

# Sick Children Policy

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Children come into contact with many other children and adults in the early childhood environment causing them to sometimes contract infectious illnesses. National Quality Standards require early childhood services to implement specific strategies to minimise the spread of infectious illnesses.

## National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	<b>Health</b>	Each child's health and physical activity is supported and promoted.
2.1.1	<b>Wellbeing and comfort</b>	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.1.2	<b>Health practices and procedures</b>	Effective illness and injury management and hygiene practices are promoted and implemented.

## Education and Care Services National Regulations

Children (Education and Care Services) National Law	
77	Health, hygiene and safe food practices
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication
96	Self-administration of medication

## RELATED POLICIES

Control of Infectious Disease Policy  
Incident, Illness, Accident & Trauma Policy  
Medical Conditions Policy  
Administration of Medication Policy

## PURPOSE

We aim to maintain the health of all children, families, Educators, staff, volunteers and visitors, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.

## SCOPE

This policy applies to children, families, Educators, staff, students, volunteers and visitors of the Service.

## **IMPLEMENTATION**

In NSW, we adopt guidelines from the Staying Healthy in Child Care – Preventing Infectious disease in child care (Fifth Edition) publication, developed by the National Health and Medical Research Council and the NSW public health.

In Victoria, we adopt guidelines from The Blue Book, Guidelines for the Control of Infectious Diseases, developed by the Victorian Government Department of Human Services Communicable Diseases Section.

We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service.

### **There are three steps in the chain of infection**

#### **1. The germ has a source**

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs.

#### **2. The germ spreads from the source**

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person; others can spread from the infected person to the environment. Many germs can survive on hands and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment. (Source: Staying Healthy in Childcare. 5<sup>th</sup> Edition)

#### **3. The germ infects another person**

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity. Illness can be prevented at this stage by stopping the germ from entering the body (for example, by making sure that all toys that children put in their mouths are clean, by washing children's hands and by covering wounds), and by prior immunisation against the germ. (Source: Staying Healthy in Childcare. 5<sup>th</sup> Edition)

## **You can break the chain of infection at any stage.**

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can enhance negative attitudes in the workplace which can cause stress for families. Families may also experience guilt when they send their child to care who is not well. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the child care professionals at the Service.

The need for exclusion and the length of time a person is excluded depends on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children, families, Educators, staff, students, volunteers and visitors within the Service, it is important that children and adults who are ill, are kept away from the Service for the recommended periods.

Our Educators and staff are not Medical Practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child into care. Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

### **Children arriving at the Service who are unwell**

Management will not accept a child into care if they:

- Are unwell and unable to participate in normal activities and/or require additional attention.
- Have had a temperature, vomiting and/or diarrhoea in the last 24 hours.
- Have started taking antibiotics in the last 24 hours.
- Have a contagious illness or disease.
- Have been given medication for a temperature (Panadol, Nurofen etc.)

### **Children who become ill at the Service**

Children may become unwell throughout the day, in which Educators and staff will respond to children's individual symptoms of illness.

- Educators and staff will monitor and document the child's symptoms by completing an Incident, Injury, Trauma & Illness Record.
- A child who has passed a runny stool/vomited whilst at the Service will be sent home and may only return once a Doctor's Certificate has been produced.
- Educators or staff will record the child's temperature. If the child's temperature is 38°C or higher, Management will contact the child's parents/guardian/emergency contacts as soon as possible to arrange to have the child collected.
- Educators or staff will attempt to lower the child's temperature by:
  - Taking off their shoes and socks.
  - Applying a cool face washer behind their neck and on their forehead.

- Removing extra clothing layers (jumpers etc.).
- Placing the child in a lukewarm bath.
- Educators or staff will place the child in a quiet area where they can rest, whilst continuing to be supervised.
- Educators or staff will continue to document any progressing symptoms.
- Educators or staff will complete an Incident, Injury, Trauma and Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact.

### Reporting Outbreaks to the Public Health Unit

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their Doctors to help prevent spread to other people.

Each state and territory health authority has legislation authorising them to collect information on notifiable conditions within their jurisdiction. A list of health authorities for each state and territory is provided below.

State / Territory	Telephone	Fax	Website
Victoria	1300 651 160	1300 651 170	<a href="https://www2.health.vic.gov.au/public-health/infectious-diseases/notification-procedures">https://www2.health.vic.gov.au/public-health/infectious-diseases/notification-procedures</a>
Australian Capital Territory	02 6205 2155	02 6205 1739	<a href="http://www.health.act.gov.au/public-information/public-health/disease-surveillance">http://www.health.act.gov.au/public-information/public-health/disease-surveillance</a>
Northern Territory	08 8922 8044	08 8922 8310	<a href="https://health.nt.gov.au/professionals/centre-for-disease-control/cdc-programs-and-units/notifiable-diseases">https://health.nt.gov.au/professionals/centre-for-disease-control/cdc-programs-and-units/notifiable-diseases</a>
New South Wales	1300 066 055	Notify local public health unit (see website)	<a href="http://www.health.nsw.gov.au/infectious/pages/notification.aspx">http://www.health.nsw.gov.au/infectious/pages/notification.aspx</a>
Queensland	Notify local public health	Notify local public health	<a href="https://www.health.qld.gov.au/clinical-practice/guidelines-">https://www.health.qld.gov.au/clinical-practice/guidelines-</a>

	unit (see website)	unit (see website)	procedures/diseases-infection/notifiable-conditions
South Australia	1300 232 272	08 8226 1800	<a href="http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Health+notifications/Notifiable+disease+reporting/">http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Health+notifications/Notifiable+disease+reporting/</a>
Tasmania	1800 671 738	03 6222 7744	<a href="http://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases">http://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases</a>
Western Australia	08 9388 4852	08 9388 4848	<a href="http://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions">http://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions</a>

The NSW Public Health Act 2010 lawfully requires and authorises Doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify NSW Health of patients with certain conditions, and to provide the information delineated on the notification forms. Specialist trained public health staff review this information and, if necessary, contact the patient's Doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts contemplate the release/disclosure of patient information where it is lawfully required or authorised.

