

Childcare and children's health

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

Hand Washing and Nose Wiping

Many staff and carers who work with young children would agree that hand washing and nose wiping, particularly in the colder months, are frequently performed and often tedious tasks.

In order to minimise the risk of cross infection in group child care, it is essential that both staff and children learn and consistently implement appropriate hand washing and nose blowing procedures. Family Day Care Quality Assurance (FDCQA) and the Quality Improvement and Accreditation System (QIAS) both identify requirements for developing and maintaining appropriate hygiene systems as an aspect of quality practice.

Hand Washing

Carers and staff who work with children in child care settings are generally familiar with good hand washing hygiene practices. These practices should ensure that hands are washed:

- upon arrival/departure from the service
- after nappy change and toileting of self or children
- before and after eating or handling food
- after dealing with body fluids eg. blood, nose secretions, vomit
- after cleaning or handling garbage
- after handling animals.

It is recommended that children and staff wash their hands using liquid soap for 10-15 seconds, rubbing all hand surfaces thoroughly, rinse with running warm water and dry with a clean paper towel which can be used to turn the tap off.

Nose Wiping

Procedures for nose wiping include:

- use of gloves and clean tissues which must be disposed of safely and appropriately
- hand washing.



A POSTER TO REINFORCE THE CORRECT HAND WASHING STEPS FOR CHILDREN IS AVAILABLE FROM THE CENTRE FOR COMMUNITY CHILD HEALTH. FOR FURTHER DETAILS CONTACT TEL: (03) 9345 6150 OR EMAIL: enquiries.ccch@rch.org.au

It is important to note that the use of sandwich bags rather than gloves for nose wiping and tissue disposal is no longer recommended practice due to this being a choke hazard for children and a cross contamination risk.

Hand washing and nose wiping practices can be augmented by actively involving children in performing these tasks. The process of young children acquiring and managing skills for themselves is a vital part of children's development and staff and carers play a fundamental role in facilitating, supporting and extending children as they move toward independence.

To support children, carers and staff need to accept children's efforts and provide them with strategies and support to build upon these. When children attempt to

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wash their hands or wipe their noses, an adult response such as “Yuk, you missed a bit – come here and I’ll do it for you!” is tantamount to telling a child not to bother trying as their efforts are unappreciated. Apart from this being a negative outcome for children, it will also ensure that staff and carers are required to be primarily responsible for children’s nose wiping and hand washing for a lot longer than they would like to be. A more appropriate response would be “Well done! Let’s look in the mirror and see if there is more that you can wash/wipe”. This response will allow the child to ‘own’ their development and at the same time enables the adult to positively guide the child’s skill development.

Some other practical activities and procedures which will assist children to develop independent hand washing and nose wiping include:

- ensuring that tissues and hand washing requirements are easily accessible to children
- ensuring that bathroom areas are kept clean and tidy
- talking with children about why these activities are important – don’t expect them to accept the ‘because it is’ explanation
- placing posters and signs which show good hygiene practice at child height. Ideally these posters would be of the children themselves
- engaging older children in literacy activities such as story writing, story time and drawing/writing activities about hand washing and nose blowing

- incorporating songs/rhymes into transition activities which involve hand washing
- small group times to discuss and practise nose blowing techniques
- modelling and talking about appropriate hand washing and hygiene practice with children spontaneously throughout the day.

By accepting and promoting even very young children’s efforts to care for themselves, staff and carers can foster in children not only positive self-care skills, but also an increased sense of self esteem, and willingness to accept challenges.

QIAS Principles: 5.3, 6.1, 6.2, 6.2, 6.4, 7.1, 8.3, 8.4.

FDCQA Principles 3.1, 3.2, 3.3, 3.4, 3.5, 4.1.

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National Childcare Accreditation Council.**

Resources

Aronson, S. (2002) ‘2002 Update on Hand Hygiene in Child (Day) Care Settings’ in Child Care Information Exchange, 3, 60-61.

www.econnections.com.au

www.microbe.org/washup/when-wash.asp

www.kidshealth.org.au

Connections between personal experiences of care and caring practices

Childcare professionals (carers) are invariably engaged in work with young children that is all consuming physically, intellectually and emotionally. On a daily basis they are expected to concentrate their knowledge, experience and energy on responding sensitively to children’s needs. The quality of care that carers provide for young children is crucial for optimum early development and forms the basis for later relationships and wellbeing.

