



Written By

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Aim

When groups of children play and learn together, illness and disease can spread from one child to another even when the service's stakeholders implement recommended hygiene and infection control practices.

Services require a policy on illness because it establishes a shared expectation of how: symptoms of an illness are assessed; the service's exclusion guidelines; and how a child will be cared for in the service when they are unwell.

When children are ill they require more attention and comfort, which places extra pressure on child/adult ratios. It is a balancing act to meet the needs of the individual child and family while acknowledging that other children, families and staff/carers need to be protected from infectious illnesses.

Staff/carers and other stakeholders often contract the same illnesses as children due to the close human contacts that develop in services. This can place additional pressure on services when staff/carers are unable to work, which often increases the need for relief staff/carers. Consistent and clear communication between stakeholders and an effective employee induction procedure can assist services to strengthen the implementation of recommended practices and reduce stress levels.

A service should be committed to preventing the spread of infectious illnesses through the implementation, monitoring and maintaining of simple strategies such as, handwashing, effective cleaning procedures, and an understanding and knowledge of children's health.

The centre cannot provide care for sick children. If your child is sent home unwell they must not return to the centre until fully recovered, or are no longer infectious to the other children and staff. Any child who is sick at the centre and in the opinion of staff should not be in attendance, will be asked to be taken home. Parents will be rung and if not available, other contact persons on the enrolment form will be asked to collect the child. The centre retains the right to exclude any child who is regarded by the Director to be a health risk to other children, or any other child who is obviously unwell. Parents are requested to notify the Director immediately of any infectious diseases contracted by their child.

If your child has commenced a course of antibiotics, they must be kept at home for at least 24 hours so that the medication has time to take effect, before they return to the centre. If you suspect your child of having an infectious condition or early symptoms of illness, your child should be kept at home until you have had symptoms checked by your local Doctor and therefore protect your child and other children in the centre from unnecessary exposure to illness. Medical Certificates are necessary for re-admission to the centre in some circumstances.

Protection can include:

- notifying children, families and staff/carers when a diagnosed infectious illness is present at the service;
- ensuring staff/carers have adequate equipment or products, such as disposable gloves, detergents and soaps;
- maintaining hygienic procedures, such as correct handling of body fluids;
- increasing staff/carers awareness and knowledge of cross infection; and
- maintaining a hygienic and healthy environment, such as cleaning the service daily and ensuring that the service is well ventilated.

Strategies

Supporting children's individual health needs

The purpose of this section is to establish how the service identifies each child's normal behaviour and health status.

How can services establish what is normal for each child?

- At enrolment and orientation, a service can discuss with families children's general and current health and behaviour status. This information can be documented on the enrolment form or individual health plan, which can further assist staff/carers when observing and monitoring children's health and behaviour needs.
- Services often develop these plans for children with allergies or other medical conditions such as anaphylaxis or asthma.
- The service may choose to develop individual health plans which support children's health needs and assists staff/carers when children are unwell or display symptoms of an illness.

Identifying signs and symptoms of illness

- It is important for services and families to remember that staff/carers are not health care professionals and are unable to diagnose an illness; this is primarily the responsibility of medical practitioners. To ensure that symptoms are not infectious and minimise the spread of an infection, medical advice should always be sought.
- Services should ensure that staff/carers are aware of symptoms which may indicate a possible infection or serious medical illness or condition (please see the list of symptoms below).
- Symptoms of illness can occur in isolation or in conjunction with others.

List of symptoms

- The service can list symptoms that may indicate an infectious illness. Services can address the practices and/or exclusion guidelines for each symptom in accordance to state/territory health department guidelines or refer to the National Health and Medical Research Council's (NHMRC) recommendations.
- It is important for staff/carers to listen to children when they verbalise their symptoms and be observant of non-verbal cues, gestures and expressions.

- Symptoms indicating an illness may include:
 - behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy;
 - high temperature or fever;
 - loose bowels;
 - faeces which is grey, pale or contains blood;
 - vomiting;
 - discharge from the eye or ear;
 - skin that displays rashes, blisters, spots, crusty or weeping sores;
 - loss of appetite;
 - dark urine;
 - headaches;
 - stiff neck or other muscular and joint pain;
 - continuous scratching of scalp or skin;
 - difficulty in swallowing or complaining of a sore throat;
 - persistent, prolonged or severe coughing; or
 - difficulty in breathing.
- (Staying Healthy in Child Care, 2005, p. 18)

Assessing when an illness is an emergency

- Services can link the section by stating:
 - Please refer to the service's First Aid Policy.

