

MANAGEMENT OF ILLNESS POLICY

Date: 1995, Revised 14/09/05, Revised 7/11/2007, Revised 26/10/2010, Revised 25/07/13, revised 14/02/14, reviewed 26/07/17

Signed By Management Committee _____ **Date** _____

AIM

To ensure that an unwell Person is noticed and cared for swiftly and that appropriate action is taken to prevent the possible spread of infection.

BACKGROUND

It may not always be possible to determine why a Person is unwell but prompt and effective action is needed to ensure the well-being of the Person and to reduce the risk of possible infection to other persons in the group.

RESPONSIBILITIES:

If a child or staff member is sent home unwell they must not return to the Centre until they have fully recovered, or are no longer infectious to other children and staff.

Parents of children are expected to react promptly to notification that their child appears to be unwell and collect them from the centre in a timely manner. If a child is sent home unwell they must not return to the Centre until they have fully recovered, or are no longer infectious to other children and staff.

The Centre Director must notify ACT Health when any case of the following diseases occurs in the centre:

- * Diphtheria, measles, mumps, poliomyelitis, rubella, (German measles), whooping cough (pertussis) or tuberculosis, and
- * There is a food borne illness in two or more persons, or gastroenteritis affecting three or more persons.

As recommended by ACT Health, the Centre Director should report:

- * Any single case of meningitis
- * Any of the following conditions affecting three or more persons - Chickenpox, cold sores, conjunctivitis, influenza, strep throat or any other condition of concern.
- * Additionally the NHMRC recommends that ACT Health be notified of any case of: arbovirus infection (Ross River virus, Dengue), brucellosis, campylobacteriosis, chlamydial infection, cholera, donovanosis, gonococcal infection, haemophilus influenza type B infection, H1N1 Influenza (Swine Flu), hepatitis, hepatitis A, B & C, HIV infection, hydatid infection, legionellosis, leprosy, leptospirosis, listeriosis, lymphogranuloma venereum, malaria, ornithosis, plague, Q fever, rabies, salmonellosis, syphilis, typhoid, viral haemorrhagic fever, yellow fever, or yersiniosis

A child or staff member who is diagnosed as having a notifiable disease as listed above should inform the Centre and will be excluded as per the Infectious Disease Outbreaks & Exclusions Policy.

A child who appears to be unwell before leaving home should not be brought to the Centre under any circumstances and should be kept at home until fully able to cope with the routine and activity of the Centre.

Under no circumstance should a child who has been given paracetamol at home be brought to the Centre. Paracetamol may mask the symptoms of a more serious illness.

RELATED POLICY

Medication Policy
Infectious Disease Outbreaks and Exclusion Policy
Anaphylaxis Policy
Asthma Policy
Hygiene Policy

IMPLEMENTATION

1. This policy applies to all children, staff and visitors that are in attendance at the Centre.
2. Staff are to be alert to symptoms of illness exhibited by both adults and children throughout the course of the day. A child exhibiting the following signs may need to see a medical practitioner:

• fretful and listless behaviour

• crying readily but not easily comforted

• loss of interest in play	• abnormally quiet and inactive
• loss of appetite	• hot to touch
• tired and flushed appearance	• feel cold and look pale
• vomiting	• diarrhoea or loose stools
• persistent cough	• difficulty in swallowing
• complain of headache or stiff neck	• unusual spots or a rash
• Frequent scratching of scalp or skin	• Discharge from eyes
• Very dark urine	• Gray or pale faeces
• Thick green or bloody discharge from nose	• Yellow skin or eyes
• less than four wet nappies in twenty-four hours	• difficulty breathing

