

Document No.	Title	Version	Pages	Effective date
POL-OPS-5	Health and sickness	1.0	10	26 th January 2018

1.0. Purpose

1.1. This document reflects the aim to:

- 1.1.1. Maximise the health and safety of all the children in the service's care.
- 1.1.2. Recognise the educator's and staff's duty of care to protect the health and safety, and minimise the spread of infection between children, educators, staff, families and visitors within the service.

2.0. Overview

- 2.1. Effective hygiene strategies and practices will protect all persons from and minimise the potential risk of the spread of disease and illness.
- 2.2. There is a shared responsibility between educators, staff and families to accept and consistently implement this policy and its procedures (which is inline with the service's mission of ensuring the security, physical safety and emotional well-being of the children).

3.0. Practices

- 3.1. The service promotes hygienic practices and prevents the spread of infections by implementing a variety of strategies and standard precautions in the everyday practices. This includes:
 - 3.1.1. Effective hand hygiene. Please refer to 'Hand hygiene' policy.
 - 3.1.2. Hygienic cleaning techniques. Please refer to 'Service cleaning' policy.
 - 3.1.3. Ongoing maintenance of a hygienic environment.
 - 3.1.4. Appropriately handling, storing and disposing of bodily fluids (all bodily fluids are potentially infectious).
 - 3.1.5. Ongoing updating of knowledge of infectious diseases and exclusion periods.
 - 3.1.6. Identifying and excluding sick children and educators.

- 3.1.7. Promoting and maintaining records on health and immunisation.
 - 3.1.8. Providing of and using protective products.
 - 3.1.9. Supporting children to learn and develop effective self-care skills for life.
- 3.2. Many of the hygiene habits developed during childhood will continue throughout life. The service will provide opportunities within the programme, both planned and spontaneous, for educating children in taking an increasing responsibility for their own health and physical wellbeing, and providing opportunities for increasing independence and competence in personal hygiene, care and safety for themselves and others.
- 3.3. Educators and staff will supervise and support the maintenance of positive and effective practices.
- 3.4. Educators and staff will provide families with updated information, guidelines and recommendations on hygiene, illnesses, immunisation, health and wellbeing, both formally and informally.
- 3.5. When groups of children play and learn together, illness and disease can spread from one child to another even when the services stakeholders implement recommended hygiene and infection control practices.
- 3.6. If a child is unwell, then they require more attention and comfort, which places extra pressure on the educator-child ratios. It is a balancing act to meet the needs of the individual child and family, while acknowledging that other children, families and educators need to be protected from infectious illness.
- 3.7. Excluding sick children is one way of limiting the spread of infection in the service, and of assisting a speedy more comfortable recovery for the child. Parents may find exclusion difficult to manage, however, they are in place for the unwell child, the well children and everyone within the service and our community.
- 3.8. Parents are asked to advise educators and staff when their child has been unwell, even if the illness or symptoms did not occur on the child's pre-school day. Families should discuss and be aware of policies and procedures, which will need to be followed, for example when a medical clearance is required or if medication has been prescribed.
- 3.9. Consistent and clear communications between educators, staff and families are important to assist in maintaining a healthy environment.

3.10. Families are also requested not to attend the centre themselves or with siblings if they have any signs or symptoms of an infectious illness either.

3.11. If families visit the doctor with their child, for any reason, it is best practice to ask for a certificate from the doctor, stating what the child's symptoms are, what the doctor's diagnoses are and their recommendations.

4.0. Recommended exclusion periods – when no Medical Certificate is generally required on the child's return

4.1. Even though it is not mandatory for a Medical Clearance for the below illnesses on the initial return, educators and staff reserve the right to request a clearance if children are showing recurring symptoms or there is consistent cases of the one illness presenting within the service.

