

SICK CHILDREN POLICY

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

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.1	Health	Each child’s health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
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

Administration of First Aid Policy Administration of Medication Policy Control of Infectious Diseases	Handwashing Policy Incident, Illness, Accident & Trauma Policy
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PURPOSE

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

SCOPE

This policy applies to children, families, staff, management, and visitors of the service.

IMPLEMENTATION

Our service has adopted the *Staying healthy: Preventing infectious diseases in early childhood education and care services* publication, developed by the Australian Government National Health and Medical Research Council. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the service and at home.

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 or symptoms of illness.

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: Preventing infectious diseases in early childhood education and care services*)

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, by covering wounds), and by prior immunisation against the germ. (Source: Staying healthy: Preventing infectious diseases in early childhood education and care services)

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 contribute to negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well. However, it is imperative that families maintain a focus not only on the well-being of their own child but also upon the well-being of other children and the early childhood 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 and staff within the service, it is important that children and staff who are ill are kept away from the service for the recommended period.

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 to care.

Management and 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 or require additional attention
- Have had a temperature, vomiting and/or diarrhoea in the last 24 hours
- Have started anti-biotics in the last 24 hours
- Have a contagious illness or disease

- Have been given medication for a temperature (Panadol etc.)

CHILDREN WHO BECOME ILL AT THE SERVICE

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

- Educators will monitor and document the child's symptoms in the Illness register.
- A child who has passed runny stools/vomited whilst at the service will be sent home and may only return once a Doctor's Certificate has been produced.
- Educators will take 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 have the child picked up and provide verbal authorisation to administer paracetamol.
- Educators will attempt to lower the child's temperature by:
 - Taking off their shoes and socks
 - Applying a cool washer behind their neck and on their forehead
 - Removing extra clothing layers (jumpers etc.)
 - Place the child in a lukewarm bath if temperatures are severe.
- Educators will place the child in a quiet area where they can rest, whilst being supervised.
- Educators will continue to document any progressing symptoms.
- Educators will complete an 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 recent travel or attendance in a public place or on public transport, and to work with patients and their doctors to help prevent the spread to other people.

Each state and territory health authority have 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	https://www2.health.vic.gov.au/public-health/infectious-diseases/notification-procedures
Australian Capital Territory	02 6205 2155	02 6205 1739	http://www.health.act.gov.au/public-information/public-health/disease-surveillance
Northern Territory	08 8922 8044	08 8922 8310	https://health.nt.gov.au/professionals/centre-for-disease-control/cdc-programs-and-units/notifiable-diseases
New South Wales	1300 066 055	Notify local public health unit (see website)	http://www.health.nsw.gov.au/infectious/pages/notification.aspx
Queensland	Notify local public health unit (see website)	Notify local public health unit (see website)	https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/notifiable-conditions
South Australia	1300 232 272	08 8226 1800	http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+resources/Health+notifications/Notifiable+disease+reporting/
Tasmania	1800 671 738	03 6222 7744	http://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases
Western Australia	08 9388 4852	08 9388 4848	http://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions

The 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 required information 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 only release/disclose 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 service 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.

COMMON COLDS AND FLU

The common cold (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 will need 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, the service will refer to *Staying healthy: Preventing infectious diseases in early childhood education and care services* to establish the recommended exclusion period. A medical clearance from the GP stating that the child is cleared to return to the childcare setting will also be required before the child returns to care.
- When an infectious disease has been diagnosed, the service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from *Staying healthy: Preventing infectious diseases in early childhood education and care*).
- Children that have had 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 CONTACT

- It is a requirement of the service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe.
- In the event that the 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 policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may 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 a copy of relevant policies upon enrolment which will be explained by management including; Control of Infectious Disease Policy, Sick Children Policy, Incident, Illness, Accident & Trauma Policy and Medical Conditions Policy.

- That any child who registers a temperature of 38°C or above is collected from the service and excluded for 24 hours since the last elevated temperature or until the service receives a Doctors 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. Please refer to our Control of Infectious Disease Policy.
- Families are notified to pick up their child if they have vomited or had diarrhoea whilst at the service.
- That if the situation or event presents imminent or severe risk to the health, safety and/or wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- That parents are notified as soon as practicable but within 24 hours. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.

Families Responsibility

In order to prevent the spread of disease, families are required to monitor their child's health with particular attention paid to:

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

Belonging, Being and Becoming: The Early Years Learning Framework for Australia 2009

Education and Care Services National Regulations 2011

Guide to the National Quality Standard 2017

Kearns, K. (2017) *The Business of Childcare* (4th Ed.).

National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

NSW Public Health Unit (contact details): <https://www.health.nsw.gov.au/Infectious/pages/phus.aspx>

Public Health Act 2010

Revised National Quality Standard 2018

REVIEW

POLICY REVIEWED	June 2019	NEXT REVIEW DATE	June 2020
MODIFICATIONS	<ul style="list-style-type: none"> • Grammar, punctuation and spelling edited • Some sentences reworded/refined • Additional information added to points • Rearranged the order of points for better flow • Sources checked for currency • Sources/references updated, and alphabetised • Related policies alphabetised • Policies added to ‘Related Policies’ • Minor formatting (line spacing & paragraph spacing) for consistency throughout policy 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
May 2018	<ul style="list-style-type: none"> • 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 vomiting and expanded the 'Families Responsibilities' section 	June 2019
October 2017	<ul style="list-style-type: none"> • Updated references to comply with the revised National Quality Standard 	June 2018
August 2017	<ul style="list-style-type: none"> • Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes 	June 2018
June 2017	<ul style="list-style-type: none"> • Minor changes made to the policy terminology to ensure best practice 	June 2018