

# Example Illness Policy

## Strand 1 – Well-being– Mana Atua

At (*insert name of centre*) the health and well-being of our children, families and centre whanau is essential. We aim to provide children with an environment where:

- Their health is promoted.
- Their emotional well-being is nurtured.
- They are kept safe from harm.

The objective of the illness policy is to work together to make sure that our practices and decisions regarding illness are reasonable and fair. During the time your child is with us there may be occasions when they will be affected by illness. This may mean that your child will be unable to attend the centre. Time away from the centre will allow your child to recover and will also protect the health of the other children, families and teachers. We do understand that this often places parents/whanau under extra pressure.

We are guided in our decisions regarding illness by:

- Licensing Criteria for Early Childhood Education and Care Centres 2008 Regulations which require us to take appropriate action when a child is unwell (Health and safety: Child health and wellbeing HS24 through to HS30)
- Recommendations from the Public Health Service - 04 570 9002.

## Communication and Consultation

We invite you to discuss any concerns you may have about your child's health and well-being with us at any time. If you are worried that your child may be unwell share this information with us when you arrive at the centre. This means that we can be vigilant and alert to any changes in behaviour or signs of illness and can respond to your child's needs promptly. If we have any concerns about your child's health and well-being while they are in our care we will discuss this with you as soon as possible.

Parents and teachers share the responsibility for creating a healthy centre environment, which will protect and nurture children.

## Parent/Whanau Responsibilities:

- Provide the centre with up to date emergency contact numbers.
- Discuss concerns about children's health with teachers at the centre.
- Let teachers know if you have given medicine to you child during the night or prior to arriving at the centre.
- Provide written authority for any medication required while the child is at the centre. Provide name of medicine, dose and time the medication is to be given.
- Children should be collected within one hour if unwell.

- Allow your child time to recover before returning to the centre.
- If you are worried about your child's health please seek advice from your family doctor before bringing your child to the centre.
- Provide details of immunisations that your child has had at the time of enrolment and at ages 15 months and 4 years. This is a legal requirement under the Health (Immunisation) Regulations 1995.
- It is important to know that children at risk of disease (unimmunised or never had the disease) \*\* will be required to stay away from the centre when there are cases of a vaccine preventable disease eg measles, mumps. The Public Health Service will work with the centre and advise when these children can return to the centre. During this time you will need to have an alternative arrangement for your child.

*\*\* Children are protected by either immunisation or having had the disease.*

## Teacher Responsibilities:

- Parents will be contacted if there are concerns about a child's health and may be asked to take the child home.
- First aid will be administered where required. \*
- Children who are unwell will rest in a well-ventilated and warm room away from other children until collected.
- Efforts will be made to ensure children are comfortable and emotionally supported.
- If we are concerned that a child may be unwell we will keep a record of the child's day detailing any changes in behaviour, symptoms, temperature recordings, food & drink consumption, and any authorised medication given.
- Provide authorised medication; document time, dosage, and time of administration.
- Medical help will be sought if a child becomes more ill.
- We may suggest that you consult your family doctor for diagnosis and treatment.
- We will obtain up to date health information and advice from the Public Health Service (04 570 9002).

*\* Please note that Pamol/Paracetamol is not kept on these premises for general use. This medication can only be given if it has been signed for by a parent, and has been prescribed for the child for a specific illness, for a specified period of time and contains the date.*

## Resolution of conflict

If there is disagreement regarding the need for a child to stay away from the centre due to illnesses we will be guided by the advice of the Public Health Service. It is important to consult your family Doctor for diagnosis and treatment; however there will be occasions when we will need to follow the advice of the Public Health Service with regards to infection control. Parents are welcome to contact the Public Health Service for further clarification.

## General conditions indicating that a child should not attend the centre:














- The illness prevents the child from participating comfortably in programme activities.
- The illness results in a greater care need than the centre can reasonably provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, persistent crying, difficulty breathing, or other signs of possible severe illness.

## Specific symptoms indicating that a child should not attend the centre:

- **Diarrhoea:** A general guideline is that no child should attend if they have diarrhoea. When diarrhoea is accompanied by any other symptoms such as fever, stomach pains, nausea, vomiting or headache, this indicates a gastrointestinal infection, and the child should stay away until they have been symptom free for at least 48 hours.
- **Vomiting** in the previous 24 hours, unless the vomiting was once only and was known to be caused by a non-communicable condition. Repeated vomiting suggests an infection, so the child should be taken to your family Doctor for a diagnosis. If the vomiting has been caused by an infection, or the cause is not known, the child needs to stay away until at least 48 hours after the last symptoms. A child who vomits at the Centre should be collected by their parents and taken home.
- **Mouth sores** associated with an inability of the child to control his or her saliva unless the child's family Doctor, Regional Public Health or the Medical Officer of Health advises that the child is non-infectious.
- **Rash** with fever or behaviour change, until your family Doctor has determined that the illness is not a communicable disease.
- **Respiratory Infections:** A child should not attend if they have uncontrolled coughing or sneezing as the result of an infection. This does not include seasonal hay fever. A runny nose related to a respiratory infection that the child has difficulty controlling the spread of nasal secretions and/or has a negative social impact upon the child (**Refer to Regional Public Health Green Nose Fact Sheet**).
- **Skin Infections:** A child should not attend if they have open wounds/sores that cannot be covered either with clothing or bandages to prevent the child from scratching. A child may return providing they have been treated with the appropriate antibiotics, antifungal or anti viral cream for **at least 24 hours**.
- **Conjunctivitis:** A child should not return until there is no discharge present.
- Any child requiring **antibiotics** should remain at home for the first 24 hours.
- For **specific diagnoses** eg: chicken pox, measles, Hepatitis A, influenza, refer to Ministry of Health Infectious Disease information and exclusion list (attached).

