

DEALING WITH INFECTIOUS DISEASES POLICY

1. Purpose:

The purpose of this Policy is:

- To provide guidance on reasonable steps to take to prevent the spread of an infectious disease or illness as much as practicable
- To work co-operatively with parents in the effective management of sick children
- For staff to be able to recognise signs and symptoms of illness
- To provide guidelines for the identification, documentation and management of sick children
- To ensure the comfort and safety of sick children

2. Scope:

This policy applies to:

- Little Saints Early learning Centre (the Service) and
- St Andrew's OSHC (the Service)

3. Background

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. Educators 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 educators are unable to work, which often increases the need for relief staff. 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.

4. Policy Statement:

Our service is committed to preventing the spread of infectious illnesses through the implementation, monitoring and maintaining of simple strategies such as, hand washing, effective cleaning procedures, and an understanding and knowledge of children's health.

5.Rationale:

The well-being of all children who attend the service and the staff employed is of the highest priority. Young children can become sick in a very short time and staff should be aware of the signs and symptoms of illness in children. Effective observation and documentation is required when monitoring a child showing signs of illness. Other staff and the child's parents may need to be notified of any atypical behaviour or symptoms of illness. It is essential staff are sensitive and responsive to children when sick and showing signs of distress. Reducing the spread of infectious disease and hygiene practices are also important in the management of sick children and staff.

6. Details:

The following practices are in place to ensure that the spread of any infectious disease or illness is minimised as much as practicable:

6.1 Parents must:

- Refer to the 'exclusions' information located in the Parent Handbook, the 'Time Out' poster, 'Staying Healthy' or phone the Nominated Supervisor at the Centre if unsure about whether their child can attend.
- Keep children at home or arrange alternative care for sick children until they are fully recovered.
- Notify staff on arrival of any signs or symptoms of possible illness for staff to monitor.
- Be notified of any signs or symptoms of illness by phone if these occur during the day
- Maintain current emergency contact information on the enrolment forms for notification of sick children.
- Be notified of an outbreak of an infectious disease occurs within the Service.
- Collect their child if their child falls ill during the day and must follow exclusion guidelines.
- Provide up to date immunisation records for the Service.
- Provide a 'Clearance Letter' from their doctor before their child returns to the Service after illness if requested by the Nominated Supervisor.
- Wash their hands and their children's hands on arrival and departure. Hand sanitiser is located in the Service.

6.2 Staff must:

- Exclude themselves from the Service if unwell with an infectious illness.
- Alert the Nominated Supervisor if an educator becomes ill whilst at the Service and leave immediately.
- All exclusion periods must be adhered to for both children and educators.
- Be aware of the signs and symptoms of illness for children and staff (see attached information).
- Wash their hands on arrival and departure. Hand sanitiser is located in the reception area.
- If a child seems unwell, advise the Nominated Supervisor and Parents.
- Take the following precautions:
 - measure the child's temperature if you think the child may have a fever.
 - remind any child who is coughing or sneezing to cough/sneeze into their elbow. Ask the child to wash their hands afterwards if they were using a tissue.
 - if you wipe a child's nose, wash your hands
 - if you touch a child who might be sick, avoid touching other children until you have washed your hands

- keep moist skin conditions and abrasions covered unless directed otherwise by a doctor or a nurse
- encourage parents to tell you when someone in the family is sick. If someone in the family is sick, watch for signs of illness in the child.
- Ensure the comfort and safety of any sick child. Cushions, a sheet or blanket, soft toy, books etc. will be provided for the child.
- If a parent contacts the Service because their child is ill, staff will need to inform the Nominated Supervisor.
- Complete an 'Illness Observation Form', monitor the child and consult the 'Staying Healthy' to determine whether the suspected illness is excludable.
- The parent will be contacted to collect their child if it is required that they are to be excluded.
- Notify the Nominated Supervisor if a staff member becomes ill while at the Service or ASAP if an absence from work is required.
- Be sensitive and responsive to a child's distress if unwell. The child should be comforted whilst still maintaining standard hygiene practices.
- Be sensitive to the pressure parents often feel to fulfil work commitments when their child is sick.

6.3 Management must:

- Monitor staff compliance with this policy through observations of the staff interacting with sick children and implementing appropriate practices.
- Consistently seek ways to improve the Service's standards for caring for sick children by adhering to current information from recognised health authorities.
- Provide parents with an exclusion schedule for infectious diseases in the parent handbook on enrolment and again when required or requested by parents.
- Ensure at all times there is at least one staff member with a current first-aid, CPR, anaphylaxis and asthma qualifications on duty.
- Through staff meetings, keep staff up to date with their responsibilities and practices for managing sick children.
- Ensure children are excluded from the centre if they are non-immunised and an outbreak occurs or if they have an infectious disease.
- Notify the Public Health Unit in the event of a notifiable disease outbreak.
- Encourage all staff and children/parents to be up to date with immunisations (Refer Immunisation Policy)
- Notify all parents of any outbreak of an infectious disease, signs and symptoms, infectious period and the treatment. The notification is to be placed on the front door of Little Saints, and at the iPad sign in/out area in OSHC.

