

# Illness Policy

## Policy statement

### *Values*

This kindergarten is committed to:

- As far as practicable, providing a safe and healthy environment for all children, staff, and any other persons participating in the program.
- Responding to the needs of the child if the child becomes ill, or is traumatised whilst attending the kindergarten.
- Ensuring safe and appropriate administration of medication in accordance with legislative requirements.
- Providing up-to-date information for parents/guardians and staff regarding immunisation and the protection of all children from infectious diseases.
- Complying with the exclusion requirements for infectious diseases set out in the DHS Communicable Diseases Exclusion Table (refer to schedule 7).

### *Purpose*

This policy will clearly define:

- Procedures to be followed if a child becomes sick
- Responsibilities of staff, parents/guardians and committee of management.

## Scope

This policy applies to the committee of management, staff, parents/guardians, children, volunteers and students involved with the kindergarten.

## Background and Legislation

### *Legislation*

Children's Services Act 1996.

Children's Services Regulations 1998.

Health (Infectious Diseases) Regulations 2001.

Occupational Health and Safety Act 2000.

### *Definitions*

**Exclusion:** Unable to attend or participate in the program.

**DHS:** Department of Human Services

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program.

**Immunisation status:** The extent to which a child has been immunised in relation to the recommended immunisation schedule.

**Infectious disease:** A disease that could be spread by air, water, interpersonal contact etc.

**Injury:** Any harm or damage to a person.

**Medication:** Any substance that is administered for the treatment of an illness or condition.

## Procedures

### *Administrative and operational procedures*

#### **The committee of management is responsible for:**

- Providing and maintaining a suitably equipped First Aid Kit.
- Rostering at least one staff member with the required first aid qualification on duty whenever children are being cared for or educated by the kindergarten.
- Providing appropriate equipment and materials for the implementation of the *Step-by-Step Infection Control Procedure Relating to Blood Borne Viruses* (refer to Schedule 4, *HIV/AIDS and Hepatitis Policy*).
- Ensuring completed medication, accident, injury and illness records are archived and stored securely for 25 years.

#### **The staff are responsible for:**

- Maintaining children's enrolment records regarding their current immunisation status.
- Ensuring children's enrolment forms provide authorisation for the kindergarten to seek emergency medical treatment by a medical practitioner, hospital or ambulance service.
- Ensuring that the *Step-by-Step Procedure for Infection Control Procedure Relating to Blood Borne Viruses* (schedule 4) is displayed in a prominent position within the kindergarten and implemented at all times.

#### **The parents/guardians are responsible for:**

- Providing authorisation in their child's enrolment record for the kindergarten to seek emergency medical treatment by a medical practitioner, hospital or ambulance kindergarten.
- All costs associated with an ambulance service called to attend their child at the kindergarten.
- Notifying the kindergarten of any other medical conditions/or needs and any management procedure to be followed with respect to that condition or need.
- Implementing the kindergartens *Step-by-Step Infection Control Procedures for Blood Borne Viruses* (schedule 4) when assisting at the kindergarten.

### *Procedures when ill children are sent to the kindergarten, or become ill at the kindergarten*

#### **The committee of management is responsible for:**

- Notifying, as soon as practicable, the regional DHS office of any illness requiring treatment by a registered medical practitioner or admission to a hospital and forwarding a copy of the accident, injury and illness record.
- Investigating possible causes of the illness or sources of infection and taking appropriate action if required. Refer to *Infectious Diseases Policy* if required.

**The staff are responsible for:**

- Notifying parents/guardians on arrival, or as soon as symptoms present, if they believe the child has:
  - Gastroenteritis
  - Respiratory infection (more than just the common cold)
  - Hand, foot and mouth disease (when weeping blisters are present)
  - Other symptoms as listed in the "Checking for symptoms of Illness" section of this policy
  - Any of the infectious diseases listed in the DHS *Communicable Diseases Exclusion Table* (refer to Schedule 7).
- Advising parents/guardians will be advised that the child is not able to attend the program until better, or if an infectious disease, according to the DHS *Communicable Diseases Exclusion Table* (schedule 7)
- Taking the child's temperature and recording this in the accident, injury and illness book.
- Washing hands after wiping a child's nose or attending to a child who might be sick.
- Keeping an ill child comfortable, away from other children and under observation until the parents/guardians or person authorised to collect the child from the kindergarten arrives.
- Recording details of the illness/symptoms shown by the child in the accident, injury and illness book.
- Notifying the committee of management of any illness that requires treatment by a medical practitioner or an admission to hospital.

**The parents/guardians are responsible for:**

- Collecting their child from the kindergarten as soon as possible after being notified their child is unwell.
- Keeping their child at home until well or until the specified exclusion time has elapsed.