3. If in the professional opinion of staff a person is unwell and is unable to cope with the daily program and routines and/or staff are not able to adequately care for the sick person they are to be sent home.
4. If in the professional opinion of staff it is necessary to call an ambulance, one will be called immediately. The parents will be responsible for the cost of the ambulance.
5. Parents will be advised of this policy and asked to consider what steps they will take in the event that their child becomes unwell while at University Preschool & Childcare Centre.
6. If a person is sent home unwell they must not return to the Centre until they have fully recovered, or are no longer infectious to other children and staff.
7. A Medical Certificate may be required in some circumstances, i.e. where there is evidence of a rash before the person is permitted to re-attend the Centre.
8. If a person has been commenced on a course of 'Antibiotics', they will be excluded from the Centre for at least 1 full day after starting the course of Antibiotics. This is to allow time for the medication to take effect and to minimise the risk of infection for others. If they start on a course of antibiotics part-way through one day it is recommended that they stay home for all of that day and the following day.
9. ACT Department of Health rules will be strictly adhered to.
10. A child who appears to be unwell before leaving home should not be brought to the Centre under any circumstances and should be kept at home until fully able to cope with the routine and activity of the Centre.
11. Upon noticing signs and/or symptoms that a child is unwell, staff will:
 - Inform parents/emergency contact of the child
 - As far as possible the child will be separated from the other children until parent takes the child home. Children in the nursery will be placed in the isolation cot which is located in the room. In the Toddler and Preschool Sections the staff will make the child comfortable in a section of the room (on the lounge) and a staff member will stay near-by to encourage other children to keep away.
 - Take the child's temperature, and take action to bring fever down if necessary
 - Record, Monitor and Document the progress of the illness on the Incidents, injury, trauma and illness record.
 - Inform parent of conditions of exclusion and readmission
 - Inform the Director who will inform ACT Health if necessary
12. In the case of loose bowel motions or vomiting the following will occur:
 - After one (1) vomit a person will be excluded from the Centre. In the case of a child their parents will be contacted and advised that they will need to come and collect their child
 - After two (2) instances of loose bowel motions a person will be excluded from the centre. In the case of a child their Parents will be informed by phone after the first instance that they have had a loose bowel motion. After the second instance of loose bowel motion the parent will again be contacted and asked to collect the child.
 - Children or staff sent home with diarrhoea or vomiting will be excluded from the Centre 1 full day after the bowel motions have returned to normal consistency and/or the vomiting has stopped.
 - Parents who advise staff that a child has had diarrhoea or vomiting the previous day or night will be advised by that the child should be excluded for 1 full day after the vomiting has ceased and/or the bowel motions have returned to a normal consistency.
 - If there are a number of cases of vomiting or diarrhoea in the centre the exclusion period will be extended to 48 hours or longer depending on advice from ACT health

NB: The above procedure does not apply to children who experience loose bowel motions or vomiting due to teething, medication or other existing non-contagious medical conditions. UPCCC may request a medical certificate to confirm this is the case.

13. In the case of a raised temperature the child's temperature will be taken by either an ear thermometer or by placing a thermometer under the child's arm for one minute after the registering signal. A normal temperature taken by this method is a little over 36°C.

Procedure for staff to follow in the event of a rising temperature

- i. If a child has a temperature of 38°C staff will contact parents and advise them that their child is unwell and that they need to come and get them.
- ii. Staff will continue to monitor the child's temperature and try to cool them by removing outer clothing and applying a cool damp cloth.
- iii. If a child's temperature continues to rise rapidly and the parents or emergency contact persons are not able to attend the Centre within 10 minutes the team leader or their delegated level 3 will assess the situation and if they feel it is necessary will call an ambulance.

NB: Paracetamol will be kept in each section for administering only if advised by an appropriately qualified medical person, eg. Ambulance personnel, prior to the arrival of an ambulance at the Centre.

A child's body temperature can fluctuate markedly during the course of an infection. A very common pattern is for a child to develop a high temperature during the night and appear perfectly well the next morning. During the day however, the child's temperature may again rise. If this should occur, the parent is expected to collect the child as soon as possible after being notified.

UNDER NO CIRCUMSTANCES WILL ANY CHILD ATTENDING THE CENTRE BE PUT TO BED WITH A TEMPERATURE REGISTERING 38°C OR GREATER WHEN TAKEN PER AXILLA (UNDER THE ARM).

NO BABY WILL BE PUT INTO A COT ROOM TO SLEEP WITH A TEMPERATURE REGISTERING 38°C OR GREATER WHEN TAKEN PER AXILLA (UNDER THE ARM). THEY WILL BE PLACED IN AN ISOLATION COT AND MONITORED TILL PARENTS ARE CONTACTED AND CHILD IS TAKEN FROM THE CENTRE.

Sources:

Australian Children's Education & Care Quality Authority (2011), National Quality Framework Resource Kit, *Guide to the National Law and Regulations & Guide to National Quality Standards*,

Australian Government, National Health and Medical Research Council, (2012) *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care – (5th ed.)*,

Department of Education, Employment and Workplace Relations, (2009). *Belonging, Being & Becoming, The Early Years Learning Framework for Australia*,

Oberklaid, F. (2004). *Health in early childhood settings*. NSW: Pademelon Press.

ACT Health, Reporting of Notifiable Conditions Code of Practice,

http://www.health.act.gov.au/sites/default/files//Publications/Reporting_of_notifiable_conditions_code_of_practice_and_form_0.pdf accessed 11 July 2017.

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