Active cold sores	Exclude until treatment has commenced and sores are dry. A child is too young to manage effective hygiene practice to minimise cross infection.
Conjunctivitis	Exclude while any discharge is still present, especially first thing in the morning and after outdoor play. Begin administration of appropriate drops or cream.
Common Cold	Exclude for 1 to 5 days and until 100% well and able to cope with a full pre-school day. Please refer to section 5.4.
Diarrhoea	Exclude until at least 24 hours since last loose bowel movement, and the child has successfully been managing full solids and dairy products for at least 24 hours.
Discharge from Nose	Exclude if thick cream/ green consistency and if running consistently.
Head Lice	Exclude until treated and all lice and their eggs are removed. Educators reserve the right to check the child's hair on their return for presence of eggs and/or lice and during our day if necessary
High Temperature	Exclude until temperature has ceased for at least 24 hours, and the child is 100% well and able to cope with the pre-school environment.
Just not 100%	Exclude until 100% and able to cope with the pre-school environment.
Mouth Ulcers	Exclude until treatment has commenced.
Productive Cough, persistent, prolonged or severe coughing	Exclude for at least 24 hours, when 100% well and able to cope with the pre-school environment.

Vomiting	Exclude until at least 24 hours since last vomited, and the child has been managing full solids and dairy products for at least 24 hours.
Worms	Exclude until after treated and signs in stools are no longer present.

5.0. Recommended minimum exclusion periods – when a written Medical Clearance is required on the child’s return

- 5.1. It is mandatory for a Medical Clearance for the below illnesses on the initial return. The Medical Clearance differs from a normal Medical Certificate, which is typically used for medical absence from work.
- 5.2. Medical Clearance for some illnesses and infections may take time to process, as they will require a reassessment by the doctor before the children return to the pre-school. For example, chicken pox, school sores (impetigo).
- 5.3. The Medical Clearance must state clearly what the child was unwell with, and that they are ‘fit to return to child care’ on a specific date. Generic description indicating the period of absence will not be accepted.
- 5.4. A Medical Clearance will be required if the child continues to present with a consistently mucus based runny nose, productive cough or excess phlegm issues.
- 5.5. A Medical Clearance will be required if the child is requiring certain types of medication whilst at the centre. Please refer to ‘Administration of medication’ policy.
- 5.6. The service is required to report Poliomyelitis (Polio), Haemophilus Influenzae Type B (Hib) and Tetanus to the Public Health unit if any cases are reported to the service. Please refer to ‘Dealing with infectious diseases’ policy.

Asthma	Require a current Action Plan, Risk Minimisation and Communication Plan and all necessary medication to be left on the premises for a child diagnosed with Asthma - please see ‘Dealing with medical conditions’ policy.
Broken limb	Exclude until they can participate 100% and clearance is given.
Bronchiolitis	Exclude until 100 % and a clearance is given.
Chicken Pox (Varicella)	Exclude until spots / blisters are dried and a clearance is given. This is usually 5 days after the spots begin first appearing.
Croup	Exclude for minimum of 4 days after diagnosis and

	a clearance is given.
Diphtheria	Exclude until cleared after two negative throat swabs and antibiotics have been given. The service must report this to the Public Health Unit.
Discharge from ears	Exclude until treatment has started, discharge is managed and a clearance given.
Glandular Fever	Exclude until medically cleared and they can manage effectively and happily with the demands of an active pre-school programme.
Hand Foot and Mouth	Exclude until blisters are dry and a clearance is given.
Impetigo	Exclude until treatment has commenced, sores are dry, crusty and a clearance is given.
Influenza	Exclude until 100% and a clearance is given.
Measles	Exclude for a minimum of 4 days after the rash appears and a clearance is given. The service must report this to the Public Health Unit.
Meningitis	Exclude until 100% well and a clearance is given. The service must report this to the Public Health Unit.
Meningococcal	Exclude until antibiotics have been administered for at least 24hours and a clearance is given. The service must report this to the Public Health Unit.
Mumps	Exclude for at least 9 days and the swelling has gone down and a clearance is given. The service must report this to the Public Health Unit.
Parvovirus (slapped cheek)	Exclude until a clearance is given.
Ring Worm	Exclude until 24 hours after treatment has begun and a clearance has been given. Sores must be able to be covered at all times.
Roseola Virus	Exclude until a clearance is given.
Rotavirus	Exclude for at least 24 hours from last loose bowel motion or vomiting, they must have been on full solids and dairy for at least 24 hours and a clearance is given.
Rubella (German Measles)	Exclude until at least 4 days after the rash appears. The service must report this to the Public Health Unit.
Salmonella	Exclude until 24 hours since last loose bowel motion or vomiting they must have been on full solids and dairy for at least 24 hours and a clearance is given.
Scabies	Exclude until 24 hours after antibiotics have started and a clearance is given.
Scarlet Fever,	Exclude until 24 hours after antibiotic treatment

