

Illness Policy 2.8

Mackinnon Parade Children's Centre (MPCC) manages symptoms of illness to prevent the spread of infections, illness and disease amongst children and employees.

Purpose

This policy applies to Mackinnon Parade Children's Centre, educators, employees, students on placement, parents/guardians, children and others attending the programs and activities of MPCC to ensure awareness and understanding of the procedures in the event of illness and disease.

Procedure

This policy will assist MPCC to:

- Support children's individual health needs.
- Identify symptoms of illness and disease.
- Monitor and document the progress of illness and disease.
- Notify parents/guardians when a symptom of illness, disease or medical condition has been observed.
- Identify and implement exclusion guidelines and timeframes where necessary.

Supporting children's individual health care needs

Upon enrolment and orientation, MPCC will discuss with families their children's general and current health and wellbeing status. The enrolling parent must ensure this information is documented on the enrolment form where it is specified to provide such detail. MPCC will require an individual Health Care Plan developed by a medical professional for children with allergies, intolerances or other medical conditions such as anaphylaxis or asthma prior to commencement of enrolment at MPCC. These plans assist educators to observe, monitor and respond to children's health needs.

Identifying signs and symptoms of illness

MPCC will ensure that employees are aware that the following symptoms which may indicate a possible infection, illness or serious medical condition:

- *Drowsiness, lethargy and/or decreased activity*
- *High temperature or fever (38°C degrees and above)*
- *Pain*
- *Loose bowels*
- *Faeces which are grey, pale or contain blood*
- *Vomiting*
- *Poor eating/feeding*
- *Discharge from the eye*
- *Skin that displays rashes, blisters, spots, crusty or weeping sores*
- *Loss of appetite*
- *Dark or reduced urine*
- *Headache*
- *Discoloured discharge from the nose*
- *Stiff neck or other muscular and joint pain*
- *Continuous scratching of scalp or skin*
- *Difficulty in swallowing or indicating a sore throat*
- *Persistent, prolonged or severe coughing; or*
- *Difficulty in breathing or noisy breathing*

Please note that symptoms may occur in isolation or in conjunction with others.

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Assessing illness in children

Educators will observe a child to identify when symptoms require the child to be in need of extraordinary care and support. Steps will be followed to these symptoms and manage situations where symptoms appear to fit a condition with an exclusion period (see Appendix A) or when symptoms appear to require medical attention or are possibly contagious in nature. It is highly recommended that clients seek medical advice when their child/ren fall into one of these categories. To ensure that symptoms are not infectious and to minimize the spread of infection a clearly defined exclusion period applies.

The observed signs and symptoms of illness will be document on the Child Notification Form and communicated with families upon collection and depending on severity, may be communicated by a phone call.

Assessing when Illness requires emergency attention

An illness is considered an emergency when the child is exhibiting respiratory or circulatory (shock) failure and/or is unconscious. In the event of such an emergency:

- Educators will commence first aid.
- An ambulance will be called immediately by dialing 000.
- Parents/ guardian or emergency contact people will be notified.
- All signs and symptoms observed will be documented on the Child Notification Form.

Assessing when Illness requires medical attention

For the purpose of this policy, an illness that requires 'immediate medical attention' when the symptoms may indicate that the illness is potentially serious, for example a child complains or displays symptoms of intense abdominal pain. In this event:

- Educators will commence first aid.
- Parents or emergency contact person will be notified and requested to take their child to seek immediate medical attention.
- If parents or the emergency contact persons cannot be reached an ambulance will be called, by dialing 000.
- All signs and symptoms observed will be documented on the Child Notification Form.

Assessing when Illness requires medical advice

For the purpose of this policy, an illness that requires medical advice when symptoms may indicate that the illness is potentially infectious, for example eye discharge. In this event:

- Educators will provide first aid.
- Parents or the emergency contact person will be notified and instructed to collect their child immediately.
- All signs and symptoms observed will be documented on the Child Notification Form.
- Depending on the nature of the illness the child may only be able to return following a presentation of a medical certificate stating that the child is well to return as set out in Appendix A Exclusion Periods for Infectious Conditions.

