



Illness Policy

Purpose

This policy will:

- Clearly define the procedures for St Kevin's Out Of Hours School Care (OHSC) staff to follow when a child who is ill arrives at St Kevin's Out Of Hours School Care (OHSC) or becomes ill while in attendance at St Kevin's Out Of Hours School Care (OHSC)
- Assist staff in meeting regulatory and legislative requirements in relation to a child's illness while being cared for or educated at **St Kevin's Out Of Hours School Care (OHSC)**
- Outline the responsibilities of staff, parents/guardians and committee in relation to a child's illness.
- Refer to Quality Improvement and Accreditation System (QIAS), Quality Practices Guide 2005, Principles 4.6, 5.5, 6.1, 6.2, 6.4, 6.6, 7.2.

Policy statement

1. Values

St Kevin's Out Of Hours School Care (OHSC) is committed to:

- As far as practicable, providing a safe and healthy environment for all children, staff and any other persons participating in the program or attending the centre
- Preventing the spread of infectious illnesses through the implementation of a range of strategies
- Responding to the needs of the child if the child becomes ill while attending the centre
- Ensuring that staff are aware of and trained in the safe and appropriate administration of first aid and medication in accordance with legislative requirements
- Providing up-to-date information for parents/guardians and staff regarding immunisation and the protection of all children from infectious diseases
- Complying with the exclusion requirements for infectious diseases set out in the Department of Human Services communicable diseases exclusion table (refer to the Management of infectious diseases policy, [Attachment 1](#)).

2. Scope

This policy applies to the children, staff, parents/guardians, volunteers and students on placement involved with **St Kevin's Out Of Hours School Care (OHSC)**.

3. Background and legislation

Education and Care Services National Regulations 2011 (ECSNR) require centres to have procedures for dealing with illness and emergency care.

Emergency services recommend that the following contact numbers are displayed at each telephone:

- Ambulance: Be prepared to answer the following questions:
 - o What is the exact location of the emergency?
 - o What is your call back phone number?
 - o What is the problem? (What exactly happened?)
 - o How many people are hurt?
 - o How old is the person?
 - o Is the person conscious?

- o Is the person breathing?

DO NOT HANG UP. Follow the instructions offered by the ambulance service as the ambulance responds. These will help the patient and the ambulance paramedics. Further questions may be necessary.

These questions enable ambulance to prioritise your request promptly and determine whether the patient requires Intensive Care (MICA) Paramedic skills. If you don't have coverage on your mobile, try 112.

- DEECD regional office
- Committee member contact
- Asthma Victoria
- Police
- Victorian Poisons Information Centre
- Local fire brigade

Relevant legislation may include but is not limited to:

- Education and Care Services National Regulations 2011 (ECSNR)
- Education and Care Services National Law Act 2010
- Health (Infectious Diseases) Regulations 2001
- Occupational Health and Safety Act 2004.

4. Definitions

Exclusion: Unable to attend or participate in the centre's programs.

Department of Education and Employee workplace relations (DEEWR): federal government responsible for the licensing and regulation of out of hours school care.

Department of Human Services (DHS): State government department responsible for the health and wellbeing of Victorians.

Fever: There is no universally accepted definition of a fever; however, it is generally accepted that a fever exists when the temperature is greater than 38.3°C rectally, 37.8°C orally and 37.5°C axillary. Fever is a higher-than-normal temperature and is part of the body's defence mechanism against viruses or bacteria. It is not an illness in itself, but a sign of illness. The body tries to create extra heat so that the foreign organism cannot survive, and having a temperature helps fight illness.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program.

Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.

Infectious disease: A disease that could be spread such as by air, water and interpersonal contact.

Injury: Any harm or damage to a person.

Medication: Any substance that is administered for the treatment of an illness or condition.

5. Sources and related centre policies

Sources

- DEECD, Children's Services Guide
- Victorian Government of Human Services, Communicable Diseases Exclusion Table, available from www.health.vic.gov.au/ideas; further information is obtainable from the DHS Communicable Diseases Unit on 1300 651 160
- NHMRC 2005, *Staying Healthy in Childcare: Preventing Infectious Diseases in Childcare*, 4th edition, available at www.nhmrc.gov.au/publications or email nhmrc.publications@nhmrc.gov.au
- Raising children network: www.raisingchildren.net.au

Centre policies

- Administration of medication
- Asthma
- Hygiene
- Incident medical emergency
- Infectious diseases
- Management of anaphylaxis

Procedures

The committee is responsible for:

- Ensuring staff members' first-aid qualifications are up to date
- Ensuring staff have access to the appropriate equipment and materials for the implementation of the step-by-step infection control procedure relating to blood-borne viruses.
- Ensuring completed medication, accident, injury and illness records are archived and stored securely for twenty-five years
- Notifying, within twenty-four hours by phone, the regional DEEWR office of any illness requiring treatment by a registered medical practitioner or admission to a hospital
- Investigating possible causes of the illness or sources of infection and taking appropriate action to prevent further occurrences if needed.

