Sturt St Community ELC: Illness Policy

Link to National Regulations:
Quality Area 2: Children’s Health and Safety
Element 2.1.1 Each child’s health needs are supported
Regulation 90: Medical condition policy provided to parents
Regulation 95: Procedure for administration of medication
Regulation 162: Health information to be kept in enrolment record
Element 2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
Regulation 77: Health, Hygiene and safe food practices
Regulation 85: Incident, Injury, trauma and illness policies and procedures
Regulation 86: Notification to parents of incident, injury trauma and illness
Regulation 87: Incident, injury, trauma and illness record
Regulation 93: Administration of medication
Regulation 95 Procedure for administration of medication

Policy statement

- Sturt Street Early Learning Centre has a duty of care to ensure that all persons\(^1\) are provided with a high level of protection during the hours of the service’s operation. 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;
  - maintaining a hygienic and healthy environment, such as cleaning the service daily and ensuring that the service is well ventilated.
- The purpose of this policy is to guide the service to manage illness and prevent the spread of infectious illnesses.
- The policy will assist the service to:
  - meet children’s needs when they are unwell;
  - develop individual health plans;
  - identify symptoms of illness;
  - monitor and document the progress of an illness;
  - guide staff/carers actions when symptoms change;
  - notify families or emergency contact\(^2\) when a symptom of an infectious illness, disease or medical condition has been observed;
  - notify stakeholders when an infectious illness has been confirmed by a doctor;
  - assess when an illness is an emergency\(^3\);
  - assess when an illness requires immediate medical attention\(^4\);
  - assess when an illness requires medical advice\(^5\);

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\(^1\) For the purpose of this policy, ‘persons’ include <children, families, staff, carers, carers’ family, management, coordination unit staff, ancillary staff (administrative staff, kitchen staff, cleaners, maintenance personnel), students, volunteers, visitors, local community, school community, licensee, sponsor and/or service owner>.

\(^2\) For the purpose of this policy, ‘emergency contact’ is the individual nominated on a child’s enrolment form or staff/carer, student or volunteer contact details as the person to be contacted in case of an emergency.

\(^3\) For the purpose of this policy, ‘emergency’ is defined as when the symptoms of an illness are life threatening, and may require first aid action and/or an ambulance. For example, a child displays symptoms of meningitis, such as a stiff neck, vomiting, fever, headache, drowsiness and a rash.

\(^4\) For the purpose of this policy, ‘immediate medical attention’ is defined as when the symptoms may indicate that the illness is potentially serious. For example, a child complains or displays symptoms of intense abdominal pain.

\(^5\) For the purpose of this policy, ‘medical advice’ is defined as when symptoms may indicate that the illness is potentially infectious. For example, continuous, ‘sticky’ eye discharge.
- identify exclusion guidelines and timeframes;
- administer medications appropriately.

- The service prevents the spread of illnesses by implementing the following strategies:
  - handwashing and other hygienic practices;
  - identifying and excluding children and staff/carers with symptoms of infection; and
  - maintaining clean and hygienic environments.

Please refer to the service’s Hygiene and Infection Control Policy.

- It is understood by staff/carers, children and families that there is a shared responsibility between the service and other stakeholders that the Illness Policy and procedures are accepted as a high priority.

- In meeting the service’s duty of care, it is a requirement under the Occupational Health & Safety Act that management and staff/carers implement and endorse the service’s Illness Policy and procedures.

**Rationale**

Illnesses will occur as part of life in a service catering for people’s needs. Minimising the spread of illness and infection is our responsibility to all the stakeholders of our service. Please refer to:

- Health Support planning; DETE (2001)

**Strategies and practices**

**Supporting children’s individual health needs**

- At enrolment and orientation, staff will seek information from families about children’s general and current health and behaviour status. This information will be documented on the enrolment form. Where recommended (see Health Support planning document), an individual health plan will be documented which will further assist staff/carers when observing and monitoring children’s health and behaviour needs.

- Upon enrolment, children’s Immunisation status will also be documented; parents will be asked to update this information by providing current copies of a child’s immunisation record to the service.

**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. Carers will use the above references to be aware of symptoms that may indicate a possible infection or medical illness or condition.

- Symptoms of illness can occur in isolation or in conjunction with others.

**List of symptoms**

- A list of illnesses including symptoms and/or exclusion guidelines for each illness in accordance to the National Health and Medical Research Council’s (NHMRC) recommendations are included in the parent handbook for information.

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For the purpose of this policy, ‘health care professional’ can include the child’s: medical practitioner (or doctor of medicine); allied health professional, such as a speech therapist, nutritionist or child psychologist.
• The references: You’ve got What?; Staying Healthy in childcare and DECS Health support planning are available for staff and parents to peruse adjacent to the policy folders for the centre.

