



# THE CUBBYHOUSE

PRESCHOOL AND LONG DAY CARE

ABN: 64083942858

41 Polwood Street Kempsey 2440 Phone (02) 6562 8591 Fax (02) 6562 1709

54 Pulteney Street Taree 2430 Phone (02) 6551 2100 Fax (02) 6557 8067

1316 Gloucester Road Wingham 2429 Phone (02) 6553 0111 Fax (02) 6553 0999

## Illness Policy

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### Introduction

The Cubbyhouse has a duty of care to ensure that all persons are provided with a high level of protection during the hours of the service's operation.

### Goals – What are we going to do?

The Cubbyhouse aims to manage illness and prevent the spread of infectious illnesses.

### Strategies – How will it be done?

The Cubbyhouse prevents the spread of illnesses by implementing the following strategies:

- hand washing and other hygienic/ infection control practices
- identifying and excluding children and staff/educators with symptoms of infection
- notifying children, families and staff/educators when a diagnosed infectious illness is present at the service
- ensuring staff/educators have adequate equipment or products, such as disposable gloves, detergents and soaps
- maintaining hygienic procedures, such as correct handling of body fluids
- increasing staff/educators awareness and knowledge of cross infection
- maintaining a clean, hygienic and healthy environment, such as cleaning the service daily and ensuring that the service is well ventilated.

### Identifying signs and symptoms of illness

While staff/educators are unable to diagnose an illness, they are aware of signs and symptoms of illnesses common to young children. To ensure that symptoms are not infectious and minimise the spread of an infection, medical advice should always be sought. When dealing with illness staff/educators refer to National Health and Medical Research Council and *Staying Healthy* 5<sup>th</sup> Edition 2012

Symptoms indicating an illness may include:

- behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy, unsettled, can't be comforted;
- high temperature or fever;
- loose bowels;
- faeces which is 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 neck or other muscular and joint pain;
- continuous scratching of scalp or skin;
- difficulty in swallowing or complaining of a sore throat;



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- persistent, prolonged or severe coughing; or
- difficulty in breathing.

(*Staying Healthy* 5<sup>th</sup> Ed 2012)

It is expected that families disclose to staff members when their child has been sick, upon arrival or by other means of communication (telephone, email etc), to ensure that the Cubbyhouse team can manage any infectious illnesses and care effectively for the children.

## **High temperatures or fevers**

Various recognised authorities define a child's normal temperature within a range between 36.5 to 37.5 degrees Celsius, and this depends on the age of the child and the time of day. When a child presents with a suspected high temperature or fever staff/educators will check with either an underarm or ear thermometer and single use cover to prevent the spread of bodily fluids. This temperature will be recorded onto an illness form and families will always be contacted when a child is experiencing a fever.

Staff/educators should be aware of other symptoms that may occur with a high temperature, for example either a rash or vomiting. These signs and symptoms will also be recorded. The child's temperature will be checked again each 15 minutes

Staff/educators will attempt to reduce a child's fever by, For example:

- encouraging the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids;
- removing excessive clothing; and
- Sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin, such arms or legs.
- Contacting the family to collect the child.
- If parent or any other authorised person is unable to collect the child in a reasonable time Paracetamol may be administered after permission granted by authorised person

## ***When a fever requires medical attention***

There are several indicators or factors that define when a fever which requires immediate medical attention. The child:

- is less than 6 months old;
- has an earache;
- has difficulty swallowing;
- is breathing rapidly;
- has a rash;
- is vomiting;
- has a stiff neck;
- has bulging of the fontanelle (the soft spot on the head in babies); or
- is very sleepy or drowsy.
- A high temperature in the last 24 hours

Staff/educators will contact the family to request that the child be collected to seek medical advice/treatment.



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## **Caring for a child who is unwell**

- Staff/ educators will attempt to make the child who is unwell as comfortable as possible, providing a place to rest quietly or passive experiences to take part in until they are collected from care.

## **Monitoring and documenting symptoms of an illness**

- Symptoms of the illness will be observed and recorded by staff on a illness/accident form. This record is then available to all staff and the family to communicate how the child's illness has developed and has been managed. Staff will communicate with each other the symptoms of the illness to ensure that the severity of these are observed and recorded correctly. The illness/accident form will include details of
  - the identity of the individual being monitored;
  - who records the information;
  - how frequently is information recorded;
  - the date and time;
  - whether medication has been administered;
  - first aid or care giving strategies implemented; and
  - if adverse reactions are observed.

