

POLICY AIM

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Sweetpeas aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

In the event of an illness all staff will implement the guidelines set out in this policy to adhere to *National Law* and *Regulations* and inform the regulatory authority as required.

RATIONALE

Educators have a duty of care to respond to and manage illnesses that occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and the spread of infectious diseases.

SCOPE - WHO IS AFFECTED BY THIS POLICY?

- Educators
- Children
- Families
- Staff
- Management
- Students and Visitors

NATIONAL QUALITY STANDARD

QUALITY AREA 2 - CHILDREN'S HEALTH AND SAFETY

- Element 2.1.2 (Health practices and procedures) - *Effective illness and injury management and hygiene practices are promoted and implemented.*

RELATED POLICIES & LEGISLATION

RELATED SWEETPEAS POLICIES:

- Acceptance and Refusal of Authorisations
- Administration of First Aid Policy
- Administration of Medication Policy
- Child Safe Environment Policy
- COVID-19 Management Policy
- Enrolment and Orientation Policy
- Handwashing Policy
- Incident Procedure
- Incident, Injury, Trauma and Illness Policy
- Infectious Diseases Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Supervision of Children Policy
- Work Health and Safety Policy

RELATED EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS:

- Law S165 - Offence to inadequately supervise children
- Law S174(2)(a) - Prescribed information to be notified to Regulatory Authority
- Law S176(2)(a) - Time to notify certain information to Regulatory Authority
- Reg 86 Notification to parents of incident, injury, trauma and illness
- Reg 87 Incident, injury, trauma and illness record
- Reg 88 Infectious diseases
- Reg 89 First aid kits
- Reg 93 Administration of medication
- Reg 95 Procedure for administration of medication
- Reg 161 Authorisations to be kept in enrolment record
- Reg 162 Health information to be kept in enrolment record
- Reg 168 Education and care Service must have policies and procedures
- Reg 177 Prescribed enrolment and other documents to be kept by approved provider
- Reg 183 Storage of records and other documents

RELATED LEGISLATION:

- Public Health Act 2010
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2017

TERMINOLOGY

- **Australian Children’s Education and Care Quality Authority** - The independent national authority that works with all regulatory authorities to administer the National Quality Framework.
- **Approved first aid qualification** - A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA.
 - Matters are likely to include: Emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.
- **Emergency** - An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down.
- **Emergency services** - Includes ambulance, fire brigade, police and state emergency services.
- **First aid** - Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
- **Medication** - Medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines.
- **Medical attention** - Includes a visit to a registered medical practitioner or attendance at a hospital.
- **Medical emergency** - An injury or illness that is acute and poses an immediate risk to a person’s life or long-term health.
- **Medical management plan (MMP)** - A document that has been written and signed by a doctor. A MMP includes the child’s name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition.
- **Notifiable incident** - Also known as a serious incident. Any incidents that seriously compromise the safety, health or wellbeing of children. Notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. The regulatory authority can be notified online through the NQA IT System.
- **Serious incident** - The definition of serious incident and related responsibilities, as stated by the *National Law and Regulations*, is detailed in the *Incident, Injury, Trauma and Illness Policy*.

GLOSSARY OF ABBREVIATIONS

- **ACECQA** - Australian Children’s Education and Care Quality Authority
- **LHD** - Local Health District
- **MMP** - Medical Management Plan
- **NHMRC** - National Health and Medical Research Council

IMPLEMENTATION AND STRATEGIES

Sweetpeas is committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by NSW Health (see COVID-19 Management Policy).

Our services implement procedures as stated in *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council (NHMRC) as part of our day-to-day operation.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government, NSW Health and the Nepean Blue Mountains Local Health District Public Health Unit under the *Public Health Act*.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection,

medical advice may be required to ensure a safe and healthy environment. Recommendations from the Department of Health will be adhered to to minimise risk, where reasonably practicable.

Children who appear unwell at the Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible and educators will complete and *Illness Monitoring Form*.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until they are collected by a parent or emergency contact person.

Symptoms indicating illness may include:

- behaviour that is unusual for the individual child,
- high temperature or fevers,
- loose bowels,
- faeces that are grey, pale or contains blood,
- vomiting,
- discharge from the eye or ear,
- skin that displays rashes, blisters, spots, crusty or weeping sores,
- loss of appetite,
- dark urine,
- headaches,
- stiff muscles or joint pain,
- continuous scratching of scalp or skin,
- difficulty in swallowing or complaining of a sore throat,
- persistent, prolonged or severe coughing,
- difficulty breathing,
- a stiff neck or sensitivity to light.

We reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention,
- have had a temperature/fever, or vomiting in the last 24 hours,
- have had diarrhoea in the last 48 hours,
- have been given medication for a temperature prior to arriving at the Service,
- have started a course of anti-biotics in the last 24 hours, or
- have a contagious or infectious disease.

ILLNESS MONITORING FORM

An *Illness Monitoring Form* contains details of any illness that occurs while the child is being educated and cared for at the service. The record will include:

- name and age of the child,
- circumstances leading to the illness,
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness,
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted,
- names of any person the educator notified or attempted to notify, and the time and date of this,
- acknowledgement by the parent/guardian (or their authorised nominee) of notification,
- signature of the person making the entry, and the time and date the record was made.

All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

PANDEMIC AND EPIDEMIC STRATEGIES

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the Service to manage the spread of the virus. These measures may include but are not limited to the following:

- mandatory vaccinations for all staff and visitors,
- exclusion of unwell staff, children and visitors (symptoms may include fever, coughing, sore throat, fatigue or shortness of breath),

- notifying vulnerable people within the workplace of the risks of the virus/illness including:
 - people with underlying medical needs,
 - children with diagnosed asthma or compromised immune systems,
 - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions.
- adhering to Public Health Orders for mandated vaccination requirements for all early childhood education and care educators and staff,
- restricting the number of visitors entering the Service,
- reducing mixing of children by separating cohorts (staggering meals and play times),
- enhanced personal hygiene for children, staff and parents (including frequent handwashing),
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys,
- avoiding any situation when children are required to queue- using the bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.,
- ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart,
- cancelling excursions to local parks, public playgrounds and incursions during a pandemic,
- recommending influenza vaccination for children, staff and parents.

HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

When a child develops a high temperature or fever at the service:

If a child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/carer.

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the Service and will not be permitted back for a further 24 hours.
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an *Illness Monitoring Form* and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- **St Marys Service only:** For infants under 3 months old, parents will be notified immediately for any fever over 38°C for immediate medical assistance. If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required, the service will follow the *Administration of First Aid Policy* and contact emergency services where required.

Methods to reduce a child's temperature or fever:

- encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids.
- remove excessive clothing (shoes, socks, jumpers, pants etc.). Educators will be mindful of cultural beliefs.
- parents/guardian will be contacted by phone and informed of their child's temperature,
- if requested by a parent or emergency contact person and written parental permission to administer paracetamol is recorded in the child's individual enrolment form, staff may administer paracetamol (Panadol) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the Service as soon as possible.
 - before giving any medication to children, the medical history of the child must be checked for possible allergies.

- the child's temperature, time, medication, dosage, and the staff member's name administering the medication and the staff member witnessing the administration will be recorded in the *Illness Monitoring Form*. Parents will be requested to sign and acknowledge the form when collecting their child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold.

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections.

Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. **It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8-12 colds a year.**

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.

Management has the right to send children home if they appear unwell due to a cold or general illness.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, they may require fluids intravenously. If a child has diarrhoea and/or vomiting whilst at the Service, Management will notify parents or an emergency contact to collect the child immediately.

In the event of an outbreak of viral gastroenteritis, management will contact the Nepean Blue Mountains LHD Public Health Unit on 1300 066 055 or their direct contact lines, as stated at [the end of this document](#). Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. ([NSW Government- Health 2019](#)).

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for 24-48 hours after symptoms have ceased to reduce infection transmission, as symptoms can reappear after 24 hours in many instances. The length of exclusion from the Service will depend on the cause of the gastro illness.

An Illness record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses and norovirus.
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins.
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics

- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for *at least* 24 hours. Educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Please note: If there is a gastroenteritis outbreak at the Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped, and the family are able to get a medical clearance from their doctor.

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the Australian Health Protection Principal Committee guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface (see *Infectious Diseases Policy*).

Prevention Strategies

- Practising effective hygiene helps to minimise the risk of cross infection within our Service.
- Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.
- Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.
- Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).
- After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.
- All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.
- Parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)

Parent/Family Notification

COVID-19

- Contact management for COVID-19 has changed and testing and isolation in ECEC settings is no longer mandatory (although recommended).
- Any person who tests positive to COVID-19 is required to notify the Service if they have been onsite 48 hours prior to symptom onset. The person who tests positive may be required to self-isolate for at least 7 days.
- When a child or staff member tests positive for COVID-19 the Nominated Supervisor/Responsible Person will notify the Service community via letter (email/letter). The dates of attendance and the affected age group/room/program will be included.
 - Families and staff will be required to monitor for symptoms and if symptomatic test using a RAT.
 - Notification of a positive case is required to the Service.
- Further information regarding COVID-19 is in our *COVID-19 Management Policy*

Other Infectious Illness- [gastroenteritis, whooping cough etc.]