Streptococcal sore throat	and a clearance given.
Skin Rashes	Exclude until identified and a clearance given - these will vary. Educators will request a Doctor diagnosis of all rashes and spots they feel are unusual or suspicious.
Stiches	Exclude until the child can participate in our programme safely and a clearance is given.
Tonsillitis/ Strep/ Sore Throat	Exclude for at least 24 hours after prescribed treatment begins and a clearance is given.
Thrush	Exclude until spots or flakes are completely gone and a clearance is given.
Viral Gastroenteritis	Exclude until 24 hours since last loose bowel motion, they must have been on full solids and dairy for at least 24 hours and a clearance is given.
Whooping Cough (Pertussis)	Exclude until antibiotics have been administered for at least 5 days and a clearance is given. The service must report this to the Public Health Unit.

6.0. Others

- 6.1. Any other infections or signs and symptoms will be judged as they arise. Educators and staff will refer to Workplace Safety and Health (WHS) policies and the Public Health Unit to investigate each infection or illness and isolation periods if not already stated above.
- 6.2. Educators and staff have the right to make informed judgements in the best interests of the service, children and the community.
- 6.3. Educators, staff and parents are not health professionals and will require informed diagnosis from a medical professional, and not informed ones from a parent or family member, so as to ensure the health and safety of all stakeholders is maximised.
- 6.4. Under the Public Health Act, the service must exclude a child and notify the Public Health Officer of any known child who is diagnosed with a vaccine preventable disease.
- 6.5. Children who do not have current up-to-date immunisation schedules or a contentious objection in place will be excluded.
- 6.6. It is the families' responsibility to provide the required immunisation records (such as a copy of their ACIR Immunisation History Statement) for the service's files. The service can be fined if in breach of accurate records being kept.

- 6.7. Known illnesses, absences due to illness, signs and symptoms whilst at the service will be recorded in the Communication Book, and an Illness Frequency Chart if contagious, infectious or a re-occurring illness. This will assist in providing an awareness of possible cross infection within the service. This information will be utilised to monitor effective practices, policies and procedures within the service. If the Public Health Unit is contacted to report an illness, this will be recorded in the service's files for future reference and ongoing monitoring.

7.0. Care for sick or unwell child while in service

- 7.1. When an educator or staff detects signs or symptoms of a child being unwell and or not able to participate in activities, the following procedures will apply:
 - 7.1.1. Watch for, record signs or symptoms indicating a child is unwell or suffering from a medical condition. Such as high fever, drowsiness, lethargy and decreased activity, breathing difficulty, poor circulation, poor feeding, poor urine output, red or purple rash, a stiff neck or sensitivity to light, pain.
 - 7.1.2. Listen to and respond to children's voices or complaints about how they feel (such as tummy ache, headache).
 - 7.1.3. If the child is suffering from a known medical condition, then follow the child's individual Action Plan details and the service's 'Dealing with medical conditions' policy.
 - 7.1.4. If the child is not suffering from any known medical conditions, then monitor the child's temperature. If he or she has a temperature of 38 degree Celsius, the educators or staff will note down the temperature, and at the same time, contact the parent, guardian or authorised nominee to collect the child.
 - 7.1.5. Educators and staff will monitor the child at regular intervals. Temperature will be taken every 10 minutes until the child is collected.
 - 7.1.6. If the temperature becomes extreme (over 38 degree Celsius) while waiting for collection, the educators and staff will immediately start cooling the child down with tepid water and by fanning them and ensuring small amounts of fluids are available. Educators and staff will contact the parent, guardian or authorised nominee to update them of the situation, and request them to collect the child as soon as possible. Educators and staff will record the time the contact was made in the Communication Book.

