CHILDREN WHO ARE ILL POLICY
(To be read in conjunction with Infectious Diseases Policy – CHI-ADM-POL-035)

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The Kids’ Uni Policies and Procedures apply to Kids’ Uni North, Kids’ Uni South, Kids Uni CBD, Kids Uni iC – Preschool, Kids Uni iC – OOSH.
1 Accepting Sick Children into Care
   1.1 The Nominated Supervisor cannot accept a child into care if they are not well enough to participate in normal activities, or require special attention due to illness.
   1.2 The Nominated Supervisor cannot accept a child into care if they have symptoms of an infectious illness.

2 Children who become Ill at the Service
   2.1 Children may often be well at the start of the day and become ill quite quickly during the day. Educators and other staff need to be responsive to symptoms of illness in children, especially those who are unable to indicate that they are unwell.

   2.2 Educators and other staff must contact the sick child's Parents/Guardians/Emergency Contacts as soon as possible, to decide whether it is appropriate for the child to remain at the service. If the decision has been made that it is not appropriate for the ill child to remain at the service parents/guardians or emergency contacts are contacted to collect the child as soon as possible.

   In the event that collection of the ill child does not occur in a timely manner or refusal to collect the child occurs a warning letter will be sent to the parents/guardians outlining the requirements of the “children who are ill policy” along with the reasons for excluding children who are ill from the service. The letter of warning will specify that the current care provided to the family will be terminated if a future breach of this nature occurs.

   2.3 If a child becomes ill while attending the service, educators and other staff may need to refer to the following documents:
      i. Procedure for a Child Requiring an Ambulance
      ii. Incident, Injury, Trauma and Illness Record
      iii. Procedure for Dealing with a High Temperature
      iv. Emergency Paracetamol Medication Register
      v. Illness Register

3 Procedure for Dealing with Children who become Ill at the Service
   3.1 Take the child's temperature. If the child has a temperature higher than 38°C refer to the Procedure for Dealing with a High Temperature (see page 4).

   3.2 Inform the Nominated Supervisor of the child's condition.

   3.3 Find a quiet area where the child can rest comfortably and be observed by an adult for any escalating of further symptoms.

   3.4 Inform the Parents/Guardians/Emergency Contacts of the child's health status.

   3.5 Complete an Incident, Injury, Trauma and Illness Record, ensuring that the form is signed by the Parent/Guardian/Emergency Contact.

   3.6 Place Illness details into the Illness Register.
4 Infectious Conditions in the Service *(refer also to infectious diseases policy)*

4.1 If a child in care has a suspected infectious condition, the educator must:

i. Isolate the child from other children. Make sure that he child is comfortable, and supervised by an educator.

ii. Contact the child's parents/guardians or, if they are unavailable, the emergency contact person to be contacted. Inform the Parent/Guardian/Emergency Contact of the child’s condition, or suspected condition, and ask that the child be picked up from the service as soon as possible.

iii. Ensure that all bedding, towels, clothing etc. which has been used by the child that day are placed in a sealed plastic bag for laundering or sent home for laundering.

iv. Ensure that all contact toys are separated and washed.

5 Exclusion of Children who are ill

5.1 The main reason for excluding sick children is to:

i. Minimise the risk of cross infection.

ii. Safeguard the welfare of children as sick children require intensive adult support and attention and this is not possible within the educator levels in the service.

iii. Protect other children in the service, as the service does not have designated area where children, who may be infectious, can be isolated safely and comfortably.

5.2 Children cannot attend or remain at the service if they:

i. Have a temperature of over 38°C or have experienced a temperature above 38°C in the last 24 hours. *(eg:- if a child is sent home at 11.00am with a temperature and that temperature does not return they are able to return to the centre at 11.00 the following day or 24hours after the last normal temperature reading)*

ii. Experience an episode of diarrhoea or vomiting at the Centre or have experienced an episode of diarrhoea or vomiting within previous 24 hour period.

iii. Are unwell, to the extent that they are unable to actively participate in the service program or in the case of young babies, need constant one to one attention.

iv. Have a contagious rash.

v. Have an infectious Disease *(Please refer to the Infectious Diseases Policy for detailed information including exclusions CHI-ADM-POL-035)*

vi. Have started antibiotics in the last 24 hours.

6 Reporting Outbreaks

6.1 The local Public Health Unit must be contacted whenever:

i. Either educators, other staff or children contract a vaccine preventable disease.

iii. An outbreak that is two or more cases, of other infectious diseases occurs in a service.

iv. Either educators, other staff or children contract a notifiable disease.
6.2 The local Public Health Unit has procedures to deal with the outbreak of serious diseases, so that its Health Professionals can assist educators and other staff to provide families with accurate information about any such disease as soon as possible.

6.3 With some types of serious infectious diseases, eg meningococcal, all children in the service must be immediately treated with medication or vaccination. This is done under the direction of the NSW Department of Health. Educators and other staff will also need information and guidance to ensure that the service is safe for children and adults, following the outbreak of the disease.

7 Children returning to the Service after Contracting a Notifiable Disease
Children, who have contracted a notifiable disease, may only return to the service on presentation of a medical certificate, which confirms that they are no longer infectious. The Nominated Supervisor is not permitted to allow these children to return without this appropriate medical clearance.

8 Children returning to the Service after Illness
8.1 Children may return to the service once they are well. If a child has a vomiting or diarrhoea, they may return to the centre 24 hours after their last loose bowel motion or episode of vomiting.

8.2 If they have had an infectious illness the Nominated Supervisor may ask the family to provide a medical certificate to confirm that the child is well enough to return to the service.