Assessing when Illness requires the child to be collected for monitor by their family

For the purpose of this policy, an illness that requires the child to be collect form MPCC when symptoms may indicate that the illness interferes with the child ability to play or be cared for within a group or is potentially infectious, for example irritable and unsettled or sticky eye discharge. In this event:

- Educators will provide first aid.

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- Parents or the emergency contact person will be notified and instructed to collect their child as soon as possible.
- Depending on the nature of the illness the child may only be able to return following a minimum exclusion period (1) following day, (2) when symptoms are no longer present or (3) on presentation of a medical certificate stating that the child is well to return as set out in Appendix A Exclusion Periods for Infectious Conditions.
- All signs and symptoms observed will be documented on the Child Notification Form.

Responsibility of the Educator

While waiting for the parent/ guardian or emergency contact to arrive, employees will keep the child separated from other children if possible, while still providing comfort and supervision.

After the child leaves, employees must ensure all surfaces, toys and door handles are cleaned as some infectious agents can persist on surfaces. All children and adults who were exposed to the sick child must wash their hands thoroughly.

High Temperatures and Fevers

Various recognised authorities define a child's normal temperature within a range of 36.5°C – 37.5°C.

A child with a high temperature of 38°C or above (including children who required paracetamol to reduce a fever), should not attend MPCC as this may be an indication of illness.

Key points

- The normal temperature for a child is between 36.5°C – 37.5°C.
- High temperatures are common in unwell children.
- If a child is presenting a temperature of 38°C or over, the parent/ guardian or emergency contact must be phoned for immediate collection.
- If the child is less than 3 months old and has a fever above 38°C it is recommended to seek a Professional health assessment.
- Children who present with a temperature of 38°C or higher, must be immediately excluded and excluded for the proceeding day or 24 hours from when the temperature has returned back to the considered normal temperature range- whichever is the greater exclusion period.

When a child has a temperature

1. Educators will commence first aid and keep the child as comfortable as possible.
2. Parents/ guardians or an emergency contact will be notified when a child reaches a temperature of above 37.5°C as a precaution/ courtesy notification.
3. When a child has a temperature of 38°C or higher the parent/ guardian or emergency contact person will be notified to collect the child as soon as possible.
4. In both cases the child is not permitted to return to MPCC on the proceeding day or for a further 24 hours following the cessation of the high temperature- whichever is greater.
5. An ambulance will be called immediately on 000 if the child has a physical seizure or convulsion.

Common cold

Children with a cold may show symptoms including, but not limited to, coughing, runny nose and a slight high temperature and may appear unwell.

- When a child presents with these symptoms Educators will notify the parent to collect their child.
- The child will not be permitted to return to MPCC the proceeding day and unless the symptoms are no longer present for a minimum of 24 hours, the service reserves the right to request a doctor's medical clearance before allowing the child to return to MPCC.

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Documenting an illness

- Educators will document each child's symptoms of illness on the Child Notification Form. This will be presented to families on collection of the child.
- Each attempt made to contact a parent or emergency contact person must be recorded on the Child Notification Form and the time noted.

Exclusion periods for illness and disease

Appendix A. Minimum Exclusion Periods for Infectious Conditions

Most Common Exclusions:

Common cold;

- Exclude while the child is unwell or has a high temperature, particularly if secretion from the nose is yellow/green in colour.

Diarrhoea and/or vomiting;

- Exclude for 36 hours after last loose bowel motion/ vomit.