While we recognise the importance of family and background with young children, we tend to ignore carers’ backgrounds and personal experiences. If, as a recent Australian study (McBride, 2000) indicates, many carers care for young children in ways that they were cared for, then to ignore personal experiences may be problematic for carers and children. Where personal experiences of carers intervene in attitudes and activities

of care, their care for children may reflect their own experiences and needs rather than the experiences and needs of the children. Such care may prove harmful to children by creating or increasing stresses on children who may have ‘stretched lives’ already.

Consider how and why a carer, who will be called ‘Jan’ cares for young children in a child care setting and what impact this care might have on the child’s emotional state. Ask yourself: Could such care heighten stress in a child?

Jan described herself as “sensory deprived” and someone who did not engage in physical intimacy of gentle touching and cuddling with children. She recalled a childhood where physical violence was common and unpleasant or “stressful”. She commented that her mother and father argued a lot



UNDERSTAND THAT YOUR 'REALITY' MAY DIFFER FROM CHILDREN'S 'REALITIES' TO PROVIDE SENSITIVE CARE FOR YOUNG CHILDREN.

and her father drank a lot and that she came from a “bit of a tense background”. She spoke angrily about her mother and father and the discipline that she received. She recalled that she “got the strap for doing whatever” and that her father was “sort of physical” adding that her “mother was just as bad”. Jan described herself as not being close to her mother or father and not having “a close bond”.

Jan recalled caring experiences that continued to impact on her caring interactions with young children. She described the following incident with a two and a half year old child, Daniel:

He insists on coming and sitting on my lap all the time and wanting me to read to him. I don't like it. I usually stand up, then. I feel that he's craving a lot of one to one, but I end up saying: Daniel, I'm not here for you.

Jan was not able to feel attached to the children and the dislike of being touched was evident in her caring interactions. Seemingly, the strength of her own feelings about physical contact, albeit negative, made it impossible

for her to ‘grasp the reality’ of the child and his physical and emotional needs. Such incidents were frequent for this carer. Of concern for the wellbeing of children is that carers, like Jan, who cannot empathize with others’ feelings are more likely to become insensitive to others and even become careless with the lives of others.

McBride’s (2000) study of carers showed that:

- many carers continue to care for children as they were cared for as a child regardless of their knowledge about children’s development
- carers’ early personal experiences of ‘mothering’ and being cared for has formed the basis of their understanding of children’s emotional and physical needs
- carers used their own experiences of being cared for to make sense of what they saw with children. Therefore, their own experiences, both positive and negative, often became the basis for their relationships with children.

Clearly, if carers are serious about how they interact with young children and their families, they need to revisit their own early experiences of care within training programs and in-service courses. As carers explore their personal experiences of being cared for, attitudes and motivations that influence current caring practices will emerge. Once carers understand that their ‘reality’ may be different from children’s ‘realities’ they can better provide sensitive care and hopefully, minimise stress in the lives of young children.

Reference

McBride, N. (2000). *Mothering matters: Being prepared to care*. Unpublished Doctoral Thesis, Queensland University of Technology, Brisbane.

QIAS - QA 1, QA 2, Principle 6.4.

FDCQA - QE 1, QE 3, QE 5.

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**“Child care professionals
make a difference in the lives
of children, families and
society.”**

Asthma and the Under 5's

One of the Parent Information Sheets from Childcare and children's health covers the topic of Asthma and the Under 5's. It is timely to refresh your understanding and seek training from a recognised asthma authority in the required medical management of asthma, the most common medical condition of childhood.

Key Points to remember:

- Many young children experience asthma, most have only mild asthma
- All staff /carers should be able to recognise the symptoms of asthma. Common symptoms include wheezing, coughing, tightness of chest, shortness of breath or difficulty breathing. The child will not necessarily experience all of these. Talk with the parents about the effects of asthma on their child
- Children may experience one or more asthma triggers (eg colds and other respiratory infections, pollens, dust mites, pets, exercise). Some of these are unavoidable
- Learn how to relieve asthma symptoms once they occur and know what to do if the child has an asthma attack. There should be an asthma management plan for each child that experiences symptoms of asthma which is approved by the child's doctor
- Understand the child's medications and know how and when they should be taken. Ensure there is a clear policy and procedures for giving medication and that a child's asthma medication is given in line with this and the personal asthma management plan
- Given proper medical management, most children with asthma can lead normal lives
- Contact your local Asthma Foundation on **1800 645 130 (toll free)** for further advice and support.

QIAS- Principles: 2.2, 3.1, 7.1, 7.2.

FDCQA-Principles: 1.1, 1.2, 1.3, 4.1, 4.4.

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“Share your observations of the children in your care and encourage parents to share their knowledge of their child with you.”

Childcare and children's health

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