

ILLNESS POLICY



POLICY STATEMENT

RECC has a duty of care to ensure all children, families and staff are provided with a high level of protection from illness through good hygiene practices and effective and timely responses to signs and symptoms of illness.

IDENTIFYING SYMPTOMS OF ILLNESS

RECC will ensure that all staff members are aware of symptoms which indicate a possible infection or serious medical illness. Symptoms indicating an illness may include:

- high temperature or fever
- behaviour that is unusual for the individual child (e.g. a normally active child suddenly becomes drowsy or lethargic)
- loose bowels
- faeces which are grey, pale or contain blood
- vomiting
- discharge from the eyes or ears
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff neck or other muscular and joint pain
- continuous scratching of skin or scalp
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty in breathing

In the event that a child displays signs or symptoms of illness, staff members are directed to seek the knowledge and opinion of the Room Leader and/or Centre Director. The Room Leader and/or Director assess whether the signs or symptoms indicate an illness, and if the illness is an emergency, requires immediate medical attention, or requires medical advice.

In the event of an illness requiring immediate medical attention or medical advice, staff will contact the parents/guardians or the emergency contact and explain the situation to them. Parents/guardians or the emergency contact are required to collect the child from care in both of these circumstances within 45 minutes of being contacted. **Staff are not health**

Illness Policy

care professionals and as such adopt a precautionary approach to ensure the health of a child and reduce the spread of infection.

High Temperature or Fever

If a child's temperature rises above 38 degrees Celsius, the child's parents/guardians or emergency contacts will be notified and required to collect the child from RECC within 45 minutes of contact. Paracetamol can be administered in accordance with the Medication Policy, but the child will still need to be collected from care.

EXCLUSIONS FOR SYMPTOMS OF INFECTION

Limiting the spread of certain infectious diseases can be reduced by excluding a person who is known to be infected or who has been in contact with these conditions. RECC observes the minimum exclusion periods established under the ACT *Public Health Regulations 2000* which are also summarised in the booklet 'ACT Immunisation Requirements for entry into school, preschool and childcare 2010: Parents Guide' .

The following additional exclusion periods apply:

- where live head lice are detected, the child will be excluded until effective treatment has commenced and lava have been removed;
- a minimum of 24 hours after the last episode of vomiting or diarrhoea;
- a minimum of at least 1 day after the last spike of temperature above 38 degrees Celsius;
- a minimum of 24 hours after commencing a new antibiotic (due to unforeseen reactions such as allergies or diarrhoea).

ILLNESS NOTIFICATION AND OBLIGATIONS

Families are asked to inform RECC if their child is absent due to illness and to provide information about the illness. Families may provide a medical certificate, preventing sick days from being deducted as allowable days for Child Care Benefit purposes.

Families and staff will be notified in the event of an outbreak of a diagnosed infectious illness. Notices will be displayed on the front door and in high traffic areas.

Parents/guardians must let the staff know if their child is taking antibiotics (or other medication), how long they have been taking them and for what reason. RECC will administer medication in accordance with the RECC Medication Policy.

MEDICAL EMERGENCY

RECC deems an 'emergency' to be any situation where a child or staff member requires urgent medical aid. In the event of an emergency, staff will take the necessary steps to stabilise the person by performing first aid and/or contacting an ambulance. RECC complies with the ACT *First Aid in the Workplace Code of Practice (2nd Revised Edition)* in regard to trained First Aid Officers and Type B First Aid Kits. All Room Leaders have, and maintain, a Senior First Aid Certificate.

Illness Policy

Staff will make every effort to contact a parent/guardian. If a parent/guardian cannot be contacted, the nominated emergency contact person will be contacted. A staff member will accompany the child until a family member is present.

RECC reserves the right to call for an ambulance under the following circumstances:

- Where the Centre feels the first aid training of its staff members is insufficient to help the child; or
- If a child's temperature reaches 38.5 degrees Celsius and permission has not been given by the parent/guardian to administer paracetamol.

Costs incurred for the provision of urgent medical care are the responsibility of the parent/guardian.

CHILDREN WITH A CHRONIC ILLNESS

For the protection of a child with a long term chronic condition it is requested that parents advise the Centre Director of the health status of that child. For conditions including severe allergies, asthma and diabetes the Medical Conditions Policy documents the process that the Centre and parents are required to follow.

In line with the National Health and Medical Research Council, children with Hepatitis B, Hepatitis C or HIV/AIDS are not excluded from the Centre if they are otherwise well.

RELATED POLICIES:

Hygiene Policy

Immunisation Policy

Medical Conditions Policy

Medication Policy

SOURCES:

ACT First Aid in the Workplace Code of Practice, 2nd Edition, (www.ors.act.gov.au)

ACT Health – ACT Immunisation Requirements for entry into school, preschool and childcare 2010: Parents Guide (www.health.act.gov.au)

National Health and Medical Research Council 2006, *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care*, 4th Edition, (www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf)