

4. **HEALTH** **POLICY**

To ensure that all children are cared for in a safe and healthy environment.

To provide a safe and healthy working environment for staff.

To respect the individual needs of all families using the service.

To advise parents and staff on health issues and methods to control infectious conditions.

To minimise the spread of illness and disease by requiring parents to keep sick children at home.

PROCEDURES

4.1 **Medical Conditions and Exclusion from Child Care Centres**

Preventing illness

Infections are common in children and often lead to illness. At home, children are reasonably well protected from infectious diseases because they don't come in contact with many people. The adults they meet are generally immune to many childhood illnesses because they had them as children or they have been vaccinated. Because of this immunity, adults cannot transmit those infections to children. Spending time in child care centres or other facilities and being exposed to a large number of children for some time, provides an opportunity for infectious diseases to be spread. It is not possible to prevent the spread of all infections and illnesses within child care centres. However, a lot of illnesses from infectious disease can be prevented.¹

4.2 **Accepting Sick Children into Care**

The University Centres will not accept children into care if they are not well enough to participate in normal activities, or require special attention because of ill health. Upon a child's return to the centre after illness, centre staff will make brief enquiries of the parent and child while the parent is present, to ensure that the child is healthy enough to participate in centre activities, such as outdoor play.

Each centre is to have a current "Recommend minimum exclusion periods for infectious conditions for schools, pre-schools and childcare centres" list from the National Health and Medical Research Council, which identifies infectious diseases and exclusion times for children in care. (a copy is attached below)
<http://www.nhmrc.gov.au/publications/files/ch43poster4.pdf>

This document also states for which conditions a medical clearance is required.

These guidelines are to be adhered to. A medical clearance must be obtained from a medical practitioner and presented to the Director subsequent to the child returning to the centre.

A medical clearance must also be presented when a child or staff member has suffered from **diarrhoea**.

Infectious **Conjunctivitis** (Viral and Bacterial) are also exclusion, children maybe readmitted when there is no discharge from the eye.²

In the interest of children and parents exclusion from the centres will also apply to: **Oral thrush**; For children under three years of age. Children in this age group frequently put toys in their mouths. Re admission after all signs of illness have disappeared.

¹ Staying Healthy In Childcare - 4th Edition Dec 2005

² p93; Staying Healthy in Childcare - 4th Edition Dec 2005

Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres

[National Health and Medical Research Council, NHMRC – December 2005]

Children who are unwell should stay home from schools, pre-schools and child care centres

Condition	Exclusion of Case	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Candidiasis	See 'Thrush'	
Chickenpox (Varicella)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children. ⁹	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
CMV (Cytomegalovirus infection)	Exclusion is NOT necessary	Not excluded
Cryptosporidium infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics followed by another swab 48 hours later.	Exclude contacts that live in the same house until cleared to return by an appropriate health authority.
German measles	See 'Rubella'	
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Glandular fever (Mononucleosis, EBV infection)	Exclusion is NOT necessary	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days. ¹⁰	Not excluded
Head lice (Pediculosis)	Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (ie the child doesn't need to be sent home immediately if head lice are detected).	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice.	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried.	Not excluded
Hepatitis B	Exclusion is NOT necessary	Not excluded
Hepatitis C	Exclusion is NOT necessary	Not excluded
Herpes simplex (cold sores, fever blisters)	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.	Not excluded

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Condition	Exclusion of Case	Exclusion of Contacts
Human Immunodeficiency Virus (HIV/AIDS)	Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.	Not excluded
Hydatid disease	Exclusion is NOT necessary	Not excluded
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded
Legionnaires' disease	Exclusion is NOT necessary	Not excluded
Leprosy	Exclude until approval to return has been given by an appropriate health authority	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded. Non-immunised contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics	Not excluded
Meningitis (viral)	Exclude until well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded
Molluscum contagiosum	Exclusion is NOT necessary	Not excluded
Mumps	Exclude for nine days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclusion is NOT necessary	Not excluded
Pertussis	See 'Whooping Cough'	
Respiratory Syncytial virus	Exclusion is NOT necessary	
Ringworm/tinea	Exclude until the day after appropriate antifungal treatment has commenced	Not excluded
Roseola	Exclusion is NOT necessary	Not excluded
Ross River virus	Exclusion is NOT necessary	Not excluded
Rotavirus infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash	Not excluded
Salmonella infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