• 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:
  o behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy;
  o high temperature or fever;
  o more than 2 loose bowel movements
  o faeces which is grey, pale or contains blood;
  o vomiting;
  o discharge from the eye or ear;
  o skin that displays rashes, blisters, spots, crusty or weeping sores;
  o loss of appetite;
  o dark urine;
  o headaches;
  o stiff neck or other muscular and joint pain;
  o continuous scratching of scalp or skin;
  o difficulty in swallowing or complaining of a sore throat;
  o persistent, prolonged or severe coughing; or
  o difficulty in breathing.

(Staying Healthy in Child Care, 2005, p. 18)

An illness is an emergency when the following symptoms are evident- an ambulance is called in cases of emergency

• continued high temperatures- and additional symptoms see below
• head injury resulting in concussion or loss of consciousness
• breathing difficulties which do not respond to comfort/ asthma medication
• serious bleeding, loss of blood

An illness requires immediate medical intervention

• when the child can not be made comfortable and is showing signs of pain eg abdominal pain, ear ache, head ache
• If parents are delayed in responding to a call to collect their child and seek their own medical intervention the staff member will assess whether an ambulance is appropriate – or whether medical intervention can be provided at the O’Brien Street Medical practice.

Assessing when an illness requires medical advice

• ‘medical advice’ is defined as when symptoms may indicate that the illness is potentially infectious. For example, continuous, ‘sticky’ eye discharge, rash or other symptoms as per Staying Healthy in child Care / You’ve got what.
• Parents/caregivers are contacted to collect the child and seek medical advice; parents are asked to notify the centre about the outcome of the medical advice – eg diagnosis, treatment, period of exclusion

Assessing when an illness requires children to stay away from child care

• Children need to stay away from child care, if the symptoms match illnesses with a period of exclusion as stated in Staying Healthy in Childcare– eg chicken pox, conjunctivitis, scabies, hand foot and mouth, gastroenteritis, diarrhoea, headlice
• Children need to stay away from child care for 24 hours after the last incidence of diarrhoea, or gastric vomiting and for 12 hours after experiencing fever
• Should a parent assess that their child requires paracetamol or another analgesic before attending care – the child is not well enough to cope with the program and will need to stay at home.
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). 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 of 35.8 to 37.4 C. A fever is considered to be a temperature above 38 C when taken under the arm or in the mouth. Staff will monitor children’s temperature if children appear unwell— see Temperature Record. Parents will be contacted and requested to pick up their child if they have a fever. Fevers are common in children and most are caused by viral infections.
- Children can also experience an elevated temperature for other reasons, which may not indicate an infection, however because staff are not trained medical personnel, we ask that parents take their child home and monitor them or see medical advice if the fever does not settle or your child is getting sicker.
- Staff/carers will be alert for, and document on temperature record, other symptoms that may occur with a fever. For example, a rash or vomiting.
- Where children have a fever, staff will make them comfortable and reduce the temperature while awaiting parent/caregiver’s arrival by
  - encouraging the child to drink plenty of water
  - removing excessive clothing;
  - placing a cool face washer on the child’s forehead, back of neck and exposed areas of skin, such arms or legs.
  - Staff will not administer paracetamol (unless this is prescribed by a medical practitioner as part of a Health Support Plan) as it can mask other underlying illnesses.

When a fever requires medical attention

- While waiting for a parent or caregiver to arrive, children will be closely monitored. An ambulance will be called if the child has:
  - difficulty swallowing;
  - problems with breathing
  - a rash;
  - vomiting;
  - a stiff neck or the light is hurting their eyes
  - has bulging of the fontanelle (the soft spot on the head in babies)
  - become very sleepy or drowsy.

Caring for a child who is unwell

- If children are unwell, but not displaying signs of infection that require exclusion, parents will be notified about how children are presenting, every effort will be made to support children’s comfort, eg to provide attention, quiet times, rest. If children are distressed and are not able to be comforted parents will be contacted to request that they collect their child from child care.
- When children are unwell, their temperature and symptoms will be monitored on temperature record sheet. The child’s primary caregiver, where available will take the lead on monitoring and communicating with parents. If the child’s primary caregiver is not available, a staff member will be assigned to stay with the child until they are collected by a parent/caregiver.

Documenting symptoms of an illness

- The service documents symptoms for individual children who are unwell on the temperature record sheet.

• Each room documents the date, symptoms and outcome eg child sent home, child absent, phone call from parent; pertaining to the illness; as well as follow up action – eg posting of information; additional cleaning/laundering on the record of illness sheet.
• The relevant information sheet from *Staying Healthy in Child care / You’ve Got what?* is posted at the entrance to the centre with a notice stating the date that confirmed cases of the illness have occurred.
• The records of illness are monitored to look for patterns that may indicate a review of processes – see hygiene and infection control policy.