Management is required to notify the local public health unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the school or facility is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus

- An outbreak of 2 or more people with gastrointestinal or respiratory illness

In Victoria, The Public Health and Wellbeing Act 2008 also requires that certain prescribed conditions are notified to the Department. The law exists to monitor and control the occurrence of infectious diseases and other specified conditions, and helps to prevent further illness.

Notifiable conditions are included in Schedule 4 of the Public Health and Wellbeing Regulations 2009 and are divided into four groups on the basis of the method of notification and the information required.

**Group A:** Conditions require immediate notification to the department by telephone – 1300 651 160 – upon initial diagnosis or clinical suspicion (presumptive or confirmed), with written notification to follow within 5 days.

**Group B:** Conditions require written notification only within 5 days of diagnosis (presumptive or confirmed).

**Group C:** Conditions include the sexually transmissible diseases and should be notified using the same form. To preclude identification of the patient, only the first two letters of the first name and last name of the patient are required.

**Group D:** Conditions include HIV infection (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome), and written notification is required within 5 days of confirmation of diagnosis.

### **Common Colds and Flu**

Common colds (Viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in child care, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, Management will determine if the child is well enough to continue at the Service or if the child requires parental care.

Our Service aims to support the family's need for child care, however families should understand that a child who is unwell requires one-on-one attention which places additional pressure on staff ratios and the needs of other children.

### **Excluding children from the Service**

- When a child has been diagnosed with an illness or infectious disease, our Service will refer to Staying Healthy in Childcare (5<sup>th</sup> Edition) (NSW) or The Blue Book (Vic) to find the recommended exclusion period. Prior to the child returning to care, we will require a medical clearance from the child's Doctor stating that the child is cleared to return.
- When an infectious disease has been diagnosed, the Service will display appropriate documentation (Infectious Disease Notification Record) and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period.
- Children who have experienced diarrhoea and vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

### **Notifying families and Emergency Contacts**

- It is a requirement of the Service that all emergency contacts have the ability to collect an ill child within a 30 minute timeframe.
- In the situation that an ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policy and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position will be terminated.

### **Management and Educators will ensure:**

- Effective hygiene policies and procedures are adhered to at all times.
- Effective environmental cleaning policies and procedures are adhered to all times.
- All families are given access to relevant policies upon enrolment which are explained by Management including; Control of Infectious Disease Policy, Sick Children Policy, Incident, Injury Trauma and Illness Policy and Medical Conditions Policy.
- Any child who registers a temperature of 38°C or above will need to be collected from the Service and will be excluded for 24 hours since the last elevated temperature or until the Service receives a Doctor clearance letter stating that the child is cleared of any infection and able to return to child care.
- A child who has not been immunised will be excluded from the Service if an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness.
- Families are notified to pick up their child if they have vomited or had diarrhoea whilst at the Service.
- If the situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance is called in response to the emergency (not as a precaution), the regulatory authority will be notified within 24 hours of the incident.
- If the situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance is called in response to the emergency (not as a precaution), Parents/guardians are notified as soon as practicable but within 24 hours. Details of the condition/situation will be recorded on an Incident, Injury, Trauma and Illness Record.

### **Family Responsibility**

In order to prevent the spread of disease, families are required to monitor their child's health for any of the following:

- Runny, green nose
- High temperature
- Diarrhoea
- Red, swollen or discharging eyes
- Vomiting
- Rashes (red/purple)
- Irritability, unusually tired or lethargic
- Drowsiness

- Lethargy or decreased activity
- Breathing difficulty
- Poor circulation
- Poor feeding
- Poor urine output
- A stiff neck or sensitivity to light
- Pain

Families should keep up to date with their child’s immunisation, providing a copy of the updated immunisation schedule to the Service.

### Returning to care after surgery

- Children who have undergone any type of surgery will need to take advice from their Doctor/Surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

### Sources

<ul style="list-style-type: none"> <li>• The Business of Childcare, Karen Kearns 2004.</li> <li>• Education and Care Services National Regulation 2015.</li> <li>• National Quality Standards.</li> <li>• Early Years Learning Framework</li> <li>• Staying Healthy in Child Care 5<sup>th</sup> Edition.</li> <li>• National Health and Medical Research Council.</li> <li>• NSW Health.</li> <li>• The Blue Book, Victorian Department of Health and Human Services.</li> <li>• Revised National Quality Standard.</li> </ul>
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### Review

Policy Reviewed	Modifications	Next Review Date
June 2017	Minor changes made to the policy terminology to ensure best practice.	June 2018
Aug 2017	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	June 2018
October 2017	Updated references to comply with the Revised National Quality Standard.	June 2018
June 2018	Included the ‘Related Policies’ section. Included information from ‘Staying Healthy in Childcare’ about the Chain of Infection. Updated the exclusion period in respect of a runny stool or vomiting and expanded the ‘Families Responsibilities’ section.	June 2019