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Condition	Exclusion of Case	Exclusion of Contacts
Scabies	Exclude until the day after appropriate treatment has commenced	Not excluded
Scarlet fever	See 'Streptococcal sore throat'	
School sores	See 'Impetigo'	
Shigella infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Thrush (candidiasis)	Exclusion is NOT necessary	Not excluded
Toxoplasmosis	Exclusion is NOT necessary	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from an appropriate health authority	Not excluded
Typhoid, Paratyphoid	Exclude until medical certificate is produced from appropriate health authority	Not excluded unless considered necessary by public health authorities
Varicella	See 'Chickenpox'	
Viral gastroenteritis (viral diarrhoea)	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Warts	Exclusion is NOT necessary	Not excluded
Whooping cough (pertussis)	Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing ¹²	Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the centre until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.
Worms	Exclude if loose bowel motions present	Not excluded

Note: The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and child care centres. This list should be read in conjunction with NHMRC's publication *Staying Healthy in Child Care* available from the Australian Government Publishing Service.

Produced by NHMRC, last modified December 2005
URL: http://www.nhmrc.gov.au/publications/_files/ch43poster4.pdf

University information on Health and Travel:

<http://www.unimelb.edu.au/rmo/travel/risk.htm>

This web-site provides up to date information on several diseases and risks associated with travelling to affected areas.

Other useful information on health

www.betterhealth.vic.gov.au

www.cyh.com

<http://raisingchildren.net.au/>

4.3 Infectious Conditions in the Centre

If a child in care has a suspected infectious condition, the care giver must:

- a) Isolate, if possible, the child from other children. Make sure the child is comfortable, and is supervised by a staff member, while parents are contacted.
- b) Contact the child's parents or, if they are unavailable, the contact person for emergencies as listed on the enrolment form. Inform the parents or contact person of the child's condition, or suspected condition, and ask that the child be picked up **within thirty (30) minutes**.
- c) Ensure all bedding, contact toys and eating utensils are separated and laundered as appropriate.

PLEASE REFER FOR THE HYGIENE PROCEDURES TO THE HYGIENE POLICY 5

4.4 Informing Parents of Health Related Conditions

All parents are to be informed immediately of any common infectious condition in the centre by appropriate signs placed in the most visible positions. These signs must also include symptoms of the condition, exclusion time from the centre for any infectious persons, and the need for a medical clearance before returning to the centre, if applicable.

4.5 Parents Informing the Centre of Infectious Conditions

Parents are responsible for informing the centre immediately an infectious condition has been discovered in their family. **This is important to minimise the risk of spread of the illness.**

4.6.1 Medication Procedures

Each children's room maintains a separate Medication/ Incident/Injury/Trauma and Illness record for each child. (Children's Services Regulations 1998: 14:c,d)

Medication use by children attending childcare has often been raised as an issue both by parents and carers. It is vital that there is good communication between parents and caregivers. Excessive use of over the counter medication is of concern as there is a lack of proven benefits of many such medications in young children, particularly those for the common cold. There is also concern about the toxicity and poisoning from some medications if overused.¹

- a) No medication will be administered to a child unless presented at the centre in the original container, bearing the original label and instructions **in English** and before the expiry or use by date. Staff will not administer any unlabelled medication

¹ Childcare and Children's Health, Vol 2, nr 4 November 1999:Child and Youth Health web-site

<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=1452>

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(Children's Services Centres Regulations 1998: 36)

Paracetamol: see 4.8)

- b) I) **Short Term Medications:** These are medications that may be prescribed for a short period of time, eg. Amoxil. Parents or persons with lawful authority are to complete the medication book when requesting that medication be given. The information is to include the child's name, plus the identification, purpose and dosage of medication, time last given and dose last given. The bottle should have the name of the prescribing doctor on the label. This procedure is to be completed **every** day that the medication is required.
- ii) **Long Term Medications:** These are medications that may be prescribed for administration over a prolonged period on a regular basis, eg. Bricanyl. **Parents are to complete a Long Term Medication Authority for when requesting that medication be given.** The form is to include the child's name, plus the identification, purpose and dosage of medication and the name of the prescribing doctor. It is to be kept in the medication book, and normal administration procedures apply.
This form must be renewed every year or if there is any change to the medication, eg. the dosage is altered.
- c) **ADMINISTRATION OF MEDICATION**
The staff member administering the medication must have the dosage checked by another staff member. After administration of medication, the staff member who administered the medication must complete and sign the Medication book, while the other staff member countersigns.
- d) All medication records must be retained by the centre for twenty five (25) years.