7. Signs and Symptoms of Illness

These are some of the signs and symptoms to look for in a Child who may be sick:

- Severe, persistent or prolonged coughing (child goes red or blue in the face, and makes a high pitch croupy or whooping sound after coughing)
- Breathing difficulty (particularly in babies under 6 months old)
- Yellowish skin or eyes
- High temperature (over 38°C)
- Conjunctivitis (tears, eyelid lining is red, irritated eyes, followed by swelling and discharge of pus from eyes)

- Unusual spots or rashes
- Patch of infected skin (crusty skin or discharging yellow area of skin)
- Feverish appearance
- Unusual behaviour (child is cranky or less active than usual, cries more than usual, seems uncomfortable or just seems unwell)
- Frequent scratching of the skin or scalp
- Grey or very pale faeces
- Unusually dark, tea coloured urine
- Sore throat or difficulty in swallowing
- Headache, stiff neck
- Vomiting
- Loss of appetite
- Diarrhoea (an increase in the frequency, runniness or volume of faeces)
- Mucous discharge from the nose (thick, green or bloody)

8. Common Illnesses and Exclusion Periods

8.1 Vomiting/Diarrhoea

Should a child have diarrhoea and/or vomiting, they will need to be excluded from the Service for a period of 24 hours since their last bout of vomiting or diarrhoea, unless a 'clearance letter' is provided by the child's doctor stating that the diarrhoea or vomiting are no longer contagious.

8.2 High Temperatures / Fevers

In the case of a fever (over 38°C) the child will need to go home as soon as possible as this indicates the body is fighting an infection which may be contagious. In particular:

- The child's parents will be contacted immediately, or emergency contact person, if parents cannot be located.
- One weight appropriate dose of Paracetamol will be given to the child if the temperature reaches 38°C if over 3 months of age, and 38°C if under three months of age, after contacting the parent/emergency contact.
- If the child is visibly unwell and unhappy, Paracetamol may be given if their temperature reaches 38°C.
- Only Paracetamol will be available at the Service. Ibuprofen can be administered however it must be supplied by the parents with a doctor's note attached with instructions.
- The child will then be monitored, and their temperature checked every ten minutes.
- Re-assurance will be given to the child until the parent arrives.
- The Nominated Supervisor must always authorise Paracetamol.
- Staff will complete a Child Illness Observation Form and the parent will need to sign it when they collect their child.

8.3 Head Lice

Head lice is not only extremely uncomfortable for a child (being bitten on the head continuously),

but also very inconvenient for parents, having to treat and remove the head lice (for the whole family) and also washing sheets, hats etc. A child found to have live head lice will not be sent home immediately, unless there it is an extreme case of infestation. The normal procedure will be to inform parents in the afternoon that head lice has been found and their child's hair and will need to be treated before they return to the Centre. Staff will put the child's hair up (if long) for the remainder of the day. If the child returns to the Centre and head lice is found after the parent has been previously informed, the Centre will contact the parents to collect their child immediately for treatment. They may return to the Centre as soon as all head lice and eggs have been removed; treatment alone is not acceptable. Staff will let all parents know that there has been a case of head lice and ask for all children to be checked and treated that night to break the cycle. Generally, head lice treatments will not kill the eggs, therefore it is important that all eggs are removed from the hair and a follow-up treatment done seven days later in case eggs were missed and have hatched.

8.4 Emergency Involving Anaphylaxis or Asthma

For anaphylaxis or asthma emergencies, medication may be administered to a child without an authorisation. The Service must contact the following as soon as practicably possible:

- A parent of the child.
- Emergency services.
- The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably trained first aid officer.

8.5 Other Illnesses

Other common illnesses and their exclusion periods are:

Illness	Exclusion Period
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis
Fungal infections e.g. ringworm, tinea	Exclude until the day after starting appropriate antifungal treatment
Hand, foot and mouth disease	Exclude until all blisters have dried
Human parvovirus B19 (fifth disease, slapped cheek)	Not excluded
Impetigo (school sores)	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing.
Influenza or influenza-like illnesses	Exclude until person is well.
Roseola	Not excluded
Varicella (chickenpox)	Exclude until all blisters have dried – this is usually at least five days after the rash first appeared in non-immunised children, and less in immunised children.

8.6 Paracetamol

In the interest and safety of all children, Paracetamol will not be administered on a regular, long-term basis, unless authorised by the child's doctor.

9. Measuring Tools:

The following measuring tools will be used:

- Time Out Poster
- Follow all procedures and guidelines as outlined in 'Staying Healthy'.

10. Sources & Further Reading:

- Staying Healthy 5th Ed Preventing infectious diseases in early childhood education and care services (2012)
- Education and Care Services National Regulations 2012
- Guide to the National Quality Standard
- Workplace Health and Safety Act 2011 Workplace Health and Safety Regulations

11. Related Documents:

- Administration of First Aid Policy
- Illness and Exclusion Policy
- Immunisation Policy
- Incident Illness and Trauma Policy
- Dealing with Medical Conditions Policy