- Parents will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis) within the Service via our notice board, online app or email to assist in reducing the spread of the illness.
- Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and *Infectious Disease Policy*.
- Educators can locate more information about infectious diseases, their symptoms and exclusion periods via the Staying Healthy handbook (available at each service) and the NSW Health website: [A-Z of infectious diseases](#).

RESPONSIBILITIES

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- service policies and procedures are adhered to at all times.
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service.
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness occurring.
- an Illness Monitoring Form is completed accurately and in a timely manner as soon after the event as possible (within 24 hours).
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods).
- first aid qualified educators are present at all times on the roster and in the Service.
- first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Stock List*).
- first aid kits are easily accessible when children are present at the Service and during excursions.
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required.
- adults or children who are ill are excluded for the appropriate period (see *Infectious Diseases Policy*).
- children are excluded from the Service if staff feel the child is too unwell to attend or is a risk to other children.
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others.
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria (see *Food Preparation, Safety and Storage Policy*).
- parents are notified of any infectious diseases circulating the Service within 24 hours of detection.
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette.
- appropriate cleaning practices are followed.
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources.
- additional cleaning will be implemented during any outbreak of an infectious illness or virus.
- all illnesses are documented in the Service *Illness Monitoring Form* and *Illness Register*.
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant NSW legislation (including Child Information Sharing Scheme [CISS]).

THE WHS OFFICER AND WHS DEPUTY WILL ENSURE:

- first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Stock List*).

FAMILIES WILL:

- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service.
- provide up to date medical and contact information in case of an emergency.

- provide emergency contact details and ensure details are kept up to date.
- provide the Service with all relevant medical information, including Medicare and private health insurance.
- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change.
- adhere to recommended periods of exclusion if their child has a virus or infectious illness.
- complete documentation as requested by the educator and/or approved provider (e.g. *Illness Monitoring Form* and/or *Medication Form*) and acknowledge that they were made aware of the illness.
- inform the Service if their child has an infectious disease or illness.
- provide evidence as required from doctors or specialists that the child is fit to return to care if required.
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record).

PUBLIC HEALTH UNIT

PENRITH PUBLIC HEALTH UNIT (NEPEAN BLUE MOUNTAINS LHD)

- PO Box 63, Penrith 2751
- Phone: (02) 4734 2022
- Fax: (02) 4734 3300 / 4734 3444 (secure line)

AFTER HOURS

- Phone: (02) 4734 2000 (Westmead Hospital)
- - ask for Public Health Officer on call

RELATED SWEETPEAS DOCUMENTS AND FORMS

- First Aid Kit Stock List
- Illness Monitoring Form
- Illness Register
- Medication Form
- Who to call in an emergency (each Sweetpeas service has their own version of this document)

REFERENCES

- ACECQA (2021) *Policy and Procedure Guidelines: Incident, Injury, Trauma and Illness Guidelines*.
- Australian Government Department of Health. *Health Topics* - <https://www.health.gov.au/health-topics>
- Department of Education (2022): *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*.
- Disease notification: <https://www.health.nsw.gov.au/Infectious/Pages/notification.aspx>
- Early Childhood Australia *Code of Ethics*. (2016).
- Education and Care Services National Law Act 2010 (Amended 2018).
- Education and Care Services National Regulations (2011)
- *Guide to the National Quality Standard* (2020)
- Health Direct <https://www.healthdirect.gov.au/>
- Nepean Blue Mountains LHD Public Health Unit: <https://www.nsw.gov.au/health/nbmlhd/services/public-health>
- NHMRC (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*. Fifth Edition (updated 2013).
- NSW Health: *A-Z of infectious diseases* - <https://www.health.nsw.gov.au/Infectious/diseases/Pages/default.aspx>
- NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/plus.aspx>
- Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
- Revised National Quality Standard (2018).

- SafeWork Australia: <https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid>
- Sweetpeas Philosophy
- The Sydney Children's Hospitals network (2020). <https://www.schn.health.nsw.gov.au/fact-sheets/fever>

REVIEW AND AMENDMENTS

This policy will be updated regularly to ensure compliance with all relevant legal requirements. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with *Regulation 172* of the National Regulations, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

Version	Amendment(s)	Review Date	Updated By
1.	<ul style="list-style-type: none">• Policy implemented after content was separated from Incident, Injury, Trauma and Illness Policy.	July 2024	Cassandra Way (Assistant Manager) Janine Evans (Managing Director)