiff. Flowers appear in groups. They are cup-shaped with pink petals and a pointed tip. *Poisonous parts: All parts.*
Cape tulip (*Homeria collina*)	This plant grows from a bulb. Each bulb had one long thin leaf like a strap that can grow up to one metre long. The flowers appear all the way up the stem in spring. They are lemon or salmon coloured. The plant is often grown in gardens and spreads very quickly if it is neglected. Any large groups of plants should be reported to the Ministry of Agriculture who will destroy it. *Poisonous parts: All parts are very poisonous, even when they are dead and dry.*
Castor oil plant (*Ricinus communis*)	This is a tall spreading shrub that is often grown in gardens. The leaves are made of five ovals and a dark plum colour. The small flowers are a similar colour. The plant grows seed pods that are deep red and covered with spikes. *Poisonous parts: Seeds.*

Daphne (*Daphne spp*)	This is a low growing shrub. The leaves are soft green and pink-white flowers appear in groups during spring. The plant is often grown in gardens for the flowers which have a very strong sweet smell. *Poisonous parts: All parts.*
Elephant ear (*Alocasia macrorrhiza*)	This plant has long shiny heart-shaped leaves, each attached to one stalk. The stalks are thick and round. A spike of flowers appear on the upper part of the stalk, surrounded by a cream or green sheath which is pointed and open along one side. Berries that turn red when they are ripe cover the bottom half of the spike. *Poisonous parts: Flowers, leaves and stems.*
English yew (*Taxus baccata*)	This is a tree or shrub that keeps its leaves all year round. It has red-brown scaly bark and branches that spread out sideways. The leaves are like tiny needles. The tree produces small round red berries around a brown oval seed. *Poisonous parts: The brown seed inside each berry.*
Foxglove (*Digitalis purpurea*)	The leaves of this plant are a soft green and grow in low clumps. Tall stems up to one metre tall are covered in white to purple bell-shaped flowers. The plant often grows in waste land. *Poisonous parts: Leaves and seeds.*
Hemlock (*Canium maculatum*)	This is a weed with stems that grow up to two metres tall. They have purple flecks or spots. The leaves are like parsley and the flowers are white. *Poisonous parts: All parts are very poisonous, even when they are dead and dry.*
Henbane (*Hyoscyamus niger*)	This plant is sticky and smells foul. The leaves are divided and flowers are yellow with purple lines. *Poisonous parts: Seed and fruit.*
Holly (*Ilex aquifolium*)	This tree is often grown in gardens. The leaves are dark shiny green with thorns, and may be striped with yellow or red. The tree has small red berries in winter. *Poisonous parts: Berries.*
Horse chestnut (*Aesculus hippocastanum*)	This large tree is often grown in gardens and loses its leaves in winter. The flowers are pink or white and stand up like a candle on the leaves. The tree produces fruit in a prickly capsule which has a fat round seed like a chestnut. *Poisonous parts: Sees.*
Inkweek (*Phytolacca octandra*)	This weed is found in the North Island. It is a soft woody plant that grows up to two metres high. The plant has pointed leaves and flowers in a red to black spike like berry fruit. *Poisonous parts: Berries, leaves and root.*
Ivy (*Hedera helix*)	A green climbing plant that keeps its leaves throughout the year. The leaves are made of tree ovals each ending in a point. They are shiny and dark. The leaves may also have creamy yellow stripes or have blotches and spots of creamy yellow. *Poisonous parts: The fruit of some plants. People with sensitive skins may also develop a rash after touching the plant.*

Ivy, Poison (*Rhus radicans*)	A shrub that is not often found in the garden, or a climbing plant which sometimes grows along fences. The plant has small round white fruit. *Poisonous parts: The climbing plant is very poisonous when touched. The shrub may also cause a rash and swelling if it is touched by people with sensitive skins.*
Jerusalem Cherry (*Solanum pseudo-capsicum*)	This is a small branching shrub that keeps its leaves throughout the year. The leaves are pointed. The flowers are white and shaped like stars. The plant also has berries which are round and green, turning bright shiny orange when they are ripe. *Poisonous parts: All parts, particularly the berries.*
Karaka (*Corynocarpus laevigatus*)	This is a native tree with very shiny dark green leaves. The flowers are small and green. The tree has fruit that are bright orange when ripe. Inside the fruit is a stone or kernel which is covered with stringy fibre. *Poisonous parts: The kernels of the fruit.*
Kowhai (*Sophora microhpylla*)	A small native tree. The leaves are made of many tiny round leaflets that look like green raindrops. The tree has drooping yellow flowers which develop into long pea-shaped seed pods. *Poisonous parts: All parts, but mainly the seeds.*
Laburnum (*Laburnum anagyroides*)	The leaves of this shrub are oval and soft green. The flowers are yellow and hang in groups like a bunch of grapes. The shrub has long, light brown seed pods and black seeds. *Poisonous parts: All parts, especially the seeds.*
Lantana (*Lantana carmara*)	A creeping shrub with prickly stems and leaves that have points around the edge. The flowers open in groups and can be a number of different colours. The fruits also appear in groups and are green, but turn purple or black as they ripen. *Poisonous parts: The fruit.*
Lily-of-the-Valley (*Convallaria majalis*)	A low plant that grows from a thick root which creeps under the ground. The flowers are like tiny white bells with several on each stalk. The flowers smell sweet. *Poisonous parts: All parts, especially the seeds.*
Milkweed (*Euphorbia peplus*)	A very common weed. This plant can grow up to 50 cm tall, although it is usually much smaller. The plant has soft, light green leaves and yellow–green flowers. The stems are filled with a milky fluid. *Poisonous parts: The fruit and leaves.*
Ngaio (*Myoporum laetum*)	A shrub or native tree which can grow up to eight metres tall. The leaves are sticky before they open. They are green, smooth and covered with small glands that look like white spots. The spiky white flowers, spotted with purple, appear in groups. The fleshy, juicy fruit is a red-purple. *Poisonous parts: The fruit, leaves and any other green parts.*
Nightshade, Black (*Solanum nigrum*)	This plant is a very common weed in gardens and waste land. It can grow up to one metre high and is a spreading leafy plant with many branches. The leaves are dark green. The flowers are small and white. The plant also has round green berries which turn black as they ripen. *Poisonous parts: The leaves and green berries.*