**Related documents**

DHS *Children's Services Guide*, [www.dhs.vic.gov.au/earlychildhood](http://www.dhs.vic.gov.au/earlychildhood)

DHS *Communicable Diseases Exclusion Table*, available from [www.health.vic.gov.au/ideas](http://www.health.vic.gov.au/ideas). Go to guidelines and scroll to table in list. Further information is obtainable from the DHS Communicable Diseases Unit on 1300 651 160

DHS, *Community Service Organisations Insurance Manual 2005-2006* available on the Funded Agency Channel or [www.vmia.vic.gov.au](http://www.vmia.vic.gov.au)

NHMRC(2005), *Staying Healthy in Child Care*, 4th edition, available at [www.nhmrc.gov.au/publications](http://www.nhmrc.gov.au/publications) or email [nhmrc.publications@nhmrc.gov.au](mailto:nhmrc.publications@nhmrc.gov.au) or telephone 1800 020 103 to request a free copy.

***Kindergarten policies***

Accident, Injury and Medical emergency

Administration of Medication

Schedule 4, *Step-by-Step Procedure for Infection Control Relating to Blood Borne Viruses*.

Schedule 7, *Communicable Diseases Exclusion Table*.

## **Authorisation**

This policy was adopted by the Home Road Kindergarten committee of management, at the committee of management meeting on November 2007.

## **Review date**

This policy will be reviewed annually, or varied earlier if necessary, and the committee of management will within 28 days of making any change, notify the parents/guardians of the children attending, of that change. (Regulation 20(3)).

## **Evaluation**

In order to assess whether the policy has achieved the values and purposes the committee of management will:

- Use a quality assessment tool, for example the Preschool Quality Assessment Checklist.
- If appropriate, conduct a survey in relation to this policy or incorporate relevant questions within the general parents/guardians survey.
- Take into account feedback from staff, parents/guardians regarding the policy.
- Monitor complaints and incidents regarding illnesses of children attending the kindergarten.

## **Background information**

The Children's Services Regulations 1998 (regulation 209(2)(g)) require kindergartens to have procedures for dealing with illness and emergency care.

The kindergarten displays these contact numbers at each telephone:

- Ambulance contact card
- DHS regional office
- Committee of management
- Asthma Victoria 03 9326 7055 or toll free 1800 645 130 [advice@asthma.org.au](mailto:advice@asthma.org.au)
- Police
- Victorian Poisons Information Kindergarten 13 11 26
- Local Fire Brigade

## ***Checking For Symptoms Of Illness***

Be aware of symptoms of illness throughout the day. The publication *Staying Healthy in Child Care* recommends the following things to look for:

- Severe, persistent or prolonged coughing (child goes red or blue in the face, and makes a high-pitched croupy or whooping sound after coughing)
- Breathing trouble
- Yellowish skin or 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 scalp or skin
- Sore throat or difficulty in swallowing
- Headache, stiff neck
- Loss of appetite

## Schedule 7 - Communicable Diseases Exclusion Table

Published by the Communicable Diseases Section, Victorian Government Department of Human Services —

February 2004

### Minimum Period of Exclusion from Schools and Children's Services Kindergartens for Infectious Diseases Cases and Contacts

The following table indicates the minimum period of exclusion from schools and children's service kindergartens required for infectious diseases cases and contacts as prescribed under Regulations 13 and 14 of the Health (Infectious Diseases) Regulations 2001 — Schedule 6. In this Schedule 'medical certificate' means a certificate of a registered medical practitioner.

Conditions	Exclusion of cases	Exclusion of contacts
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until diarrhoea has ceased	Not excluded
Campylobacter	Exclude until diarrhoea has ceased	Not excluded
Chicken pox	Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until diarrhoea has ceased or until medical certificate of recovery is produced	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Haemophilus type b (Hib)	Exclude until medical certificate of recovery is received	Not excluded
Hand, Foot and Mouth disease	Until all blisters have dried	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Herpes ('cold sores')	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immunodeficiency virus infection (HIV/AIDS)	Exclusion is not necessary unless the child has a secondary infection	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded
Leprosy	Exclude until approval to return has been given by	Not excluded

Conditions	Exclusion of cases	Exclusion of contacts
	the Secretary	
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school
Meningitis (bacteria)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Re-admit the day after appropriate treatment has commenced	Not excluded
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until diarrhoea ceases	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Trachoma	Re-admit the day after appropriate treatment has commenced	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Whooping cough	Exclude the child for 5 days after starting antibiotic treatment	Exclude unimmunised household contacts aged less than 7 years and close child care contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10 day course of antibiotics
Worms (Intestinal)	Exclude if diarrhoea present	Not excluded

Exclusion of cases and contacts is NOT required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Molluscum contagiosum, or, Parvovirus (erythema infectiosum fifth disease).

