



Conyngham Street  
**Community  
Children's Centre**  
LEARNING TOGETHER, EVERY DAY.

## Policy 16

### Sick Children

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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 need 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

Children (Education and Care Services) National Law NSW	
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

#### 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 in Child Care – Preventing Infectious disease in child care (Fifth Edition) publication, developed by the 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.

### 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 on 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 depend 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 diarrhea in the last 24 hours
- **Have started antibiotics in the last 24 hours**
- Have a contagious illness or disease
- Have been given any over the counter medication for a temperature or pain relief including teething

### 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 on the Illness Register
- A child who has passed a 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.
- 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 quiet area where they can rest, whilst being supervised
  - Continue to document any progressing symptoms
  - Complete 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.

Management is required to notify the local public health unit (PHU) by phone 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

### 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 a 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.

### Teething

Teething, the emergence of the first primary (baby) teeth through a baby's gum, is a normal part of every child's development. Teething can begin as early as 3 months and continue until a child is 3 year of age. The first teeth appear are usually the bottom two front teeth, typically between the ages of 4-7 months, although it is not unusual for teeth to appear as late as 12-14 months of age.

Whenever teething begins, parents may notice that their child seems to drool more and wants to chew on things. For some babies teething is painless; others may experience brief periods of irritability. The gums may appear red and swollen and, if pressed, may feel hard and pointed.

Parents may consider giving the baby something to chew on, such as a clean chilled teething ring, toothbrush or clean moist face cloth, or rubbing gums with a clean finger can help to relieve symptoms. If choosing teething gels for sore gums, be certain that the product is safe, effective, alcohol and sugar-free, and does not contain aspirin.

Parents are required to keep children home if they have been administered Panadol or any other over-the-counter medication (eg Nurofen, antihistamine or cough medicine). Educators have an obligation to inform parents that they are required to take their child home.

***Note: Teething does not cause fever or diarrhoea. If a child has these symptoms, investigate other possible causes and treat as you would at any other time.***

### Excluding children from the Service

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.

- When a child has been diagnosed with an illness or infectious disease, the Service will refer to Staying Healthy in Childcare (5<sup>th</sup> Edition) to find the recommended exclusion period and also request a medical clearance from the GP stating that the child is cleared to return to the childcare setting.
- 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 in Child Care 5<sup>th</sup> Edition)

- If a child has 2 episodes of diarrhoea and/or 1 episode of vomiting, Management will notify parents or emergency contact to collect the child immediately.
- Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least **24 hours and at least the next day as a minimum.**

Please note: if there is a gastroenteritis outbreak at the Service, children will be excluded from the Service until the diarrhoea and/or vomiting has stopped for **48 hours.**

### 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 1 hour timeframe.
- In the incident 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 Diseases Policy, Sick Children policy, Injury and Accident policy and Medical Emergency 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 and at least the next full day or until the Service receives a doctor's 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 Diseases 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 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, in particular:

- 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 are required to keep children home if they have been administered Panadol or any other over-the-counter medication (eg Nurofen, antihistamine or cough medicine). Educators have an obligation to inform parents that they are required to take their child home.

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.

#### Source

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation
- National Quality Standards
- Early Years Learning Framework
- Staying Healthy in Child Care 5<sup>th</sup> Edition
- National Health and Medical Research Council
- Revised National Quality Standard
- NSW Early Childhood Oral Health Guidelines for Child Health Professionals, 3<sup>rd</sup> Edition

#### Review

Policy Reviewed	Modifications	Next Review Date
January 2019	Minor changes made to the policy terminology to ensure best practice	January 2022