## **Exclusion guidelines for an infectious illness**

Keep your child at home if he/she has;

- A high temperature in the last 24 hours.
- Bronchitis – severe chest congestion, wheezing, cough and fever
- Vomiting – for 24 hours after the child has last vomited.
- Conjunctivitis – eye is red and inflamed with yellow pus discharge.  
(Please take your child to the Doctor as this is highly contagious and could damage your child's eye)
- Diarrhoea – watery/greenish smelly bowel movements, occurring more than twice in six hours for 24 hours after the child has last had a bowel movement.
- Rashes – any skin irritation you cannot identify and has not been diagnosed by a doctor
- Impetigo or School Sores – start as small dots, and then become blisters, which break and secrete a thick sticky discharge. This also requires a Doctors visit for diagnoses and treatment.
- With any contagious disease/condition that is still infectious, for example, measles, mumps, chicken pox, German measles, head lice, impetigo and conjunctivitis until symptoms clear and/or treatment has commenced
- Symptoms of both vomiting and diarrhoea could indicate highly contagious gastro-enteritis.
- Colds – If your child has a yellow or green running nose, please exclude your child from attending.
- If your Doctor diagnoses a chest, ear, or throat infection and/or places the child on antibiotics, please be on this medication for 48 hours as prescribed before bringing your child to the Cubbyhouse.
- If there is an outbreak of an infectious disease that your child is not immunised against.



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## **Notifiable Illnesses**

The Director/ Nominated Supervisor will notify the local Public Health Unit by phone as soon as possible after they are made aware that a child enrolled at the Cubbyhouse 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

A notification will also be made to the Regulatory Authority, ACECQA via the NQA ITS website.

## **Statutory Legislation and Considerations**

Education and Care Services Nationals Regulations 2011

Regulations 77, 85 -96, 106, 109, 112, 115, 136, 161, 162, 177, 181, 183, 245-247

National Quality Standards QA2 Children's health and safety, QA5 Relationships with children, QA7 - Leadership and service management

Early Years Learning Framework Outcome 3

## **Sources**

Staying Healthy 5<sup>th</sup> Edition 2012

National Health and Medical Research Council - [www.nhmrc.gov.au](http://www.nhmrc.gov.au) (Accessed October 2015)

Notifications - <http://www.health.nsw.gov.au/infectious/pages/notification.aspx> (Accessed October 2015)

## **Links to other policies**

Acceptance and Refusal of Authorisations Policy

Anaphylaxis Policy

Child Protection Policy

Communication and Interactions with Families Policy

Confidentiality and Privacy Policy

Enrolment and Orientation Policy

First Aid Policy

Hygienic Practices Policy

Incidents, Injuries and Trauma Policy

Immunisation Policy

Infectious Diseases Policy

Interactions with Children Policy

Medical Condition Policy

Participation of Students and Volunteers Policy

Record Keeping and Retention Policy

Risk Management Policy

Supervision of Children Policy

Illness Policy – Data, Cubbyhouse Originals, Cubbyhouse Manuals, Policies



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## Workplace Health and Safety Policy

### **Links to procedures – (Data, Cubbyhouse Originals, Cubbyhouse Manuals, Procedures)**

Bathroom Cleaning Procedure  
Cleaning Whole Centre Procedure  
Enrolment and Orientation Procedures  
Illness, First Aid and Hygiene Procedures  
Linen Change Over Procedure  
Maintaining records  
Medication Procedure  
Staff Orientation Procedure  
Student and Volunteer Orientation Procedure

### **Links to forms/ resources**

Data, Cubbyhouse Originals, Forms

- ❖ Centre Forms
  - accident illness register
  - First Aid Kit Item Checklist
  - First Aid Risk Assessment
- ❖ children's forms
  - Medication Form
  - Incident/ Accident report Form

Data, Cubbyhouse Originals, Resources

- ❖ Workplace health and safety folder

NQA ITS website - <http://www.acecqa.gov.au/national-quality-agenda-it-system> (Accessed October 2015)

**Reviewed & Modified** August 2013, Oct 2014, March 2015, Sept 2015, October 2015