## **Schedule 4 - Step-By-Step Procedure for Infection Control – Relating To Blood Borne Viruses**

### **Blood spills**

Anyone working with children, who may need to respond to an incident involving blood, needs to cover cuts, sores or abrasions they may have on their hands and arms with waterproof dressings, while at the kindergarten. Equipment and procedures for managing blood spills and providing first aid for patients who are bleeding are detailed below:

### **Cleaning and removal of blood spills**

#### *Equipment*

- Disposable gloves
- Disposable plastic bags
- Warm water and detergent
- Disposable towels

#### *Procedure*

- Put on disposable gloves
- Cover the spill with paper towel
- Carefully remove the paper towel and contents
- Place towel and gloves in disposable plastic bag and seal bag and place it in rubbish bin inaccessible to children
- Put on new gloves and clean the area with warm water and detergent and allow to dry
- Place gloves into disposable plastic bag, seal bag and place it in rubbish bin inaccessible to children
- Wash hands in warm soapy water

### **Providing first aid for children who are bleeding**

#### *Equipment*

- Antiseptic
- Disposable plastic bags
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Warm water and detergent

#### *Procedure*

- Adult treating child to cover any uncovered cuts, sores or abrasions on arms and hands with waterproof dressings.
- If time, put on disposable gloves. (If gloves are not available, get someone who is wearing gloves to take over from you as soon as possible. Then wash and dry your hands).
- When cleaning or treating a child's face which has blood on it, ensure you are not at eye level with the child as there is a chance, through their crying or coughing, for their blood to enter your eyes or mouth. If blood does enter the eye, rinse the eyes, while they are open, gently but thoroughly for at least 30 seconds. If blood does enter the mouth, spit it out and then rinse the mouth several times with water.
- Raise the injured part above the level of the heart, unless you suspect a broken bone.
- Clean the affected area and cover the wound with waterproof dressing.
- Remove gloves and place in disposable plastic bag, seal the bag and dispose of in a rubbish bin inaccessible to children.
- Wash hands in warm soapy water.
- Contaminated clothing or sick room linen should be removed and stored in leak-proof disposable plastic bags until they can be washed as follows using gloves:

#### **Rinse in cold water**

- Soak in 1:10 bleach solution (1 part bleach 10 parts water) for 30 minutes, then rinse off bleach
- After soaking, wash clothes and sick room linen separately from other laundry, at a high temperature on a long cycle
- Dry on a hot cycle or in the sun.

*Note: If your kindergarten does not have facilities for washing linen the soiled clothing will be given to the parents/guardians for cleaning.*

#### **Safe disposal of discarded needles/syringes**

Equipment and procedures for the safe disposal of discarded needles and syringes are detailed below:

##### *Equipment*

- Disposable gloves
- Long handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container or rigid-walled, puncture resistant, sealable container.

##### *Procedure*

- Put on disposable gloves
- Do not try to recap the needle
- Place the disposal container on the ground next to the syringe
- Pick up the syringe from the middle, keeping the sharp end away from you at all times

- Place the syringe, needle point down, in the disposal container and securely place lid on container
- Repeat this procedure to pick up all syringes and/or unattached needles
- Remove gloves and place in disposable plastic bag, seal and dispose of in a rubbish bin inaccessible to children
- Wash hands in warm, soapy water and dry.

Under no circumstances should work experience students or children be asked or encouraged to pick up needles/syringes.

Syringe disposal containers or syringes must not be put in normal waste disposal bins.

Syringe disposal containers may be disposed of by:

- Telephoning the Disposal Help Line on 1800 552355 for the location of the nearest needle exchange outlet or public disposal bin
- Contacting the local hospital
- Contacting the Risk Reduction Unit at the Department of Human Services on 03 9637 4000
- Contacting the environmental officer (health surveyor) at the local municipal/council offices; also for any further concerns about syringe disposal.

### **Needle stick injuries**

The Department of Human Services has indicated that the risk of infection from needle stick injury is low and should not cause alarm.

The following procedures should be observed in case of needle stick injury:

- Stay calm and encourage the wound to bleed (gently squeeze)
- Wash the affected area with cold running water and soap
- Dry area, apply antiseptic to the wound and cover with a waterproof dressing if necessary
- If a staff member, report the injury to the committee of management as soon as practicable
- If a child, contact the parents/guardians as soon as practicable
- See a doctor as soon as possible and report the circumstances of the injury.

**This procedure is based on advice provided by the Department of Education, Employment and Training, the Department of Human Services and the NHMRC**