High temperatures or fevers

- High temperature or fever is one of the most common reasons why children visit a medical practitioner (Staying Healthy in Child Care, 2005, p. 21). For this reason, the policy has detailed separate information about fevers.
- A high temperature is a symptom that services often observe in children and is generally considered to be a mechanism that indicates the body is experiencing an infection.
- Various recognised authorities define a child's normal temperature within a range between 36.5 to 37.5 degrees Celsius, and this depends on the age of the child and the time of day.
- Children can also experience an elevated temperature for other reasons, which may not indicate an infection. Children may have a higher temperature than normal when they:
 - experience discomfort or irritation. For example, when babies are teething or after immunisation;
 - are sleeping; or
 - have been participating in physical activity or exercise.
- Families should always be contacted when a child is experiencing a fever.
- Staff/carers should be aware of other symptoms that may occur with a high temperature. For example, a rash or vomiting.
- The service can state how staff/carers reduce a child's fever. For example:
 - encouraging the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids;
 - removing excessive clothing; and
 - sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin, such as arms or legs.
- The service can link this section by stating:
 - Please refer to the service's First Aid Policy.
 - Please refer to the service's Medication Policy.

When a fever requires medical attention

- There are several indicators or factors that define when a fever which requires immediate medical attention. The child:
 - is less than 6 months old;
 - has an earache;
 - has difficulty swallowing;
 - is breathing rapidly;
 - has a rash;
 - is vomiting;
 - has a stiff neck;
 - has bulging of the fontanelle (the soft spot on the head in babies); or
 - is very sleepy or drowsy.
 (The Children's Hospital at Westmead, 2005).

Caring for a child who is unwell

- Often children are unwell with the common cold (coughing, runny nose and a slight temperature) but do not display symptoms of an infectious illness that requires exclusion. This can be difficult for services who want to support the family's need for child care, but realise that a child who is unwell, will need one-on-one attention, which can place additional pressure on staff/carer ratios and the needs of the other children.
- The service can state how caregiving strategies are implemented to care for a child who is unwell.
- Services should consider the following reflective questions:
 - How is a child who is unwell, cared for throughout the day? For example, the service may provide quiet, passive experiences that meet individual needs.
 - If the child has a sibling in the service, are there opportunities for children from the same family groups to spend time together if one child is unwell? Siblings can provide emotional support to children and be a source of comfort and security.

Monitoring symptoms of an illness

- The service can state how caregiving strategies are implemented to monitor a child's illness.
- It is important to remember that staff/carers can interpret the severity of the same symptoms differently. Multiple people observing symptoms independently of each other may not accurately reflect when changes become more severe and therefore, an illness may become more serious without notice.
- For this reason, the service can nominate one person to care for an ill child, who can record any changes in breathing, colour of skin, levels of consciousness more accurately than three different staff/carers.
- Services should consider the following reflective questions:
 - How does the service ensure that one person can care for the child and consistently monitor the symptoms?
 - If there is only one person able to care for all children, how can the person access support and guidance from colleagues or management?

Documenting symptoms of an illness

- Documenting symptoms is crucial to the success of monitoring an illness, especially when the conditions change and the child becomes increasingly unwell.
- Records are an important way of communicating to a family how their child's illness has developed or been managed by staff/carers.
- Paramedics, medical practitioners and hospitals may use the information collected from staff/carers to diagnose an illness.
- For example, by documenting a child's temperature every 15 minutes, assists the service to determine how quickly the temperature is rising and the possible severity of the illness. Similarly, documenting the frequency and condition of unusual loose bowel movements may assist a medical practitioner to diagnose diarrhoea.
- Records should be kept for both children and other stakeholders who display symptoms of an infectious illness. Confirmed cases of contagious illness should be documented in the Bermagui Preschool Illness Register Form (see 4.16c).
- The service should state how symptoms of an illness are recorded. For example, clear, objective and readable text, which indicates details about:
 - the identity of the individual being monitored;
 - who records the information;
 - how frequently is information recorded;
 - the date and time;
 - whether medication has been administered;
 - first aid or caregiving strategies implemented; and
 - if adverse reactions are observed.
- Records can also indicate when the service's hygiene practices are effectively reducing illness in the service.
- Continuous documentation of the same type of illnesses can also indicate when hygiene practices are not adequate. For example, if several children and staff/carers are being diagnosed with gastroenteritis, there may be unhygienic food safety practices, such as inadequate handwashing before food preparation.

Exclusion guidelines for an infectious illness

- Please refer to the service's Immunisation Policy.

Notifying families or emergency contacts when an illness is present

- Services should consider the following reflective questions:
 - What is the procedure for notifying families and emergency contacts when an individual displays symptoms of an illness?
 - How do staff/carers determine when a child needs to be excluded from the service? How are families notified?
 - Does the service wait for a medical diagnosis before informing families and staff/carers?
 - Are families made aware of the service's exclusion guidelines during enrolment and orientation?
 - What is the service's action plan when the child's parent or guardian is unable to be notified? Are there emergency contacts?
 - What is the service's action plan when the family's emergency contacts are unable to be notified?
 - Does the service have a medical practitioner that can be called when parents, guardians or emergency contacts cannot be contacted?
 - Are families aware of this emergency plan at enrolment and orientation and have agreed to the plan if the situation arises?
 - How does the service ensure that up to date contact details for families and emergency contacts are maintained?

