

# Childcare and children's health

HEALTH CARE INFORMATION FOR CHILDCARE STAFF AND FAMILIES  
FROM THE ROYAL CHILDREN'S HOSPITAL, MELBOURNE

## Meningococcal disease

Young children under five years of age and young adults aged 15 – 24 are at the highest risk of acquiring meningococcal disease. Since these age groups match the age groups represented by children attending child care and many young adults working in child care, this topic is of particular note.

### What is meningococcal disease?

Meningococcal disease is a rare but very serious illness that occurs in two main forms. Meningococcal septicaemia occurs when the meningococcal germ invades the blood stream and causes blood poisoning, which is a more widespread infection throughout the body. Meningococcal meningitis occurs when the germ infects the outer lining of the brain and the spinal cord to cause inflammation.



MENINGOCOCCAL DISEASE CAN DEVELOP EXTREMELY RAPIDLY AND REQUIRE IMMEDIATE ATTENTION

The meningococcal germ invades the body through droplets that have been shed from the throat or nose of a carrier. One person in ten is a carrier of the meningococcal bacteria, and these people carry the germ

without ill effect. The disease does not occur in people who carry the germ rather it occurs in people who have recently acquired the germ from a healthy carrier. The disease is difficult to spread but may be passed on from person to person by sharing saliva, for example by mouth kissing or sharing drink bottles. The bacteria is only spread by close and prolonged contact with the carrier and thus family members, close friends, and kissing contacts of the individual who has contracted the disease are at a high risk. There is usually a seasonal increase in the winter to early spring months. This in turn, is of particular significance for childcare settings as they are an extended close contact situation and many children are in care for an extended number of hours.

### What are the symptoms?

Early meningococcal disease symptoms can be very similar to a flu or heavy cold leading to potential delay in diagnosis. Symptoms include:

- headache,
- fever,
- neck stiffness,
- nausea,
- vomiting,
- photophobia (sensitivity to light) and altered mental state,
- a rash of purplish red spots may also develop. The rash may start anywhere on the body as tiny red or purple spots but then soon spreads to look like fresh bruises. The rash does not fade when pressure is applied to it.

VOL. 5 NO. 2 JULY 2002

### C O N T E N T S

Meningococcal disease	1-2
Update: Colds and flu	2-3
Partnerships with families: Resources for accreditation	3-4

In young babies symptoms may include:

- refusing feeds,
- vomiting,
- a high pitched moaning cry,
- irritability and a dislike of being handled,
- a blank staring expression,
- lethargy or drowsiness and
- a pale blotchy complexion.

For people who become sick the average time between being infected and becoming ill is about 4-5 days but can be up to 10 days. About a quarter of people who recover from the disease experience after effects. Some of them include headaches, deafness in one or both ears, tinnitus (ringing of the ears), blurred and double vision, aches and stiffness in joints and learning difficulties.

**Even with antibiotic treatment meningococcal disease can cause hearing loss, brain damage, limb loss or death. This disease can develop extremely rapidly and require immediate attention.**

### Precautionary measures

Basic hygiene can help to prevent meningococcal disease, such as washing of hands and covering of nose and mouth when coughing and sneezing as well as teaching children not to share spoons, cups, bottles etc. Adults also should not share personal items that may have saliva on them.

### Meningococcal vaccination – NEW

There are at least 13 different strains of meningococci. However in Australia strains B and C account for almost all cases. There is a new vaccine now available that will help protect against strain C. This new vaccine known as

Meningococcal Group C conjugate, is highly effective at preventing strain C disease at all ages including infants from six weeks of age and young adults. This vaccine will likely produce long lasting immune response for those who are immunised.

The vaccine is available via private prescription. Infants younger than 12 months require 3 dosages of the vaccine with the first dose given no earlier than six weeks of age and with an interval or at least one month between dosages. Persons older than 12 months of age require a single dose. The vaccine is administered via an intramuscular injection usually given into the thigh for infants and the upper arm for young adults. Either a general practitioner or a maternal health care nurse may give the injection.

The vaccine costs about \$70 per dose. At present the government does not fund this vaccine unless there is an outbreak, however it is possible that it can be partially paid for by private health insurance under extras cover. This new vaccine is not included in the Australian Government's schedule of immunisation, however children can receive the immunisation in addition to the schedule.

The side effects most common in all age groups are redness, swelling and tenderness and or pain at the site of the injection. Children may also experience low grade fever, crying, irritability, drowsiness, impaired sleeping, loss of appetite, diarrhoea and vomiting. There have been no documented effects to the foetus of the mother who has received the vaccination whilst pregnant.

*Related accreditation guidelines*

*QIAS: Principles 7.1, 8.4, 8.3, 8.2*

*FDCQA: Principle 4.1*

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## UPDATE: Colds and flu

### Interesting research findings

A recent American longitudinal study of children who attended different child care settings early in life found that compared with children who stayed at home, those who attended large child care centres had more frequent colds at 2 years of age and less frequent colds at 6 through 11 years.

The conclusion that attendance at large child care centres was associated with more common colds during the preschool years supports the observations of many parents and professionals. It is comforting to note that early exposure to large group settings assisted in protecting against the common cold in the early school years and that

by 13 years of age they had similar chances of catching colds regardless of the early care settings attended.