ONLY PERSONS WITH LAWFUL AUTHORITY CAN GIVE PERMISSION FOR THE ADMINISTRATION OF MEDICATION.

4.6.2 Alternative medication.

Staff must not administer over-the-counter medication, including analgesics, homeopathic or prescribed medications without a written request from a parent/caregiver accompanied by written advice from a medical practitioner and with the medication in the original labelled container. The exception is the reliever puffer, such as Ventolin, that is included for the emergency treatment of asthma under the guidelines. The containers for these are often blue.

4.7 Emergency Medication Procedures

In the case where a child has a medical condition that requires long term medication on a irregular basis, eg, allergies and asthma, the following guidelines are to be followed:

- a) Parents in consultation with the child's medical practitioner are to complete an **Emergency Medication Authority form** for the administration of medications to cover the following situations:
- I) The use of inhalants as a preventive measure for asthma attacks.
- ii) The use of medication in the case of an asthma attack.
- iii) The use of Paracetamol in the case where a child may be susceptible to high temperatures.
- iv) The use of medication to control specific medical conditions.
- b) The form includes:
- I) the child's name,
- ii) the condition which requires medication,
- iii) the situation that requires medication,

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- iv) the name of the medication to be given,
 - v) the name of the child's medical practitioner,
 - vi) the telephone number of the child's medical practitioner,
 - vii) the dosage of the medication to be given,
 - viii) the medical practitioner's and the parent's signature
- c) Medication will not be administered to any child unless the centre holds a current Emergency Medication Authorisation on the Enrolment form. It is the centre's responsibility to ensure that all children with such long term medical conditions have up-to-date authorisation in the centre.
- d) Emergency Medication Authorisations are to be updated every 12 months.
- e) Staff are to enter details in the medication book each time medication is administered.
- f) ***If no emergency plan is available Parents will be contacted prior to the administration of emergency medication. If staff are unable to contact parents, the child's medical practitioner or the University Health Service will be notified of the intention to administer the medication.***
- g) If the child does not respond to the medication, the parent will be contacted immediately to collect the child from the centre, or arrangements made to transport the child to the casualty unit of the nearest hospital, should staff feel this is necessary.
- h) The Director is responsible for ensuring that staff using a Nebuliser are adequately instructed in these areas.
- i) All medication books must be retained in the archives for a period of twenty five (25) years.

4.8 Paracetamol

In the case where paracetamol is administered **for the control of a high fever**, the following guidelines are to be followed:

- a) At the time of the enrolment, parents are asked to sign on the enrolment form authorising staff to administer the prescribed dose of Paracetamol to their child should they have an underarm temperature of 38.5⁰C or above. A mild fever below 38.5, if the child looks well does not need any specific treatments¹ and other methods to lower the temperature have failed, ie. removal of excess clothing, fluids. Parents may request that Paracetamol be administered earlier. This request may be indicated in the medication book or by phone when the child is ill. Any permission by phone must be confirmed to two staff members.
- b) Medication will **not** be administered to the child unless the parent has signed the permission on the enrolment form.
- c) Parents/guardians are to be notified at the time paracetamol is administered. Paracetamol is only to be administered **once** on parents' written instructions. Further doses will be given only on doctor's written instructions.
- d) Paracetamol will be administered for no more than 2 consecutive days for pain and temperature management.

If a child needs paracetamol for more than twenty-four hours, they should be checked by a doctor to find out what is wrong. Taking even the recommended dose

¹ pg39 Health in Early Childhood settings - Professor Frank Oberklaid
Pademelon Press 2004

for **more** than one or two days has caused liver damage in some children who were quite unwell for other reasons¹.

- e) Staff will complete the medication book each time Paracetamol is administered.
- f) Each centre will provide Paracetamol for emergency situations **only**. If administered on the advice of a parent, the parent is to supply the paracetamol elixir.
- g) **Parents wanting Paracetamol to be administered for reasons other than the control of high temperatures** in emergency situations **must follow the medication procedures set down in Health Policy 4.5.2**

4.9 Asthma Management

Parents of children diagnosed with asthma need to provide the Centre Director with an Asthma management plan. The website from the National Asthma Council Australia provides clear information. Some information and a copy of the Asthma Management plan for Young People visit: <http://www.nationalasthma.org.au/>

4.10 Immunisation

Immunisation programmes in Australia have been very successful in controlling and reducing the number of cases of serious diseases.

Immunisation is not compulsory, however, it is important that parents and staff encourage immunisation. Centres will use the following guidelines:

- a) All centres will have literature available to all parents and staff in regards to immunisation. Further information can be obtained from the Department of Health. Translated information is also available through the Department of Health.

