



## **CHILDREN WHO ARE UNWELL**

### **POLICY STATEMENT**

We ensure a safe and healthy environment for all children in its care. Unwell children (as defined below) may not attend our service because educators are not able to provide the one-on-one care that children who are unwell deserve and the health of other children and educators may also be compromised.

Children who become unwell while at the service will be made comfortable while a parent or emergency contact is notified and arrives to collect them. The parent or emergency contact will be required to collect the child as soon as practicable.

### **RATIONALE**

The service has a responsibility not to compromise the health of children and educators by accepting children who are unwell into a care session. By implementing infection control and hygiene procedures we aim to reduce the incidence of ill-health for children, staff and families.

In addition to improving physical safety and comfort, reducing the incidence and spread of illness provides children with the greatest opportunity to participate fully in our program and reduces the number of days impacted by illness for staff and families of children attending the service.

### **When is a child considered to be unwell?**

A child with any of the following symptoms will be considered to be unwell and will be excluded from the service until they are well:

- ear, eye or discoloured nasal discharge
- an undiagnosed rash
- high temperature (38.0 or above)
- symptoms of an infectious diseases (a medical practitioner's clearance may be required before re-admission)
- vomiting
- diarrhoea/abnormally loose and/or have more than two loose bowel actions
- Obvious signs of ill-health such as breathing difficulties, barking cough or rib retraction when breathing.
- When they are unable to actively participate in the programme

### **HOW POLICY WILL BE IMPLEMENTED**

#### **Exclusions**

An enrolled child who is unwell when they arrive at the service will not be accepted into care on the day and will be excluded until they are well again. In the case of an infectious illness the child will be excluded until the required exclusion period has been complied with and the child is well again (please see *Infectious Diseases Policy*).

If a child becomes unwell while attending a care session, the child's parent will be notified and asked to collect the child as soon as practicable.

If the child's parent cannot be contacted or cannot collect the child, an emergency contact will be asked to collect the child.

### **Care of a child who is unwell**

When a child becomes unwell, they will be moved away from other children and made comfortable in a quiet area of the service to rest.

An educator with first aid qualifications will assess the child's condition and follow the service's *Accident and Illness Plan* (appendix A).

The parent of a child with a temperature over 38 degrees and who is also displaying signs of ill-health such as drowsiness, pallor, breathing difficulties, reduced urine output or any other symptoms listed under the exclusion criteria above will be notified and asked to take the child home as soon as practicable. If the parent or a nominated emergency contact cannot collect the child in a timely manner the nominated supervisor may call an ambulance in order to seek urgent medical treatment.

While waiting for the child's parent or an ambulance to arrive an educator with first aid qualifications will continue to monitor the child and will take steps to reduce the child's temperature by removing excess clothing, laying the child in a cool place and encouraging the child to drink water.

**Any child who registers a temperature of 38°C or above is collected from the Service and excluded for 24 hours after the last elevated temperature or until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to childcare**

Over the counter medications such as paracetamol will **not** be administered to a child unless prior arrangements have been made with the service and the child's medical practitioner has approved the arrangement in writing. (Refer to *Dealing with Medication Conditions Policy* and *Administering Medication Policy*).

Should a child become unwell at the service or arrive from school unwell a *record of illness* will be completed by the educator caring for the child outlining all symptoms noted, first aid administered, and actions taken. The parent or adult authorised to collect the child will be required to sign the record to acknowledge receipt of the information.

As per regulation 87 of the *Education and Care Services National Regulations 2012* the service will ensure that a record of any treatment given to an enrolled child who becomes ill during a care session is recorded within 24 hours of the incident and retained until the child reaches 25 years of age.

## **REFERENCES**

*Education and Care Services National Regulations (WA) 2012*. ACECQA, NSW.

Australian Children’s Education and Care Quality Authority (2017), *The Guide to the National Quality Framework*, Feb 2018 ACECQA, NSW.

Staying Healthy in Childcare, 5<sup>th</sup> Ed., June 2013

Department of Communities and the Education and Care Regulatory Unit  
<http://www.communities.wa.gov.au/education-and-care/Pages/default.aspx>

Joanna Briggs Institute – *Management of the Child with Fever – Evidence Based Practice Information Sheet for Health Professionals* – Retrieved on the 3<sup>rd</sup> of December 2013 from <http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=4323>

National Health and Medical Research Council – *Staying Healthy in Child Care – 4th Edition 2005* – Retrieved 3<sup>rd</sup> of December 2013, from [http://www.nhmrc.gov.au/\\_files\\_nhmrc/file/publications/synopses/ch43.pdf](http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/ch43.pdf)

National Institute of Neurological Disorders and Stroke – *Febrile Seizures Fact Sheet* – Retrieved on the 3<sup>rd</sup> of December 2013 from [http://www.ninds.nih.gov/disorders/febrile\\_seizures/detail\\_febrile\\_seizures.htm?css=print](http://www.ninds.nih.gov/disorders/febrile_seizures/detail_febrile_seizures.htm?css=print)

## **Review history**

<b>YEAR OF REVIEW</b>	<b>AMENDMENTS</b>
<b>January 2015</b>	Reviewed and edited content to align with requirements under the national regulations.
<b>January 2017</b>	Temperature 38 or above (Staying healthy in childcare)
<b>July 2017</b>	Taken out two or more symptoms of being unwell.
<b>July 2018</b>	Referencing revisited
<b>2019 July</b>	Referencing revisited
<b>2020 July</b>	No amendments made
<b>2021 July</b>	Advice on return to group setting after a temperature has been added
<b>2022 July</b>	

**Date written:** July 2019

**Next review:** July 2023

## ACCIDENT / ILLNESS PLAN

When an accident or illness that requires more than superficial first aid treatment occurs at the service an educator with a current approved first aid qualification will:

- assess the child's injury or symptoms and recommend to the supervising officer whether the parent should be contacted to collect the child or whether an ambulance should be called
- if blood or body fluids have been involved in the incident, ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with
- complete a full report of the incident and all first aid actions implemented.

Where an ambulance is called:

- the child's medical records must be provided to the ambulance officer
- the supervising officer must provide an educator to accompany the child in the ambulance.