Protective behaviours and practices

Staff, carers, students and volunteers as role models

- Children learn through example and modelling is an important way to teach children about behaviours and practices.
- Staff/carers, students and volunteers must comply with the Illness Policy.

Staff/Carer professional development opportunities

- The service can describe how it aims to maintain and strengthen the skills and knowledge of staff/carers in relation to identifying illnesses through symptoms and caring for unwell children.

Communication with different stakeholders

Children

- It is important for the service to discuss how it will meet the individual needs of children.
- The service can describe how it encourages, communicates and promotes hygiene practices to children. For example, handwashing, covering mouth when sneezing or coughing.
- Services can link this section by stating:
 - Please refer to the service's Supporting Children's Individual Needs Policy.

Families

- It is important for the service to discuss how it will meet the individual needs of families.
- Services should consider the following reflective questions:
 - How are families informed about health initiatives in the community or state/territory? For example, notifying families about children's health nurse visits.

Staff/Carers

- Services can state how staff/carers support one another when a child is unwell. For example, one person is nominated to be the primary carer until the child is collected from care. This strategy can often minimise the number of people caring for an unwell child and reduce the risk of cross infection.
- It may be useful for a service to state how it supports staff/carers when caring for an unwell child.

Management/Coordination unit staff

- Services should consider the following reflective questions:
 - What management strategies are in place when an infectious illness is confirmed?
 - How does the service provide information to staff/carers about infectious illnesses?
 - Are there external agencies that need to be informed? For example, state/territory health departments.
 - How does the service promote the awareness of illnesses? For example, the service may arrange for health care professionals to visit the service to discuss about safe effective hygiene practices or display written and visual information for children, families and staff/carers.
 - How does the service plan for relief staff when an infectious illness excludes staff/carers from employment?

Privacy and confidentiality

- The right for children, families and staff/carers to be afforded a level of privacy and confidentiality in regards to their health status is paramount.
- Staff/carers, students and volunteers should be aware of the service's commitment to maintaining and respecting privacy and confidentiality.
- Services can link this section by stating:
 - Please refer to the service's Privacy and Confidentiality Policy.

Community

- The service can state if there are opportunities for health care professionals to visit the service to discuss childhood illnesses and their relating symptoms.
- Local nurses and doctors can advise services on a variety of issues relating to illness and can be a worthwhile source of information.

Relevant Legislation

Education and Care Services National Regulations 2011
National Quality Standards 2010

Resources & References

National Health and Medical Research Council. (2005). Staying healthy in child care: Preventing infectious disease in child care (4th ed.).
 Education and Care National Regulations.
 The National Quality Standard (2010).
 Being, Belonging and Becoming: The Early Years Framework for Australia (2009).
 Early Childhood Australia's Code of Ethics

Useful websites

- Anaphylaxis Australia - www.allergyfacts.org.au/foodalerts.asp
- Asthma Foundations Australia – www.asthmaaustralia.org.au
- Centre for Community Child Health - www.rch.org.au
- HealthInsite - www.healthinsite.gov.au
- Immunise Australia Program – www.immunise.health.gov.au
- National Health and Medical Research Council - www.nhmrc.gov.au
- NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au
- Raising Children Network – www.raisingchildren.net.au

Relevant Documentation

Links to other policies

- Child protection
- Employment of child care professionals
- Enrolment of new children and families to the service
- First aid
- Hygiene and infection control
- Immunisation and health related exclusion
- Medication
- Workplace health and safety
- Privacy and confidentiality
- Records management
- Staff/carers as role models
- Supporting children's individual needs

Date Adopted:

October 2017

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BERMAGUI PRESCHOOL TEMPERATURE MONITORING CHART

Child's Name:					Date:			
Educator/ Teacher Name:					Educator/ Teacher Signature:			
Temperature/ Time	Start Time:	15 mins	30 mins	45 mins	1 hour	Finish Time:		
Temperatures below 36.5 require urgent attention. Phone ambulance and parent immediately.								
Normal 36.5								
Normal 36.6								
Normal 36.7								
Normal 36.8								
Normal 36.9								
Normal 37.0								
Monitor every 15 mins 37.1								
37.2								
37.3								
37.4								
37.5								
37.6								
37.7								
Take action to reduce temp 37.8								
37.9								
38.0								
38.1								
38.2								
38.3								
38.4								
38.5								
38.6								
38.7								
38.8								
38.9								
39.0								
39.1								
39.2								
39.3								
39.4								
39.5								
39.6								
39.7								
39.8								
39.9								
40.0								
Temperatures above 40 require urgent attention. Phone ambulance and parent immediately.								
Notes/ Comments:								