# Infectious Diseases:

## information & exclusion list

Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
<b>Rashes and skin infections</b>				
<b>Chickenpox</b> 	Coughing, sneezing and contact with weeping blisters.	Fever and spots with a blister on top of each spot.	10-21 days after being exposed.	1 week from appearance of rash, or until all blisters have dried.
<b>Hand, foot and mouth disease</b>	Coughing, sneezing, and poor hand washing.	Fever, flu-like symptoms – rash on soles and palms and in the mouth.	3-5 days	Exclude until blisters have dried. If blisters are able to be covered, and child feeling well, they will not need to be excluded.
<b>Head lice (Nits)</b>	Direct contact with an infested person's hair.	Itchy scalp, especially behind ears. Occasionally scalp infections that require treatment may develop.	N/A	None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.
<b>Measles</b> 	Coughing and sneezing. Direct contact with an infected person. Highly infectious.	Runny nose and eyes, cough and fever, followed a few days later by a rash.	7-18 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
<b>Ringworm</b>	Contact with infected skin, bedding and clothing.	Flat, ring-shaped rash.	4-6 weeks	None, but skin contact should be avoided.
<b>Rubella (German Measles)</b> 	Coughing and sneezing. Also direct contact with an infected person.	Fever, swollen neck glands and a rash on the face, scalp and body.	14-23 days	Until well and for 7 days from appearance of rash.
<b>Scabies</b>	Contact with infected skin, bedding and clothing.	Itchy rash.	4-6 weeks (but if had scabies before it may develop within 1-4 days)	Exclude until the day after appropriate treatment.
<b>School sores (Impetigo)</b>	Direct contact with infected sores.	Blisters on the body which burst and turn into scabby sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started.
<b>Slapped cheek (Human parvovirus infection)</b> 	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and lace-like rash on body.	4-20 days	Unnecessary unless unwell.
<b>Diarrhoea &amp; Vomiting illnesses</b>				
<b>Campylobacter Cryptosporidium Giardia Salmonella</b> 	Undercooked food, contaminated water. Direct spread from an infected person or animal.	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Campylobacter 1-10 days Cryptosporidium 1-12 days Giardia 3-25 days Salmonella 6-72 hours	Until well and for 48 hours after the last episode of diarrhoea or vomiting. <b>Cryptosporidium</b> – do not use public pool for 2 weeks after symptoms have stopped. <b>Salmonella</b> - Discuss exclusion of cases and contacts with public health service.
<b>Hepatitis A</b> 	Contaminated food or water, direct spread from an infected person.	Nausea, stomach pains, general sickness. Jaundice a few days later.	15-50 days	7 days from the onset of jaundice.
<b>Norovirus</b>	Contact with secretions from infected people.	Nausea, diarrhoea/and or vomiting.	1-2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
<b>Rotavirus</b> 	Direct spread from infected person.	Nausea, diarrhoea/and or vomiting.	1-2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
<b>Shigella</b> 	Contaminated food or water, contact with an infected person.	Diarrhoea (may be bloody), fever, stomach pain.	12 hours-1 week	Discuss exclusion of cases and their contacts with public health service.
<b>VTEC/STEC (Verocytotoxin- or shiga toxin-producing E. coli)</b> 	Contaminated food or water, unpasteurised milk. Direct contact with animals or infected person.	High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.	2-10 days	Discuss exclusion of cases and their contacts with public health service.
<b>Respiratory Infections</b>				
<b>Influenza and Influenza-like illness (ILI)</b> 	Coughing and sneezing. Direct contact with infected person.	Sudden onset of fever with cough, sore throat, muscular aches and a headache.	1-4 days (average about 2 days)	Until well.
<b>Streptococcal sore throat</b>	Contact with secretions of a sore throat. (Coughing, sneezing etc.)	Headache, vomiting, sore throat. An untreated sore throat could lead to Rheumatic fever.	1-3 days	Exclude until well and/or has received antibiotic treatment for at least 24 hours.
<b>Whooping cough (Pertussis)</b> 	Coughing. Adults and older children can pass on the infection to babies.	Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.	5-21 days	Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.
<b>Other Infections</b>				
<b>Conjunctivitis (Pink eye)</b>	Direct contact with discharge from the eyes or with items contaminated by the discharge.	Irritation and redness of eye. Sometimes there is a discharge.	2-10 days (usually 3-4 days)	While there is discharge from the eyes.
<b>Meningococcal Meningitis</b> 	Close contact with oral secretions. (Coughing, sneezing, etc.)	Generally unwell, fever, headache, vomiting, sometimes a rash. <b>Urgent treatment is required.</b>	3-7 days	Until well enough to return.
<b>Meningitis - Viral</b>	Spread through different routes including coughing, sneezing, faecal-oral route.	Generally unwell, fever, headache, vomiting.	Variable	Until well.
<b>Mumps</b> 	Coughing, sneezing and infected saliva.	Pain in jaw, then swelling in front of ear and fever.	12-25 days	Exclude until 5 days after facial swelling develops, or until well.

**For further information contact:**

Your Public Health Nurse

Your Public Health Service

 Vaccine-preventable and/or on National Immunisation Schedule

 Notifiable disease (Doctors notify the Public Health Service)

 Pregnant women should seek advice from their maternity provider or G.P

\* Seek further advice from a healthcare professional or public health service

New Zealand Government



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