**Notifying families or emergency contacts when an illness is present**
• Upon enrolment, every effort is made to ensure that adequate contact numbers for parents and/or emergency contacts are provided for each child.
• Every 6 months, a form is sent home for parents to use to update these details and details about children’ current medical/health status including immunisation.
• Where a parent/emergency contact is not contactable, the service has a relationship with the O’Brien St Medical Practice if further medical support is required.
• In cases of emergency an ambulance is called.

**Notifying the centre about a child’s illness**
Parents/caregivers are to notify the centre
• when a child has been ill since last attending care and is returning to child care, this helps us as a centre support children as they are recovering
• when a child has had a recent immunisation that may effect their wellness at care
• when a child comes down with an illness after attending care, for instance the child may attend care on Monday and present with symptoms on Tuesday – even if the child is not due to come into care until later in the week. By staying informed about illnesses within children at our centre we are able to keep accurate records and take appropriate actions eg providing information about prevalence of illness and symptoms; adjusting our cleaning/laundering schedules.

**Medications**
• The service will administer prescribed medication only.
• Parents must provide the medication with the doctor’s explicit instructions either on the label of the medication, or on a letter with the name of the medication, date, dose and instructions clearly described.
• Parents sign the medication in with a staff member, who places the medication in the marked area of the refrigerator and places the medication form on the refrigerator;
• Times of medication are noted on the sign in sheet/whiteboard.
• When the medication is given the medication form is signed by the staff member and countersigned by another staff member who has witnessed administration of the medication.
• The signed medication forms are filed in the Medication folder under the child’s name.

**Protective behaviours and practices**
*Staff and carers, as role models*
As part of encouraging children’s awareness of their own wellbeing and care needs, children are taught appropriate hand washing, and other personal routines, eg toileting, nose blowing, disposal of tissues, bandaids, taking off and putting on clothing to support appropriate comfort in different weather/temperature conditions, applying sunscreen and drinking plenty of water.
Appropriate language, pictures and texts are used to talk about bodily functions and also about what ‘sick’ and ‘well’ feels like; about people in our community who help us to look after our health and about things we can do to stay healthy – eg hygiene, nutrition, fitness and safety practices.
Staff/Carer professional development opportunities

Staff are encouraged to do training to stay up to date about first aid; asthma training; and other specific training eg diabetes, epilepsy as appropriate. Current copies of Staying Healthy in child care; you’ve got what and health support planning are available for ready reference.

Communication with different stakeholders

Children
Appropriate language will be used to support children’s learning about wellbeing and illness. Procedures for personal hygiene – eg hand washing, nose blowing, covering mouth when coughing, not sharing drinks, eating utensils etc are taught and reinforced constantly as part of the program.

Families
Communication with families about wellbeing and illness occurs
- on enrolment – gathering appropriate health/ allergy/immunisation information as well as discussing processes for emergency contacts and exclusion in case of illness or infection
- in the parent information book, where the National Health and Medical Research Council’s (NHMRC) recommendations are included
- through information about current instances of illnesses at the centre which are posted at the entrance along with a fact sheet about the illness; in general the illness fact sheet will be posted at the centre for one week after the last notified case of illness.
- through newsletters and parent information eg about health services, ways to stay healthy and prevent infection/illness
- through personal and phone contact when children are unwell

Staff/Carers
Communication with staff about wellbeing and illness occurs
• on induction where the policies about illness, exclusion, immunisation and hygiene infection control are provided and discussed.
• in staff meetings where new forms, procedures or practices are discussed introduced
• in the room diary and illness records that are kept about any cases of illnesses that are current in the centre

Management
• through daily communication about illnesses, review of the illness records for the centre and the process for notifying the health department and education department about notifiable diseases as outlined in “You’ve got what?”

Privacy and confidentiality
• Children’s and parents rights to confidentiality are supported by the following practices
• Health care plans and medication forms are filed in a folder that is not accessible to other parents/caregivers
• Any notices about illnesses in the centre state the number of confirmed cases and do not identify affected children/families
• Information about children’s allergies, which needs to be readily available to staff is shielded from open view

Policy review
• The service will review the Illness Policy and procedures, and related documents, every 2 years
• Families are encouraged to collaborate with the service to review the policy and procedures.
• Staff/carers are essential stakeholders in the policy review process and will be encouraged to be actively involved.

Sources and further reading


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
• Chess: Child, Health, and Education support services : http://www.chess.sa.edu.au/
• Healthinsite - www.healthinsite.gov.au
• Health SA ; Department of Health: public health section for communicable diseases and public health alerts http://www.dh.sa.gov.au/pehs/
• Immunise Australia Program – www.immunise.health.gov.au
• National Health and Medical Research Council - www.nhmrc.gov.au
• Raising Children Network – www.raisingchildren.net.au

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