- 7.1.7. It is the Centre's policy that children are not administered with Panadol or Paracetamol. However, an exception to this applies when a child has an escalating body temperature exceeding 40 Degree Celsius. For such situation, the educator or staff will contact the parent or guardian to obtain a verbal approval to administer Panadol or Paracetamol, while waiting for the child to be picked up. In the event that the child is not picked up within 15 minutes, an ambulance will be engaged.
 - 7.1.8. If the child goes into febrile convulsion (which is a fit or seizure caused by fever), educators and staff will contact 000. Educators and staff will contact the parent, guardian or authorised nominee to update them of the situation, and request them to collect the child as soon as possible. Educators and staff will record the time the contact was made in the Communication Book.
 - 7.1.9. Where necessary, the educators and staff will escalate to contact the next authorised nominee for the collection.
 - 7.1.10. Educators and staff will ensure that the child is kept as comfortable and isolated as possible.
- 7.2. If a child does not have a temperature, but he or she is deemed not coping with the daily routine, or showing other signs and symptoms of being unwell or contagious, the educators and staff will obtain a second opinion from another educator or staff. If the educator or staff concurs in view that the child may be unwell and/or be infectious, then the following procedures will apply:
- 7.2.1. Keep the child comfortable in a quiet area with a quiet activity, which can be effectively cleaned.
 - 7.2.2. Contact parent, guardian or authorised nominee, inform them of the signs and symptoms, and request the child to be collected as soon as possible.
 - 7.2.3. Educators and staff will record the time the contact was made in the Communication Book.
 - 7.2.4. Educators and staff will monitor the child at regular intervals, to offer reassurance and offer comfort.
 - 7.2.5. Contact parent, guardian or authorised nominee after 30 minutes if they have yet to arrive.

- 7.2.6. In the event that educators and staff feel that the child may be contagious, then he or she must remain as isolated as possible. One educator or staff must remain with the child.
- 7.2.7. Educators and staff will ensure they continue to meet the educator:child ratio, continue with current routines and to enable effective supervision with other children.

8.0. Emergency

- 8.1. In the event where an educator or staff, who is a qualified first aider, assesses the concern as an emergency, such as the below condition, he or she will contact 000 for an ambulance.
 - 8.1.1. Red or purple rash that does not turn white when pressed (Meningococcal)
 - 8.1.2. A stiff neck or sensitivity to light (Meningitis)
 - 8.1.3. Significant open wound or gash
 - 8.1.4. Obvious limb deformation
- 8.2. In the event where the child has to be sent to the hospital via an ambulance, and the parent has yet to arrive at the Centre, one of the educators will adjourn to the hospital with the child via the ambulance.
- 8.3. Educators and staff will contact parent, guardian or authorised nominee to inform of the situation, and the hospital that the child has been admitted to.
- 8.4. Educators and staff are to remain calm, continue to be reassuring and positive with both the unwell child and the other children in care.

9.0. Related policy

- 9.1. Hand hygiene – POL-OPS-7
- 9.2. Service cleaning – POL-WHS-2
- 9.3. Administration of medications – POL-MAN-1F
- 9.4. Dealing with infectious diseases – POL-MAN-3
- 9.5. Dealing with medical conditions – POL-MAN-4

Source

- Education and Care Services National Regulations 2011
- The Early Years Learning Framework
- Staying Healthy: Preventing infectious diseases in early childhood education and care services' (5th edition) by National Health and Medical Research Council (NHMRC)
- Public Health Act 2010
- Public Health Regulations 2012
- Educators' inputs (Katrina Chu, Skymaree Elliott, Sobia Ejaz, Mosharrat Jabin, Kayla Cross)
- Centre Director, Alicia Ryzko's inputs

Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this policy every 2 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with Regulations 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Version Control Table

Version No.	Date effective	Next review	Amendment
1.0	26 th January 2018	26 th January 2020	New document