Condition	Exclusion of Case	Exclusion of Contacts
Amoebiasis (Entamoeba)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Antibiotics	Exclude for 24 hours after commencement.	Not excluded.
Bronchiolitis or Bronchitis	Exclude and continue exclusion for 24 hours after appropriate medical treatment has commenced.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded.
Candidiasis See 'Genital Thrush'		
Chickenpox (Varicella)	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.	Any child or staff with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
Cold sores (Herpes Simplex, Virus – HSV)	Exclude all Babies and Toddlers until fully recovered. Parents and Employees with cold sores will be allowed in all areas with the exception of the Caterpillars , provided that they take the necessary precautions in their contact with children, that is, keep lesions covered; do not kiss the children; do not use communal cups, cutlery, etc.	Not excluded.
Conjunctivitis	Exclude until the discharge and redness from the eyes has stopped, including discharge on waking.	Not excluded.

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Condition	Exclusion of Case	Exclusion of Contacts
Coughs and colds	Exclude for a full 24 hours after commencing antibiotics and/or is considered by Nominated Supervisor in conjunction with Room Leader to be too unwell to attend (for example, ongoing runny noses or cough).	Not excluded.
Croup	A child considered well enough to attend must be accompanied by a certificate of non-infectiousness from a Health Professional (GP).	Not excluded.
Diarrhoea (See also Giardiasis, Rotavirus, Salmonella, Shigella)	After 2 or more consecutive loose bowel motions, a child will be excluded. Exclude for a full 36 hours after last loose bowel motion and has returned to a normal diet.	Not excluded.
Diphtheria	Exclude until medical certificate from a Health Professional (GP) of clearance from any medical condition is received.	Exclude household contacts.
Ear infections	Exclude for a full 24 hours after commencing antibiotics. They may return with antibiotics once discomfort has been resolved.	Not excluded.
Fever/High temperature (non-specific)	Exclude if temperature is at or above 38°C For the preceding day and then a minimum of 24 hours after cessation of the high temperature without the assistance of pain relief/ anti infantry medication.	Not excluded.
Genital thrush	Exclude until production of proof that appropriate medical treatment has commenced. Children currently being toilet trained will be reviewed individually.	Not excluded.
German measles	See 'Rubella'	
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours and a Health Professional (GP) medical certificate of recovery is produced.	Not excluded.
Glandular fever (Mononucleosis, EBV infection)	Excluded until a Health Professional (GP) medical certificate of recovery is produced.	Not excluded.

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Condition	Exclusion of Case	Exclusion of Contacts
Gastroenteritis (viral vomiting and diarrhoea)	Children will be excluded when they vomit or have x2 or more executive loose bowel motions. Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 36 hours. Employees will be excluded for 48 hours as they implement food handling procedures.	Not excluded.
Hand, foot and mouth disease	Exclude until all blisters have dried and a Medical Clearance is produced by a Health Professional (GP).	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until the person has completed the appropriate antibiotic treatment and a Health Professional (GP) medical certificate of recovery is produced.	Not excluded.
Head lice (Pediculosis)	Excluded until the day after effective treatment has commenced and there are no live lice visible.	Not excluded.
Hepatitis A	Exclude until a Health Professional (GP) medical certificate of recovery is produced, but not before seven days after the onset of jaundice.	Not excluded.
Hepatitis B	Exclude until they are well enough to attend.	Not excluded.
Hepatitis C	Exclude until they are well enough to attend.	Not excluded.
Human Immunodeficiency Virus (HIV/AIDS)	Exclude until they are well enough to attend. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.	Not excluded.
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has commenced and all sores have healed.	Not excluded.
Influenza and influenza-like illnesses	Exclude until well enough to attend.	Not excluded.
Measles	Exclude for at least four days after the onset of the rash or until a Health Professional (GP) medical certificate of recovery is produced.	Immunised and immune contacts are not excluded. Non-immunised contacts are to be excluded until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.

