

Management of Illness Policy/Kaupapahere Whakahaere Māuiui

Version 4

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Document Approver: Chief Executive

Document Owner: Facilities & Services Team Leader

Introduction | Tīmatanga Kōrero

To ensure that sick children and adults in the kindergarten receive appropriate care and that the health and wellbeing of other children and adults is considered.

Applies To | Ko Wai Whakahāngaitia

All teaching staff.

Related Procedures or Processes and Documents | Pākanga Tukanga me Pukapuka

Covid-19 Vaccination

Toileting, Nappy & Clothing Changing

Laundry

Sleep and Rest

First Aid Certificates

Medical Assistance and Incidents

Education (Early Childhood Services) Regulations 2008 Information on Display

References |

Education (Early Childhood Services) Regulations 2008

Licensing Criteria for Early Childhood Education and Care Services 2008: PF26, 27, HS10, 26, 27, 34, GMA10, GMA-4

Ministry of Health Infectious Diseases Identification Chart (attached)

Policy Review Cycle | Kaupapa Arotake Hurihanganga

This procedure will be reviewed every three years and in conjunction with reviews of the related procedures or processes and documents outlined above.

Definitions | Tautuhi

Infectious disease or illness any disease or illness capable of being transmitted to another person.

Notifiable disease or illness an infectious disease or illness that is required by law to be reported to government authorities.

Policy

1. Healthy environments will be maintained at all times.

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2. Education about the prevention and treatment of infectious diseases shall take place in the context of the kindergarten's health awareness programme.
3. A record of child and staff illness shall be kept at the kindergarten.
4. A chart of infectious diseases shall be prominently displayed in the kindergarten (Appendix 1).
5. Parents and whānau shall be informed of any significant outbreak of infectious diseases within the kindergarten community, in accordance with Ministry of Health guidelines.
6. Teachers shall seek advice as necessary on infectious disease issues from the Public Health Service.
7. Head Teachers must ensure that an immunisation register meeting the requirements of the Health Regulations 1995 is kept. In the event of an outbreak of any vaccine-preventable disease the Medical Officer of Health may use information from the immunisation register to make decisions about who may need to be excluded from the kindergarten.
8. Parents and whānau will be informed of any significant outbreak of notifiable disease within the kindergarten community in accordance with Ministry of Health guidelines.
9. Parents and whānau will be encouraged to advise teachers if their child contracts an infectious illness/disease or condition e.g. ringworm or chickenpox.
10. Where a child falls sick at kindergarten, the parent and/or whānau shall be notified where possible and arrangements made to send the child home. The child shall be isolated from other children while waiting to be picked up.
11. Teaching teams shall develop a set of procedures regarding the changing and bathing of children which protect against the spread of infectious diseases.
12. Any child or adult suffering from any disease listed in Appendix 2 of the Licensing Criteria for ECE Centres 2008 will be excluded from attending the kindergarten for at least the period identified in this schedule.
13. Any child or adult may be excluded from the kindergarten at the discretion of the Person Responsible (Head Teacher or Relieving Head Teacher) if they are suffering from a disease or any ailment, condition or illness that:
 - 13.1. May be passed on to another child or adult
 - 13.2. Prevents the child from participating comfortably in programme activities
 - 13.3. Results in greater care than can be reasonably provided by teachers without compromising the health and safety of other children.
14. Children or adults with a blood-borne virus such as HIV/AIDS, Hepatitis B or C may not be excluded from attending, working or visiting a Kindergarten Taranaki kindergarten.
15. Information about the infection status of a child, family member or employee with an infectious or notifiable illness/disease or blood borne virus will remain confidential and cannot be shared with the community without the informed consent of the infected person or the parent/guardian of the child concerned.
16. Care plans for managing the health and well-being of children who have a serious long-term illness, medical condition or blood borne virus such as HIV/AIDS, Hepatitis B or C will be developed by teachers in close consultation with child's parent(s) and relevant health professionals. These care plans must remain confidential.

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Procedure

Every kindergarten will develop and display Practice Statements that document:

1. How hygiene routines and practices (in relation to infection control) will be managed. These include:
 - 1.1. Nappy changing
 - 1.2. Changing sick or soiled children
 - 1.3. Clean up of spills such as faeces, vomit, blood or other body fluids
 - 1.4. Preparation and serving of food
 - 1.5. Hand washing
2. First Aid procedures consistent with Ministry of Health First Aid guidelines
3. How teachers will work with parents to maintain a healthy work environment for children (and teachers).
4. How the exclusion of children and adults with infectious illnesses or notifiable diseases will be managed.
5. How sudden and/or serious illness occurring to children during kindergarten hours will be managed and documented. These need to include:
 - 5.1. Who takes responsibility for deciding if the child's condition/symptoms indicate they require more care than can reasonably be provided at the kindergarten.
 - 5.2. Who will contact the parent/caregiver to inform them of the child's illness and when this will occur.
 - 5.3. Where the ill child will be rested (away from other children) while waiting to be collected.
 - 5.4. How the area used to rest the ill child will be kept hygienic e.g. washing removable couch covers, cushion covers, blankets etc. or wiping leather or vinyl couches after use.
 - 5.5. Who is responsible for recording the symptoms of the illness and any treatment provided or action taken.
6. How, in consultation with parents, whānau and other health professionals, care plans will be developed to sensitively managing the health and well-being of children with a long-term illness, medical condition or blood-borne virus.

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Appendix 1

Condition	This disease is spread by	Early symptoms	Exclusion from school, early childhood centre, or work*	
			Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
Rashes and skin infections				
 Chickenpox	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.
 Hand, foot and mouth disease	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 able to be covered, and child feeling well, they will not need to be excluded.
 Head lice (Nits)	Direct contact with an infected person's hair, and less commonly by contaminated surfaces and objects.	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.
 Measles	Coughing and sneezing - Direct contact with an infected person.	Bunny nose and eyes, cough and fever, followed a few days later by a rash.	7-21 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
 Ringworm	Contact with infected skin, bedding and clothing.	Itchy, ring-shaped rash.	4-4 weeks	None, but skin contact should be avoided.
 Rubella (German Measles)	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.
 Scabies	Contact with infected skin, bedding and clothing.	Itchy rash.	4-6 weeks if hard sores before it may develop within 1-2 days	Exclude until the day after appropriate treatment.
 School sores (Impetigo)	Direct contact with infected sores.	Blisters on the body which burst and turn into scabby zones.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started AND keep all sores on exposed skin covered.
 Slapped cheek (Human papillomavirus infection)	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.
Diarrhoea & Vomiting illnesses				
 Campylobacter	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 4-72 hours	Until well and for as hours after the last episode of diarrhoea or vomiting. Cryptosporidium = do not use public pool for 2 weeks after symptoms have stopped. Salmonella - Discuss exclusion of cases and contacts with public health service.
 Cryptosporidium	Contaminated food or water, direct spread from an infected person.	Nausea, stomach pains, general sickness with nausea (fever/skin appearing a few days later).	15-50 days	7 days from the onset of [nausea].
 Giardia				
 Salmonella				
 Hepatitis A				
Information & exclusion list				
<p>Infectious Diseases:</p> <p>For further information contact:</p> <p>Your Public Health Nurse</p> <p>For further information contact:</p> <p>Your Public Health Service</p> <p>Vaccine-preventable and/or on National Immunisation Schedule</p> <p>Notifiable disease (Doctors notify the Public Health Service)</p> <p>During pregnancy, seek advice from your healthcare provider or GP</p>				