



RHODES UNIVERSITY

Rhodes Day Care Centre

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Health Policy

1. Preamble

A Day Care Centre is a wonderful place for young children to learn and thrive in. It is, however, also an ideal environment for germs to grow and be passed on between children or between staff and children. In order to try and prevent these as much as possible, certain guidelines should be followed in a day care facility such as ours. Please note that the centre is not equipped to cater for sick children

This document highlights the infectious childhood diseases and the guidelines thereof as well as the general hygiene issues. The guidelines which apply to HIV/AIDS are also dealt with herein. If these are not adhered to on more than one occasion, the Rhodes Day Care Centre Management Committee reserves the right to exclude the child from the Centre.

2. Guidelines

Infections are the most problematic illnesses because they can spread from child to child, from child to staff member, and from staff member to child. By the time symptoms appear with most infections that are contagious, the germs will have already been spread the day before or in the hours beforehand.

Infections can be reduced to a great extent through hand washing. This is probably the most important aspect of all. It is something we emphasize while the children are at the Day Care Centre. Please make sure that your children do this at home as well. It is not necessary to use disinfectant soaps – plain soap is quite adequate.

2.1 Generally speaking any child with an unidentified rash or a high fever should not come to the Day Care Centre until seen by a doctor or fully recovered.

Please use common sense when deciding whether or not to send your child to the Day Care Centre when ill. A sick child will probably be more comfortable at home as the child will need the kind of individual attention which the staff cannot and should not be expected to provide. Also, at home, a child will not pose a health risk to other children at the centre. Please seriously consider taking leave (family responsibility) to look after your child if you are unable to find someone to care for the child at home.

2.2 If a child becomes seriously ill while they are at the Day Care Centre, the Co-ordinator, Mrs Bukiwe Wakashe, will inform the parent and ask if the parents can collect their child and express the urgency of the matter.

2.3 Parents should ensure that they or a responsible person are contactable at all times, especially should an emergency arise. Please ensure that the Co-ordinator has the details of anyone else

(i.e. other than a parent) who should be contacted at a particular time.

2.4 Day Care staff should not normally be expected to administer medications to children. If a child is taking a prescribed medication, it would need to be clear why this needs to be given at the Day Care (e.g. for asthma). All medication must be clearly marked with the child's name and details for administering. There should be no possibility of different medications of different children being confused, and the Day Care Centre cannot take responsibility should this happen if the medication is not adequately labeled. Non-prescribed medicines (e.g. supplements) cannot be administered by Day Care staff.

2.5 Parents are required to provide appropriate toiletries for children who are in nappies e.g. nappy creams. It is against policy to use such toiletries for more than one child e.g. the Centre will not have a bottle of Vaseline on hand, in case parents do not or forget to send nappy creams. Also, no child's nappy cream or Vaseline will be used for other children as this can also lead to infection spreading.

3. Infectious Childhood Diseases

Below are some examples of infectious childhood diseases, which should not be allowed into the Day Care Centre. Please note that this list is by no means comprehensive. Please consult your doctor and the Co-ordinator, Mrs Bukiwe Wakashe, if you are unsure as to whether your child should attend the Day Care Centre.

3.1 Colds and flu

Colds and flu are commonly spread in day care centres. Hand washing is vital in reducing this spread. Careful disposal of tissues used to blow childrens' noses, and then washing of hands should be observed. Children who are feverish (have a high temperature) should not be brought to the Day Care Centre. Please ask your doctor whether or not you and your children should get a flu vaccine every year.

3.2 Chickenpox

Chickenpox is recognizable by a rash which is itchy and is usually first noticed when blisters are seen. It usually begins on the body and then moves to the face. Chickenpox is contagious from 1-2 days before the onset of the rash, and until all the lesions have formed scabs and the scabs have fallen off. Children must be kept away from the Day Care Centre until ALL lesions have disappeared. This usually takes at least two weeks. Children should as far as possible have been vaccinated against chickenpox.