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Condition	Exclusion of Case	Exclusion of Contacts
Meningitis (bacterial)	Exclude until child has received appropriate antibiotics and a Health Professional (GP) medical certificate of recovery is produced.	Not excluded.
Meningitis (viral)	Exclude until well enough to attend.	Not excluded.
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed and a Health Professional (GP) medical certificate of recovery is produced.	Not excluded. Contact a public health unit for specialist advice and for treatment/ vaccination for people who may have come in contact with infected person.
Mumps	Exclude for nine days after onset of swelling.	Not excluded.
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours.	Not excluded.
Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome)	Exclude until rash disappears.	Not excluded.
Pertussis See 'Whooping Cough'		
Ringworm/tinea	Exclude until the day after appropriate antifungal treatment has commenced.	Not excluded.
Roseola	Exclude until rash and fever disappears	Not excluded.
Ross River virus	Exclusion is NOT necessary; child can return when they feel fit enough to attend and regained normal energy levels.	Not excluded.
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for a minimum of 36 hours.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded.
Salmonella infection	Exclude until there has not been a loose bowel motion for 36 hours.	Not excluded.
Scabies	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Scarlet fever See 'Streptococcal sore throat'		

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Condition	Exclusion of Case	Exclusion of Contacts
School sores See 'Impetigo'		
Shigella infection	Exclude until there has not been a loose bowel motion for 36 hours and the child has resumed normal energy levels.	Not excluded
Slapped Cheek Syndrome	Exclude until rash disappears.	Not excluded.
Streptococcal sore throat (including scarlet fever)	Exclude until has received antibiotic treatment for at least 24 hours and feels well and resumed normal energy levels.	Not excluded.
Temperature See 'Fever/High temperature'		
Typhoid, Paratyphoid		
Varicella See 'Chickenpox'		
Warts	Exclusion is NOT necessary	Not excluded
Whooping cough (pertussis)	Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing and child feels well and resumed normal energy levels.	Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from MPCC until they have had five days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious.
Worms	Exclusion until treatment has commenced. If treatment has already commenced but irritation is still present, the child may be excluded due to discomfort.	Not excluded

Please note that where MPCC's exclusion time is more onerous than health department recommendations, MPCC's exclusion time will apply. The Nominated Supervisor or their delegate have the final say on whether a child is able to return / stay at the service, even where a doctor's certificate is produced.

Source: Staying Healthy in Child Care – Prevention of Infectious Diseases (Fifth Edition)

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Definitions

- Exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.
- Non-exclusion means there is not a significant risk of transmitting infection to others. A person who is not excluded may still need to remain at home because he or she does not feel well.
- A contact is any person who has been close enough to an infected person to be at risk of having acquired the infection from that person.
- Medical Certificate of recovery refers to the certificate in which a General Health Practitioner will provide once the patient has been cleared of illness signs, symptoms, infectious period and infection.

Version 6, updated May 2020, October 2019, May 2018, June 2017. Originally created March 2015.
This policy will be reviewed bi-annually or sooner if required.

Attachments

- Child Notification Form
- Employee Notification Form
- Individual Health Care Plans (anaphylaxis/ asthma etc.)
- Medication Authority Form
- Medical Clearance record
- Medication Log

References

Department For Education South Australia- Medication and Health Care Plans, Medication Authority Forms; <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/medication-management#medicationagreement>

5th Edition Staying Healthy- Preventing infectious diseases in early childhood education and care services (updated June 2013); <http://www.nhmrc.gov.au/sites/default/files/documents/attachements/ch55-staying-healthy.pdf>

National Quality Standards

Standard 2.1	Each child's health and physical activity is supported and promoted.	
Element 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.
Element 2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
Element 2.1.3	Healthy lifestyle	Healthy eating and physical activity is promoted and is appropriate for each child.
Standard 2.2	Each child is protected.	
Element 2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

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Element 2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
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National Law and National Regulations

Regulation 85	Incident, injury, trauma and illness policies and procedures	2.1.2
Regulation 86	Notification to parents of incident, injury, trauma and illness	2.1.2
Regulation 87	Incident, injury, trauma and illness record	2.1.2
Regulation 88	Infectious diseases	2.1.2

Authorisation:

The Board of MPCC – July 2020