The Public Health (Amendment) Act 1992 requires parents of all children enrolling in child care facilities and pre-schools from 1994 to provide documented evidence of the child's immunisation status. Immunisations received should be appropriate to the child's age.

Immunisation is not compulsory; however, in the event of an outbreak of a scheduled vaccine-preventable disease at the centre, unimmunised children will be required to remain at home for the duration of the outbreak.

For latest immunisation info visit:

<http://www.health.vic.gov.au/immunisation/schedule.htm>²

- b) The Directors of the centres are required to obtain documented evidence of the child's immunisation status from the parents at the time of enrolment. This information is to be recorded on the enrolment form and recorded in the Children's Services computer database:SmartFees
- c) The immunisation details on the Children's Services database should be regularly maintained and updated, as soon as children have received an immunisation.
- d) **Parents must provide updates to the child's immunisation details. Failure to comply with this directive will mean that the child will be regarded as being unimmunised.**
- e) The Department of Human Services is to be advised as soon as the centre is aware that a child has contracted a vaccine-preventable disease

¹ Children, Youth and Women's Health Service. Parenting and Child Health; Fever fact sheet
<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=1798>
last updated Aug 2006

² Victorian Government Health Information : National Immunisation Program _
updated 17 March 2004
Revised and Updated Aug 2006

- f) Any child excluded as a result of a directive given by the Department of Health will be required to maintain fees payment as per current Policy.

4.11 Nutrition

Many children spend time in childcare, and some children spend long periods in childcare. This means children can eat many meals and snacks away from parental supervision. It's important that children in care eat nutritious meals and are educated about healthy food and diet. Research has shown that some children in care may not get enough of some important dietary nutrients.¹

Food provided in childcare has an important role to play in the growth and development of children, and in the development of sound eating habits. Menus should aim to meet a minimum of 50 per cent of children's recommended daily intake of nutrients. A variety of food should be provided, including a range of textures and tastes, appropriate to the development needs of different age groups.¹

It is also the centre's responsibility to help children and parents develop good food attitudes and habits. In order to achieve this, the centres:

- a) Provide food consistent with the Australian Dietary Guidelines.²
- b) Where practicable cater to the individual needs of children in relation to culture, vegetarianism, allergies and any medical conditions as indicated by the parent on the enrolment form. It may not be possible to cater for all allergies –especially multiple allergies
- c) Present food in an attractive manner.
- d) Develop an awareness of cross-cultural eating patterns and related food values.
- e) Provide safe food, ie. hygienically sound and with reduced risk of choking.
- f) Ensure meals are relaxed, pleasant and timed to meet the needs of the children.
- g) Prohibit the use of food as punishment, reward or bribe.
- h) Prohibit any form of force feeding.
- I) Encourage independence and social skills at meal times.
- j) Establish healthy eating habits in the children by the incorporation of nutritional education into the program.
- k) Communicate with parents/guardians about their child's food intake, ie. to display the menu, reporting and concerns.
- l) Inform parents/guardians of children's nutritional needs through posters, parent library information etc.
- m) Contain costs to budget without compromising nutrition.
- n) Motivate staff to present themselves as role models, maintaining good personal

¹ Better Health Channel:
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Childcare_and_healthy_eating?open Child care and healthy eating fact sheet_viewed Aug 2006

² Dietary Guidelines for Children and Adolescents in Australia:10th April 2003
http://www.nhmrc.gov.au/publications/_files/n34.pdf

nutrition, and to eat with the children at meal times.

Provision of food by Australian Catering Solutions

The University centres are provided with food that has been prepared off the premises. A tender process is followed to contract a suitable provider. Interviews are conducted with representatives from the University, staff and parents. The current food provider is an Australian owned and operated company: Australian Catering Solutions- Hearty Health. The company is dedicated to the provision of healthy, nutritious and interesting food for children. Inherent in this philosophy is promoting awareness of the variety of food available both through the cultural diversity and large range of products Australia has to offer.

For birthdays/celebrations see guidelines 4.16

4.12 Breast milk

Parents wishing to leave breast milk need to follow the following procedures:

- a) ensure that each quantity is properly labelled and dated
- b) ensure that breast milk is placed in fridge and used within a day. An emergency supply can be left in the freezer (Unused breast milk in the freezer will be discarded after one month)
- c) ensure that written instructions are left for room staff

Administration of breast milk by staff:

Staff will record the use of the breast milk in the child's daily communication book/sheet or journal

Before administering breast milk the child's name and date will be checked by two staff details entered in the communication book.