3.3 Conjunctivitis

Conjunctivitis is an inflammation of the membrane that covers the whites of the eyes and lines the inside of the eyelids, causing redness. Viral conjunctivitis, commonly called "pink eye" is a notifiable disease. The children must by law be removed from the Day Care Centre until the eye has completely healed. Once again, hand washing is vital in preventing the spread of this virus. In bacterial infections yellow, thick pus is seen in the corners of the eyes. Bacterial conjunctivitis is highly contagious and hence should be treated with antibiotic eye-drops at home until the pus has disappeared. In allergic conjunctivitis, both eyes are usually affected,

and the discharge is usually clear.

3.4 Diarrhea and vomiting

If a child has persistent loose watery stools and / or vomiting, he / she should be kept at home. Even with good hygiene measures such as hand washing after nappy changes, mopping of floors etc., the illness is easily spread to other children at the Day Care Centre. Furthermore the staff are not able to deal with the care of a vomiting child as well as their normal duties.

3.5 Head lice

Head lice are small, flat, wingless insects that infest the hair on the human head. The symptoms are intense itching, tiny red spots on the scalp and small pearly white eggs covering the roots of the hair. Special head lice shampoos and nit combs can be obtained from the chemist. The rest of the family must be treated and the child should only be allowed back at the day care center once he / she has been successfully treated.

3.6 Impetigo

This is a bacterial infection that is most commonly seen around the lips, nose and ears. The characteristic rash starts as small blisters, which then break and crust over to become yellow-brown scabs. Although not serious it is highly contagious and must be treated with an antibiotic or antiseptic cream. The child should stay at home until the infection has cleared.

3.7 Measles, mumps and rubella

All 3 illnesses are highly infectious but preventable by immunization. Isolated cases can still occur and must be diagnosed and treated by a doctor. Generally speaking no children with unidentified rashes or high fevers should be allowed to come to the Day Care Centre until seen by a doctor or fully recovered.

3.8 Ringworm (Tinea)

This is a contagious fungus infection which starts as a small pimple becoming larger leaving a scaly patch red on the outside and lighter in the middle. If it is on the scalp it may leave a temporary patch of baldness. Ringworm is spread by direct or indirect contact. It must be treated with fungus-killing cream (or tablet/liquid), complete the treatment, even after the symptoms disappear. Personal items such as towels, combs should not be shared with others. Also children should be kept at home until treated.

4. HIV/AIDS

The issue of the management of the HIV/AIDS at the Day Care Centre is obviously of concern to parents. The following guidelines apply:

4.1 No discrimination and fair treatment of all children

No child will be excluded by the Day Care Centre if s/he is suspected of being or is HIV positive unless his/her condition is such that the child poses a risk to other children(e.g. child has uncontrolled TB, pneumonia, shingles, chronic sick condition with open sores). All

children, irrespective of their HIV status, will be treated the same. In the management of HIV, the assumption is that all children are HIV positive and therefore precautionary measures are always taken.

4.2 Disclosure of status

No parent will be required to disclose the HIV status of his/her child. However, the parent with an HIV child is encouraged to inform the Co-ordinator of the Day Care Centre so that she can assist in managing the issue e.g. in the event of an outbreak of a disease at the Day Care Centre to which the child with HIV, would be particularly vulnerable. The Co-ordinator will discuss with the individual parent where the positive HIV status may be disclosed to other members of the staff and members of the Management Committee of the Day Care Centre.

4.3 HIV precautions

Should a child injure him/herself which results in bleeding, the caregivers will immediately ensure that the other children do not come into contact with the blood of the injured child. A staff member dealing with the injured child will wear disposable, plastic gloves to prevent any infection either to the staff member or to the child. The bleeding area on the child will be cleaned and a plaster placed on the relevant area. Should blood spill onto any surfaces, these are immediately wiped with diluted bleach.

With the changing of nappies, caregivers are required to wash their hands with disinfectant after changing each child. Should a caregiver have an open sore/wound on his/her hands and if a plaster covering the sore is not adequate, s/he will be required to wear disposable gloves when changing a child. If a child has an open wound in the nappy area, the caregiver will use disposable gloves when changing that particular child's nappy.

4.4 Biting incidents

If a child has been bitten while at the Day Care Centre, the parents will be informed telephonically if the skin has been broken. It is the parent's responsibility to take their child to the doctor and obtain treatment. If the skin is not broken the parents will be informed when they collect their child as it is unlikely that any immediate treatment is necessary.

Written for the Day Care Centre by Dr Barbara Bull, Grahamstown in April 2003.

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