8.3 While it is a Medical Practitioner’s role to provide a medical certificate to guide our decision making, it is the Nominated Supervisor who has the ultimate responsibility for the health and safety of all children and therefore makes the decision if a child is well enough to return to the service.

8.4 If there is a difference of opinion between Parents/Medical Practitioner and the educators about whether a child is well enough to return to the service, the Nominated Supervisor should seek advise from the services local Public Health Unit in attempt to resolve this issue.

9 Procedure for dealing with a High Temperature
9.1 A high temperature in young children is often the first symptom of illness or infection. They are often unable to explain symptoms if they feel unwell and therefore educators and other staff must be alert to signs and symptoms of illness. Children’s temperature can alter rapidly which may lead to febrile convulsions.

Temperature Ranges and Appropriate Actions

- **36.5° C - 38° C – normal** – monitor child if other symptoms are present and speak to the Director and / or the family.

- **38.1° C - 38.5° C – considered to be a fever** – take action to reduce fever, including administering Paracetamol. Child needs to be collected from the service.

- **38.5° C+ - high fever** - needs quick action to reduce the temperature – if child cannot be collected and measures to reduce temperature do not work, child will need to be transported to hospital in an ambulance.

- **Note** - in a baby under 3 months of age, a temperature of 38° C+ is considered high and quick action would need to be taken to reduce the temperature– if child cannot be collected and measures to reduce temperature do not work then child will need to be transported to hospital in an ambulance.
9.2 Steps to Reduce a High Temperature
(if child has high fever, described above, move straight to step iv)

i. Remove the child’s excess clothing, for example jumpers and jackets, whilst taking into account the temperature in the room.

ii. Encourage the child to drink water often to help prevent dehydration.

iii. Constantly observe and monitor the child for any changes. Never leave the child unattended.

iv. If, after 5 minutes, the child’s temperature has not reduced, or if the child’s temperature is rapidly rising, then check the enrolment form or emergency information contact sheet for permission to administer paracetamol.

v. Contact the Parent/Guardian/Emergency Contact and advise them that their child has a high temperature and ask them to make arrangements to collect the child.

vi. If written permission has been given on the Enrolment Form, inform the Parent/Guardian/Emergency Contact, that educators will administer a single dose of Paracetamol whilst awaiting collection.

vii. If written permission has not be given on the Enrolment Form, gain verbal permission from the Parent/Guardian/Emergency Contact. Educators will administer a single dose of Paracetamol whilst awaiting collection. If this is the case then a second educator needs to be present in witnessing the verbal permission given by the Parent/Guardian/Emergency Contact.

viii. If written or verbal permission has not been given to administer Paracetamol, inform the Parent/Guardian/Emergency Contact, that if the temperature continues to rise to 38.5°C degrees or higher whilst waiting for collection, then an ambulance will be called.

ix. If Parent/Guardian/Emergency Contact cannot be located to give verbal permission and/or collect their child and if the temperature reaches 38.5°C then the service will call an ambulance and continue trying to locate Parent/Guardian/Emergency Contacts.

x. Where permission has been given to administer Paracetamol, educators are to follow the procedure for administering Paracetamol.

xiii. Complete an Incident Injury, Trauma and Illness Record and get the Parent/Guardian/Emergency Contact on arrival to sign the form.

10 Administration of Paracetamol

10.1 In the case where Paracetamol is administered for the control of a high fever, the following guidelines are to be followed:

i. At the time of enrolment, parents/guardians are asked to sign a form authorising educators or other staff to administer the prescribed dose of Paracetamol to their child should they have a temperature of 38 °C or above.

ii. Medication will not be administered to the child unless the service holds an Administration of Paracetamol authorisation.

iii. Parents/Guardians are to be notified at all times when paracetamol is administered. Paracetamol is only to be administered once. The parents/guardians are asked to collect the child immediately.

iv. All Paracetamol authorisation forms must be retained for 25 years.
11 Sources
Education and Care Services National Regulations 2011
National Quality Standard
Staying Healthy in Child Care 5th Edition, National Health and Medical Research Council

12 Review
This policy will be reviewed every two years and the review will include Management, Employees, Families and Interested Parties

13 Version Control Table

<table>
<thead>
<tr>
<th>Version Control</th>
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<th>Next Review</th>
<th>Approved By</th>
<th>Amendment</th>
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<td>1</td>
<td>May 2012</td>
<td>May 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td></td>
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<tr>
<td>2</td>
<td>March 2013</td>
<td>May 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Paragraph inserted re application of policies across all centres. Migrated into new QA format.</td>
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<td>May 2013</td>
<td>May 2014</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Policy reviewed with no changes required.</td>
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<tr>
<td>4</td>
<td>September 2013</td>
<td>September 2014</td>
<td>M Fowler Mgr Kids Uni</td>
<td>Section 5.2 Exclusions updated to clarify exclusion situations and timing. Section 9.2 Added disclaimer to step vi. This step does not apply if the temperature is 38.5 or higher. Also for educators to check enrolment form or emergency information contact sheet.</td>
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<td>Sept 2015</td>
<td>M Fowler Mgr Kids Uni</td>
<td>Reviewed with no changes required</td>
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<td>6</td>
<td>Sep 2015</td>
<td>Sep 2016</td>
<td>M. Gillmore – General Manager</td>
<td>Policy reviewed and updated with untimely collection/failure to collect ill child procedure. Exclusion for 24 hrs when commencing antibiotics</td>
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<td>7</td>
<td>Jul 2018</td>
<td>Jul 2020</td>
<td>K.Grose – Children’s Services Manager</td>
<td>Updated treatment of children with temperature based on Sydney Children’s Hospital recommendations – no fanning or sponging. Updated actions to respond to fever – temperature up to 38 degrees is normal.</td>
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