Staff are responsible for:

- Maintaining children's enrolment records regarding their current immunisation status
- Ensuring children's enrolment forms provide authorisation for the centre to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- Maintaining their first-aid qualifications, as required by ECSN regulations
- Contacting the parents/guardians of a child who is showing signs of illness and arranging for the child to be collected as soon as possible, if deemed necessary
- Completing an entry in the Accident, injury, trauma and illness record when a child's illness becomes apparent, as required by ECSN regulations
- Recording details of the illness/symptoms shown by the child in the accident, injury and illness book (ECSN regulations)
- Ensuring the Accident, injury, trauma and illness record entry is completed as soon as practicable, but no longer than twenty-four hours after the illness becomes apparent (ECSN regulations)
- Notifying parents/guardians if they believe the child has any symptoms of illness, such as:
 - o Those listed in [Attachment 1](#), 'Checking for symptoms of illness'
 - o Any of the infectious diseases listed in the DHS Communicable diseases exclusion table; refer to [Attachment 1](#) of the Management of infectious diseases policy
- Advising parents/guardians that the child is not able to return to the centre until the symptoms are no longer present or if an infectious disease is present, according to the DHS Communicable diseases exclusion table
- Taking the child's temperature at regular intervals when the child is displaying signs of illness or fever and recording this in the Accident, injury, trauma and illness book (refer to [Attachment 2](#), 'Taking a child's temperatures')
- Washing hands after wiping a child's nose or attending to a child who might be sick
- Providing comfort and support to a child who becomes ill and keeping them under observation until the parents/guardians or person authorised to collect the child arrives
- Implementing appropriate first-aid procedures as required (ECSN regulations)

- Providing parents/guardians access to and/or copies of information regarding their child in the Accident, injury, trauma and illness records when requested (ECSN regulations).

The parents/guardians are responsible for:

- Providing authorisation in their child's enrolment record for the centre to seek emergency medical treatment by a medical practitioner, hospital or ambulance (ECSN regulations)
- All costs associated with an ambulance service called to attend to their child at the centre
- Notifying the centre of any other medical conditions and/or needs and any management procedure to be followed with respect to that condition or need (ECSN regulations)
- Collecting their child or arranging for their child to be collected from the centre as soon as possible after being notified that their child is unwell (ECSN regulations)
- Keeping their child at home until well or the specified exclusion time has elapsed (refer to the Management of infectious diseases policy, [Attachment 1](#))
- Informing staff if their child has been unwell the previous night or since last attending the centre.

Evaluation

In order to assess whether the policy has achieved the values and purposes, the committee will:

- Take into account feedback from staff and parents/guardians regarding the policy
- Monitor complaints and incidents regarding illnesses of children attending the centre.

Attachments

[Attachment 1](#): Checking for symptoms of illness

[Attachment 2](#): Taking a child's temperature

Authorisation

The policy was adopted by the **St Kevin's Out Of Hours School Care (OHSC)** committee of management at a committee meeting on **18th October 2016**.

Review date: **August 2018**

Appendix 1 - Checking for symptoms of illness

Be aware of symptoms of illness throughout the day. The NHMRC publication *Staying Healthy in Child Care* recommends the following things to look for:

- Severe, persistent or prolonged coughing (child goes red or blue in the face, and makes a high-pitched croupy or whooping sound after coughing)
- Breathing trouble
- Yellowish skin or eyes
- Unusual spots or rashes
- Patch of infected skin (crusty skin or discharging yellow area of skin)
- Feverish appearance
- Unusual behaviour (child is cranky or less active than usual, cries more than usual, seems uncomfortable or just seems unwell)
- Frequent scratching of the scalp or skin
- Sore throat or difficulty in swallowing
- Headache, stiff neck
- Loss of appetite.

Several indicators or factors that define when a child has fever requiring immediate medical attention include:

- Earache
- Difficulty swallowing
- Rapid breathing
- A rash
- Vomiting
- Stiff neck
- Is very sleepy or drowsy.

Source: *Children's Hospital at Westmead, 2005*

Refer to the guidelines provided in [Attachment 2](#), 'Administration of paracetamol', of the Administration of medication policy.

Attachment 2 - Taking a child's temperature

Using a thermometer is the best way to check a child's temperature—feeling a child's skin temperature is not always reliable and can feel hot for a range of reasons, although the core temperature is normal.

Traditional mercury thermometers are being phased out, although many are still around. Mercury is a highly toxic substance if taken into the body, which can be done through skin contact, breathing in the vapour or swallowing it. All these risks can apply to the fragile glass thermometer if it is broken, such as by a child biting it.

Electronic probe-type digital thermometers are quicker to use, more reliable and much safer if bitten. Many other methods for measuring temperature are being introduced, and it is important to check the accuracy and instructions for use.

Taking the temperature of a baby or young child is more difficult than it seems. A body temperature reading can be taken from the rectum (rectally), armpit (axillary), ear (aurally), skin surface (superficially) or mouth (oral):

- Rectal readings are the most reliable because they are closest to 'core' temperature. **However, they NOT TO BE USED at the centre.**
- Armpit readings are the safest but least accurate and are usually about 0.5°C lower than the oral temperature. This method requires a child to sit still for at least 5 minutes, so it can be difficult to use on young children. If you use this method, you will need to remove the child's arm from the clothing, place the thermometer in the armpit and fold the arm across the chest to hold the thermometer in place. Hold the arm against the body and wait for the thermometer to 'beep' before taking a reading.
- Ear temperature readings using an ear thermometer are a quick and easy method that relies on measuring infra-red (heat) radiation from the eardrum. These thermometers must be used exactly as directed, and it is advised that you ask for assistance when you purchase one of these thermometers.

Ear temperature readings should never be used on babies younger than three months because they have a very small ear canal and even on young children, it can be very difficult to find the right spot. If the child has been lying with their head on a warm pillow or has just come inside out of the cold, you will need to wait 10–15 minutes before the ear can provide an accurate measurement of body temperature. They are accurate to within about a degree, as long as the ear doesn't have a large plug of wax in it. A normal temperature using this method is between 36°C and 36.8°C.

- Skin readings using thermometer strips that are placed on the child's forehead are popular but only give a rough guide. An advantage of this method is that it allows you to check a sleeping child's temperature.
- Readings from the mouth are not recommended for children as there is a risk they may bite the thermometer and break it. A normal temperature using this method is 36°C - 36.8°C.