



Marton Activity Centre

MAC Policy

SICK CHILDREN

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Children come into contact with many other children and adults within the Service causing them to contract infectious illnesses. The National Quality Standard requires the Out of School Hours Service to implement specific strategies to minimise the spread of infectious illness.

POLICY STATEMENT

Marton Activity Centre aims to maintain the health of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.

SCOPE

This policy applies to the children, families, staff, management and visitors of Marton Activity Centre.

PROCEDURE

Marton Activity Centre has adopted the information on infectious diseases developed by the National Health and Medical Research Council and the Australian Government and published in Staying healthy: Preventing infectious diseases in early childhood education and care services. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Out of School Care Service and at home.

THERE ARE THREE STEPS IN THE CHAIN OF INFECTION

1. THE GERM HAS A SOURCE

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs.

2. THE GERM SPREADS FROM THE SOURCE

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person; others can spread from an infected person to the environment. Many germs can survive on hands, and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment.

3. THE GERM INFECTS ANOTHER PERSON

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity. Illness can be prevented at this stage by stopping the germs from entering the body (for example, by making sure that all toys that children put in their mouths are clean, by washing children's hands and by covering wounds), and by prior immunisation against the germ. You can break the chain of infection at any stage.

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can enhance negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the childcare professionals at the Service.

The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

Our Educators and Staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

CHILDREN ARRIVING AT THE SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature, vomiting and/or diarrhoea in the last 24 hours
- Have started antibiotics in the last 24 hours
- Have a contagious illness or disease
- Have been given medication for a temperature (Panadol etc.)

CHILDREN WHO BECOME ILL AT THE SERVICE

Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness.

- Educators will monitor and document the child's symptoms on the Illness Register
- A child who has passed a runny stools/vomited whilst at the Service will be sent home and may only return once a Doctor's Certificate has been produced.
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up and provide verbal authorisation to administer paracetamol.

EDUCATORS WILL ATTEMPT TO LOWER THE CHILD'S TEMPERATURE BY:

- Taking off their shoes and socks
- Applying a cool washer behind their neck and on their forehead
- Removing extra clothing layers (jumpers etc.)
- Place the child in a lukewarm bath
- Place the child in a quiet area where they can rest, whilst being supervised
- Continue to document any progressing symptoms
- Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks, it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

The NSW Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify NSW Health of patients with certain conditions, and to provide the information delineated on the notification forms. Specialist trained public health staff review this information and, if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts contemplate the release/disclosure of patient information where it is lawfully required or authorised.

Management is required to notify the local [public health unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type B (HiB)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

COMMON COLDS AND FLU

The common cold (Viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have a cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care.

Our Service aims to support the family's need for childcare; however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

EXCLUDING CHILDREN FROM THE SERVICE

- When a child has been diagnosed with an illness or infectious disease, the Service will refer to Staying Healthy in Childcare (5th Edition) to find the recommended exclusion period and also request a medical clearance from the GP stating that the child is cleared to return to the childcare setting.
- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying Healthy In Child Care 5th Edition)
- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

NOTIFYING FAMILIES AND EMERGENCY CONTACT

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe.
- In the incident that the ill child is not collected in a timely manner or should parents refuse to collect the child a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

MANAGEMENT AND EDUCATORS WILL ENSURE:

- Effective hygiene policies and procedures are adhered to at all times
- Effective environmental cleaning policies and procedures are adhered to at all times
- All families are given a copy of relevant policies upon enrolment which will be explained by management including Control of Infectious Diseases Policy, Sick Children policy, Injury and Accident policy and Medical Emergency Policy.
- Any child who registers a temperature of 38°C or above will need to be collected from the Service and will be excluded for 24 hours since the last

elevated temperature or until the Service receives a doctors clearance letter stating that the child is cleared of any infection and able to return to child care.

- A child who has not been immunised will be excluded from the Service if; an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- A child who has not been immunised will be excluded from the OSHC Service if an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- Families are notified to pick up their child if they have vomited or had diarrhoea whilst at the Service.
- That if the situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- That parents are notified as soon as practicable but within 24 hours. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.
- That if in the case of an infectious outbreak, all families/guardians, children and educators will be required to exceed a high standard of handwashing when entering the service. Please refer to our hand washing policies and procedures.
- **Note:** Given that the children are enrolled in formal schooling they will be governed by their school's vaccination requirement policy and procedures.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR/S AND RESPONSIBLE PERSONS WILL ENSURE:

- Notification is made to the regulatory authorities within 24 hours of any incident involving serious injury, trauma to or illness of a child while being educated and cared for by an education and care service:
 - i. Which a reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - ii. For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- Any incident or emergency where the attendance of emergency services at the Education and Care Service premises was required, or ought reasonably to have been required (e.g. severe asthma attack, seizure or anaphylaxis)
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- That if in the case of an infectious outbreak all families/guardians and educators will be notified and be given adequate information on the practices that are being put in place.

FAMILIES' RESPONSIBILITY

- In order to prevent the spread of disease, families are required to monitor their child's health, in particular:
 - Runny, green nose
 - High temperature
 - Diarrhoea
 - Red, swollen or discharging eyes
 - Vomiting
 - Rashes (red/purple)
 - Irritability, unusually tired or lethargic
 - Drowsiness
 - Lethargy or decreased activity
 - Breathing difficulty
 - Poor circulation
 - Poor feeding
 - Poor urine output
 - A stiff neck or sensitivity to light
 - Pain
- Families should keep up to date with their child's immunisation, providing a copy of the updated immunisation schedule to the Service.
- Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).
- Notify the OSHC service if your child has been unwell in the past 24 hours or someone in the family is/has been sick.
- Parents should seek medical attention should your child (or other family members) develop symptoms such as:
 - High fever
 - Uncontrolled coughing or breathing difficulties

RETURNING TO CARE AFTER SURGERY

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

CONSIDERATIONS

NATIONAL QUALITY STANDARDS (NQS)

Quality Area 2: Children's Health & Safety		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing & Comfort	Each child's wellbeing & comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest & relaxation.
2.1.2	Health Practices and Procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

Education and Care Services National Regulations and National law NSW		
Reg	77	Health, hygiene and safe food practices
Reg	88	Infectious Diseases
Reg	90	Medical Conditions Policy
Reg	92	Medication Record
Reg	93	Administration of Medication
Reg	96	Self-Administration of medication.

SOURCE

Education and Care Services National Regulations. (2011).
Guide to the National Quality Standard. (2017).
Kearns, K. (2017). The Business of Childcare (4 th Ed.).
Kearns, K. (2017). The Business of Childcare (4 th Ed.).
National Health and Medical Research Council (NHMRC): https://www.nhmrc.gov.au/
National Health and Medical Research Council. (2012) (updated June 2013). Staying healthy: Preventing infectious diseases in early childhood education and care services.
NSW Public Health Unit (contact details): https://www.health.nsw.gov.au/Infectious/pages/phus.aspx
Revised National Quality Standard. (2018).
Public Health Act 2010
Australian Government- Department of Health https://www.health.gov.au/

SERVICE POLICIES/ DOCUMENTATION

Policies	Documents
Incident, Illness, Accident & Trauma	Australian Children's Education & Care Authority
Control of Infectious Diseases	My Time, Our Place
Medical Emergency	ECA Code of Ethics
Administration of Medication	Revised National Quality Standards
Handwashing	