Breast milk will be warmed by placing it in warm water. Any leftover milk in the bottle will be discarded after feeding.

Bottle feeding¹

Made up formula can be left at the centre for your child. Milk can be warmed in a microwave or jug of hot water. If a microwave is used, care needs to be taken as the milk may have warmed unevenly and may be too hot. Prepared formula must be stored in the refrigerator until it is time for it to be given to the child. Any leftover formula after a feed will be discarded.

4.13 Smoking

All University buildings are Smoke Free Zones. Smoking is not allowed inside the centre, or in sight of the children while they are in care, at any time because of the proven health risk of passive smoking.

4.14 Sun Care

In line with SunSmart, The Cancer Council Victoria recommendations², The centres recommend the following procedures during the year to help children and staff avoid sunburn:

- a) Sun screen (SPF 30+) is to be applied to all children and staff from early September until the end of April at least 20 minutes prior to going outside. Cream should be reapplied every two(2) hours
- b) Labels on sun screens must be read carefully. Usually sunscreen for babies is

¹ **Health in Early Childhood Settings** by Professor Frank Oberklaid, page 112 (2004)

² Sun Protection for Early Childhood Services - SunSmart School and Early Childhood Program : Feb 2006
Revised and Updated Aug 2006

recommended as a last resort

- d) It is recommended that staff and children wear hats that protect their face neck and ears, when outside.
- e) It is recommended children wear long sleeved, loose fitting clothing.

Further information can be found at Sun Smart, contact: The Cancer Council Victoria
1 Rathdown St , Carlton VIC 3053
<http://www.sunsmart.com.au/>

4.15 Dental Care

AIM

For all children to learn proper mouth hygiene from an as early age as possible in order to prevent tooth decay.

Staff will encourage children to rinse their mouths after eating (there may be variations due to cultural expectations). In an effort to promote good dental hygiene practises staff may liaise with the child's parents and encourage tooth brushing after lunch, where appropriate. Fruit juices and sweet drinks will not be offered to children.¹

4.16 Guidelines for celebration lolly/gift bags

Endorsed by Child Care Management Advisory Committee, March 2005

Background

From time to time, some families provide individual lolly or gift bags for each of the children in a room, in recognition of their child's birthday or some other celebration. Children's Services do not endorse this practice, but acknowledge that sharing a celebration may be important for families, especially those who do not have extensive family networks locally.

Concern about the appropriateness of some of the contents of these bags has led to the need for some guidelines to be established.

Children's Services does not endorse the supply of gift or lolly bags, and children's services staff will not participate in their distribution.

Please be aware that some children cannot eat certain common foods (due to severe food allergy or sensitivity) including wheat, dairy, nut and egg products. The provision of these foods in gift or lolly bags can have the effect of excluding these children rather than including them in the celebration as intended.

Purpose

While Children's Services do not want to discourage families from sharing celebrations with their children's friends from child care, it is also important to reinforce healthy and safe eating habits.

Guidelines

- The provision of gift or lolly bags is not encouraged
- Children's Services staff are not permitted to have any role in the storage or distribution of gift or lolly bags
- Consider children with food allergies or sensitivities
- **Ensure that any food items do not contain peanuts in any form** – some children have extremely serious allergic reactions to products containing even traces of peanut
- Small is good – a couple of items is sufficient

¹ For more information on dental care for children see child health fact sheet: Care of your child's teeth _ Jan 2001

[http://www.office-for-children.vic.gov.au/children/ccdnav.nsf/fid/-78D5A244D21FF4854A25674B000CDC44/\\$file/ecs_english_teeth.pdf](http://www.office-for-children.vic.gov.au/children/ccdnav.nsf/fid/-78D5A244D21FF4854A25674B000CDC44/$file/ecs_english_teeth.pdf)

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- Try to provide healthier snacks rather than just sweets
- Discuss with your child healthier alternatives that could be provided
- Be discrete about their supply and distribution, and ask your child to do the same. This makes it easier for families to politely decline the bags.
- Consider trinkets (safe) as an alternative to foodstuffs
- Avoid trinkets that could be a choking hazard, such as balloons, especially for children under three

Conclusion

There are many ways that important events and celebrations can be shared you're your children's friends. Supplying lolly bags is but one way. Consider other meaningful ways your children can share these occasions with their friends. For example, a CD of music or songs to play at child care, a picture or artefact to display in the room, or even a simple message or drawing, can be just as exciting for children to share.