**Ref: *Archives of Pediatric and Adolescent Medicine, 2002;156:121-126***

### Up to date information on colds and flu

**NOTE: The information outlined in the articles on Colds and Flu (March, 1998) and of Noses are Infectious (May, 1998) and in the Parent Information Sheet on Cough and Cold Medications is still current**

### Other related former publications/contacts:

***Parent Information Sheet on Signs of Serious Illness***  
***Parent Information Sheet on Fever***

### Key Points to remember:

- Most children will get better without treatment within five to seven days
- Preschool children might have more than 4 to 8 or more coughs and colds per year
- Coughing is usually helpful because it removes secretions from the lungs and prevents further illness
- Parents may feel a cough is worrying or annoying, but if it is not distressing to the child it is unlikely to require treatment
- Cough and cold medications should generally not be used; they have not been shown to be effective, and can cause unwanted side effects.
- Chest rubs are of little benefit. Accidental swallowing of them can cause serious illness. Do not apply them to nostrils or clothes that may be sucked.

### Current national health campaign

You may be aware of a current national community health campaign by the National Prescribing Service, a non-profit organisation which works in partnership with health professionals, government, industry and consumers. The campaign "Common colds need common sense" aims to educate people about managing winter coughs, colds and flu without the use of antibiotics. The campaign aims to address the continuing high rate of inappropriate use of antibiotics for these illnesses; colds are caused by viruses and antibiotics have no effect on them.

Source: [www.gottacold.com](http://www.gottacold.com)

*Related accreditation guidelines*

*QIAS: Principles 8.2, 8.3, 7.1*

*FDCQA: Principle 4.1*

## Partnerships with families: Resources for accreditation

The new quality systems of the National Childcare Accreditation Council (NCAC): Quality Improvement and Accreditation System (QIAS) for long day care centres and Family Day Care Quality Assurance (FDCQA) for family day care schemes are constructed upon Quality Areas/Quality Elements which have been defined through sets of Principles. The *QIAS Source Book* (2001) and the *FDCQA Quality Practices Guide* (2001) provide clear information to support the meaning and intent of these important aspects of quality for those involved in the accreditation process.

Implicit in both quality systems is the assumption that the onus for currency of information will fall on the participating services. This will mean that service providers will use the *Source Book* and *Quality Practices Guide* as the main starting points in the accreditation process but not be limited by them for up to date relevant information.

The Editorial Board of *Childcare and children's health* aims to support NCAC's quality systems through the provision of some up to date resources and information that are disseminated widely to the child care sector. This quarterly newsletter and the website [www.econnections.com.au](http://www.econnections.com.au) as well as other publications from the Centre for Community Child Health aim to complement information about quality child care provided by the NCAC.

Developing partnerships with families using children's services is an underlying aspect throughout the two

quality systems. Families' views and perspectives are integral to achieving good quality practice throughout all aspects of both centre based and family day care.

FDCQA Principles 1.2 and 1.3 stress the importance of effective open communication with families for consultation and sharing of information to enhance care for the children. Principles in Quality Element 6 emphasise the importance of efficient and ethical ways of managing information about carers, children and families and sharing administrative and management details.

In the QIAS, attention is similarly drawn to the high value of openness and partnership between staff and families in Quality Area 3. Clear channels of communication are essential if the organisation is to operate in a positive and healthy way for all parties. Effective management (Principle 10.1) includes consultation with all stakeholders in order to achieve an environment that fosters positive relationships for children, families and staff.

Ideas for developing positive relationships, sharing information and communicating well with parents are basic in good early childhood services. However, following through with strategies for implementing and monitoring the effectiveness of these ideas is never simple. We can all benefit from fresh considerations on how to raise our benchmark.

Selections of the following publications from the Centre for Community Child Health are highly recommended for

your bookshelves. You may find some up to date commentary and practical assistance from them as you work towards improved management strategies as well as improved communication skills and practices.

***The heart of partnership in family day care: Carer-parent communication***

This publication was developed for family day care coordination unit staff and carers to support them in their communication with each other and with the diverse range of families who use the service. The booklet has been designed to support reflection on ways carers communicate with parents and provides suggestions to improve communications between carers, coordination unit staff and parents. It has been made available to all family day care schemes and to every carer across Australia.

***The cornerstone of quality in family day care and child care centres***

This is a resource booklet for staff in family day care coordination units and in child care centres to support the development of parent-professional partnerships. Included in this booklet is a brief discussion of areas to consider in parent-professional partnerships and some key questions, strategies and desirable outcomes to support reflection, self-evaluation and continuous improvement.

There is increasing recognition that while children's services focus primarily on the well being of the child, they cannot do so without seeing the child in the context of the family, culture and community. Working in partnership is difficult and challenging. It requires considerable competence, confidence and support on the part of the professional, if true partnership is to happen it must be understood and embraced by the professionals and the parents.

***Sharing a picture of children's development: A communication framework for child care staff and parents***

This is a communication strategy that provides a framework to support staff and parents to build on the informal communication that occurs between staff and

parents. It explores ways in which staff and parents can create a picture of the child together and gain insights from each other.

***Partnerships for children – parents and community together***

This provides a summary of the seminar presented in 13 locations across Australia. It includes copies of the 3 presentations (by Gay Ochiltree, Anne Stonehouse and Janet Gonzalez-Mena) relating to the partnerships we form with the aim of improving outcomes for children.

For copies of any the above, please contact The Centre for Community Child Health on 03 9345 6150.

***Related accreditation guidelines***

***QIAS: QA 10, QA3 (Principle 10.1)***

***FDCQA: QE 6, 1 (Principles 1.2 and 1.3)***



LOOK FOR UP TO DATE INFORMATION IN REPUTABLE PUBLICATIONS

**Childcare and children's health**

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THE CENTRE FOR COMMUNITY CHILD HEALTH Tel: (03) 9345 6150 Fax: (03) 9345 5900 Email: archerc@cryptic.rch.unimelb.edu.au