Nightshade, Deadly (*Atropa belladonna*)	This is a leafy plant like a shrub. It is occasionally found in the north of New Zealand, but is very rare in other areas. The leaves are dull green. Flowers are a light purple-blue and appear alone. The fruit are green berries which turn black as they ripen. *Poisonous parts: All parts are very poisonous.*
Oleander (*Nerium oleander*)	A large shrub that is often grown in gardens. It has long leathery leaves. The flowers may be pink, red or white. *Poisonous parts: All parts, especially the leaves and flowers.*
Onga-onga or Tree Nettle (*Urtica ferox*)	This is a spreading shrub with many branches that can grow up to two and a half metres high. The shrub grows around the edge or inside damaged forests. The leaves are light green and oval, with tiny points around the edge ending in a tip. The top and bottom, middle line and veins of the leaves are covered with fine white hairs. The hairs are also on the stem and stalks. *Poisonous parts: The fine white stinging hairs are violently poisonous and can cause death if people are badly stung.*
Peach (*Prunus persica*)	A fruit tree that is often grown in gardens. *Poisonous parts: The raw pip that is found inside the fruit stone.*
Poppy (*Papaver spp*), includes Iceland, Shirley and Oriental poppies	These plants are sometimes grown in the garden. Others grow in fields and wasteland, but are not common. *Poisonous parts: The unripe seeds.*
Poro poro (*Solanum aviculare*)	This shrub grows up to two metres high. The stems are green or purple and the flowers are purple-blue. Leaves are dark green with lines or creases, sometimes divided into ovals. The shrub has green berries which turn orange as they ripen. *Poisonous parts: The leaves and green berries.*
Potato (*Solamun tuberosum*)	A vegetable that is often grown in the garden. The plant has white star-shaped flowers and green berries. *Poisonous parts: Green potatoes and the berries.*
Privet (*Ligustrum vulgare*)	A shrub that never loses its leaves and is often grown as a hedge. The shrub has dark green leaves and small white flowers. The fruit is like a small black berry. *Poisonous parts: The leaves and fruit.*
Queen of the Night (*Cestrum nocturmum*)	A shrub that never loses its leaves and produces a sweet scent during the night. The leaves are long and shiny. Flowers are green-white thin tubes and one group appears on each stem. The shrub has round or oval green berries which turn white as they ripen. *Poisonous parts: All parts.*
Rangiora (*Brachyglottis repanda*)	This is a native spreading shrub. The stems are grey-white. Leaves are large and oval. They are soft green on the top and white underneath. The drooping flowers are cream and appear in groups. *Poisonous parts: All parts, especially the flowers and sap.*

Rhododendron (*Rhododendron spp*)	These shrubs may lose their leaves in the winter or keep them throughout the year. The shrub is often grown in gardens, and has many branches with oval leaves. Many tube or funnel-shaped flowers appear in groups. The shrub also has an oval fruit pod. *Poisonous parts: All parts.*
Spindle Berry (*Eunonymous europaeus*)	This pretty shrub or small tree is often grown in gardens. It loses all leaves in winter. Leaves are oval, green and pointed. The shrub has bright pink fruit that split open to show bright orange, pointed seeds. *Poisonous parts: The fruit and leaves.*
Thornapple or Jimsons Weed (*Datura stramonium*)	This plant grows and dies off each year. It can grow up to one and a half metres high. The leaves have points around the edges. The flowers are white and funnel-shaped and they appear alone. The plant has brown seeds that are shaped like a kidney and grow in round prickly pods. *Poisonous parts: All parts, especially the leaves, seeds and nectar on the flowers.*
Tutu (*Coriaria spp*)	This is a low growing native shrub. The leaves are dark green ovals with a pointed tip and round base. The flowers are small and green. The shrub has purple-black fruit that grow in thick juicy petals. New shoots and branches grow from the base of the shrub. *Poisonous parts: All parts, except the soft, black petals.*
White Cedar (*Melia azederach*)	A tree that is often grown in gardens. It has thick bark with deep grooves and loses its leaves during winter. The flowers are purple and have a very sweet scent. The tree also has small yellow fruit. *Poisonous parts: The fruit.*