

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

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 decide whether it is appropriate for the child to remain at the service.

If the decision is 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.

When communicating the need to exclude a child, educators and other staff should remain empathetic to the pressures of families who may find the exclusion difficult, but the safety of the child, and all other children, in the service must remain at the forefront of decision making.

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. It is important for Kids' Uni to protect all children in our care.

- 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

If educators observe any signs of illness such as lethargy, feeling warm, decreased activity, changes in behaviour, changes in colour (e.g. looking pale) and/or reduced appetite, they will:

- 3.1 Take the child's temperature. If the child has a temperature 38.1°C or higher refer to the Procedure for Dealing with a High Temperature (see Clause 9 in this policy).

- 3.2 Inform the Nominated Supervisor of the child's condition and seek any additional information about the child, their medical conditions and / or history.
- 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 Seek guidance from the Nominated Supervisor regarding the child's exclusion from the service and inform the Parents/Guardians/Emergency Contacts of the child's health status and whether they need to be collected.
- 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 the 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. Sick children require intensive adult support and attention, and this is not possible within the educator ratios 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 for long periods of time.
- 5.2 Children cannot attend or remain at the service if they:
 - i. Have a temperature of 38.1°C or higher, or have experienced a temperature 38.1°C or higher 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.
 - vii. Have been under anaesthetic in the last 48 hours. In this instance, refer to *Form 81 – Return to Service Risk Minimisation* which must be completed (see clause 8.5)
- 5.3 If a child becomes unwell at the service, educators must complete an Incident Injury, Trauma and Illness Record and get the Parent/Guardian/Emergency Contact on arrival to sign the form.

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.
- 6.4 The Nominated Supervisor must also report an illness to the Department of Education within 24hrs if:
 - i. the illness occurs while the child is being cared for in our service and the illness is of a serious nature where the child needed to seek medical attention, or ought reasonably to have sought medical attention.
 - ii. the illness is an immunisation preventable disease.
 - iii. there is an outbreak of an illness (more than one case).

7 Children returning to the Service after Contracting a Notifiable Disease (*requiring a report to Public Health Unit*)

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. The

medical certificate should state information about the illness the child is recovering from, and confirm they are no longer infectious.

- 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 advice from the services local Public Health Unit in attempt to resolve this issue.
- 8.5 If a child is returning to the service following significant medical treatment for illness, injury or surgery, their family may be asked to complete and return form 81 – Return to Service Risk Minimisation plan prior to the child's return to the service.

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.

9.2 Steps to Reduce a High Temperature

(if child has a high fever as described below, 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, educators will 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.
- v. **Where parent / guardian permission is in place, Paracetamol will be administered by educators when:**
 - a child has a temperature and the child appears to be uncomfortable, upset or distressed and / or
 - paracetamol is requested verbally by a parent or guardian who is authorised to permit the administration of medication and / or
 - the child cannot be collected and their temperature remains over 38.5 degree. We would administer paracetamol prior to considering calling an ambulance.
- vi. If paracetamol is needed, permission must be gained from the parent or guardian of the child:
 - 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 if the child is, or becomes, upset or distressed.
 - If written permission has not been given on the Enrolment Form, two educators (one witness) will gain verbal permission from the Parent/Guardian/Emergency Contact to give the paracetamol if the child becomes, or is, upset or distressed.

- 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, or the child becomes distressed and upset, then an ambulance will be called.
- It should be noted that the child's enrolment form clearly outlines who is authorised to give permission to administer Panadol. Not all guardians or emergency contacts are authorised to give this permission.
- vii. Once permission is established from parent or guardian, educators will administer paracetamol if the child is distressed, upset, or appears to be experiencing discomfort.
- viii. Educators will only ever administer a single dose of paracetamol whilst awaiting collection.
- ix. Where permission has been given to administer paracetamol, educators are to follow the procedure for administering paracetamol (see Clause 10 of this policy).
- x. Educators will complete an Incident Injury, Trauma and Illness Record and get the Parent/Guardian/Emergency Contact on arrival to sign the form.

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, contact family. Administer paracetamol if the child is upset or distressed, or if requested by the parent or guardian who is authorised to permit medication. 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. If a child cannot be collected and their temperature is over 38.5 degrees, administer paracetamol (once permission has been verified) before considering calling 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.*

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 38.1 °C or above.
 - ii. Medication will not be administered to the child unless
 - the service holds an Administration of Paracetamol authorisation, or verbal permission has been sought over the phone with two witnesses, and
 - the child has a temperature considered to be a fever, and the child is distressed or upset.

- 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 Other Community Illness or disease

- 11.1 In the event of an outbreak of a serious illness within the community, such as COVID-19, our service will follow all directions and advice from the NSW Department of Health and the NSW Department of Education.
- 11.2 In such an instance, the Nominated Supervisor will develop a risk assessment to manage risk to our children, families and staff.
- 11.3 In such an instance, the Provider or Nominated Supervisor may need to implement additional measures to keep all stakeholders safe and well. These measures will comply with current health orders and recommendations, but are at the discretion of the Provider and Nominated Supervisor.

12 Sources

Education and Care Services National Regulations 2011

National Quality Standard

NSW Department of Health

Staying Healthy in Child Care 5TH Edition, National Health and Medical Research Council

Sydney Children's Hospital <https://www.schn.health.nsw.gov.au/files/factsheets/fever-en.pdf>

QLD Department of Health

https://www.health.qld.gov.au/data/assets/pdf_file/0021/436701/ed-child-febrile-fit.pdf

Royal Children's Hospital Melbourne

https://www.rch.org.au/kidsinfo/factsheets/Febrile_seizures/#:~:text=A%20febrile%20seizure%20is%20a,not%20harmful%20to%20your%20child.

13 Review

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

14 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	May 2012	May 2013	Michele Fowler Manager – Kids' Uni	
2	March 2013	May 2013	Michele Fowler	Paragraph inserted re application of policies across all centres.

			Manager – Kids' Uni	Migrated into new QA format.
3	May 2013	May 2014	Michele Fowler Manager – Kids' Uni	Policy reviewed with no changes required.
4	September 2013	September 2014	M Fowler Mgr Kids' Uni	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.
5	Sept 2014	Sept 2015	M Fowler Mgr Kids' Uni	Reviewed with no changes required
6	Sep 2015	Sep 2016	M. Gillmore – General Manager	Policy reviewed and updated with untimely collection/failure to collect ill child procedure. Exclusion for 24 hrs when commencing antibiotics
7	Jul 2018	Jul 2020	K. Grose – Children's Services Manager	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.
8	November 2019	Jul 2020	Nicole Bray – Director Kids' Uni iC	Updated to reflect name changes to Kids' Uni iC and Kids' Uni OOSH
9	August 2021	August 2022	K. Grose – Children's Services Manager	Added reporting requirements to Dept of Education Added 'other community illness or disease' section with reference to COVID-19.
10	Aug 2023	Aug 2025	Louise Windisch – Director, Kids Uni North Kellie Grose, Head of Early Education	Added point about recognising pressures of families, but using policy to guide decision making when excluding children Added point about information included in medical certificate Added clause about risk minimisation plan for children returning to the service following medical procedures. Added clause about children being excluded for 48 hours after anaesthetic. Changed administration of paracetamol procedure – only to be given if the child is distressed, upset or appears to be experiencing discomfort.