



He Whānau Manaaki o Tararua
Free Kindergarten Association Incorporated

Date Effective: July 2019

Review Date: July 2021

Management of Illness at kindergarten

Responsible to:	Team Leader, Senior Teacher Team
Applies to:	All Teachers
Purpose:	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.
Definition:	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.
References:	<ul style="list-style-type: none">• Education (Early Childhood Centres) Regulations 2008• OSH Policy• Other relevant legislation• Ministry of Health Infectious Diseases Identification Chart (attached)

Policy

1. Healthy environments will be maintained at all times.
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 teacher illness shall be kept at the kindergarten.
4. A chart of infectious diseases shall be prominently displayed in the kindergarten.
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.
8. 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.

9. Parents and whānau will be encouraged to advise teachers if their child contracts an infectious illness/disease or condition.
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 suffering from a disease or any ailment, condition or illness that:
 - May be passed on to another child or adult
 - Prevents the child from participating comfortably in programme activities
 - Results in greater care than can be reasonably provided by teachers without compromising the health and safety of other children may be excluded from the kindergarten at the discretion of the Person Responsible (Head Teacher or Relieving Teacher).
14. Children or adults with a blood-borne virus such as HIV/AIDS, Hepatitis B or C or unimmunised may not be excluded from attending, working or visiting a Whānau Manaaki 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.
17. Teachers will provide parents with a copy of the kindergarten's Illness Policy to confirm that they have sighted the procedures.

Procedures for managing risk in the work place::

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

Infectious Diseases

DISEASE / INFECTION	TIME BETWEEN EXPOSURE AND SICKNESS	THIS DISEASE IS SPREAD BY...	EARLY SIGNS	HOW LONG IS THE CHILD INFECTIOUS?	EXCLUSION OF CHILD FROM KINDERGARTENS, SCHOOLS, ETC
Influenza	1-3 days.	Coughing and sneezing and direct contact with respiratory droplets.	Sudden onset of fever with cough, sore throat, muscular aches, and headache.	From 1-2 days before illness, up to 7 days.	Restrict contact activities until well.
* Measles <small>(immunisation usually prevents this illness)</small>	Usually 10 days to onset 14 days to rash.	Coughing and sneezing. Also direct contact with the nose/throat secretions of an infected person.	Running nose and eyes, cough, fever and a rash.	From the first day of illness until 4 days after the rash begins.	At least 4 days from onset of rash.
* Meningitis (Meningococcal) <small>(immunisation may prevent this illness)</small>	2-10 days usually 3-4 days.	Close physical contact such as sharing food and drinks, kissing, sleeping in the same room.	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is important!	24 hours after starting antibiotics.	Until well enough to return.
* Mumps <small>(immunisation usually prevents this illness)</small>	Usually 16-18 days.	Contact with infected saliva, eg coughing, sneezing, kissing and sharing food or drink.	Pain in jaw, then swelling in front of ear, and fever.	For one week before swelling appears until 9 days after.	Until 9 days after swelling develops, or until child is well, which ever is sooner.
Ringworm	10-14 days.	Contact with infected person's skin or with their clothes or personal items. Also through contaminated floors and shower stalls.	Flat spreading ring-shaped lesions.	While lesions are present, and while fungus persists on contaminated material.	Restrict contact activities eg. gym and swimming until lesions clear.
* Rubella <small>(immunisation usually prevents this illness)</small>	Usually 16-18 days.	Coughing and sneezing. Also direct contact with the nose/throat secretions of an infected person.	Fever, swollen neck glands and a rash on the face scalp and body. Rubella during early pregnancy can cause abnormalities in the baby.	From 7 days before rash starts and until at least 4 days after it has appeared.	7 days from appearance of rash.
* Salmonella	6-72 hours usually 12-36 hours.	Undercooked food like chicken, eggs & meat; food or water contaminated with faeces from an infected person or animal; or direct spread from an infected person or animal.	Stomach pain, fever and diarrhoea.	Until well, and possibly weeks or months after.	Until well with no further diarrhoea.
Scabies	Days-weeks.	Direct skin contact with the infected person, and sharing sheets and clothes.	Itchy rash in places such as forearm, around waist, between fingers, buttocks and under armpits.	24 hours after treatment is started.	24 hours after treatment is started.
STREPTOCOCCAL SORE THROAT	1-5 days.	Usually contact with the secretions of a strep sore throat.	Headache, vomiting, sore throat.	For 24-48 hours after treatment with antibiotics is started.	Until 24 hours after antibiotics started.
SLAPPED CHEEK	1-3 days.	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and face-like rash on body.	For variable time up to appearance of rash.	Unnecessary unless child is unwell.
* Whooping Cough (Pertussis) <small>(immunisation usually prevents this illness)</small>	4-10 days.	Coughing. Adults and older children may pass on the infection to babies.	Running nose, persistent cough followed by "whoop", vomiting or breathlessness.	For 3 weeks from the first signs if not treated with antibiotics. If the child has had antibiotics, until 5 days of the antibiotic treatment.	21 days from onset of coughing, or after 5 days of antibiotics.

Your Public Health Nurse

Your Public Health Unit

DISCLAIMER: Do not rely on these diseases to be the Public Health Services (PHS). The PHS will not be responsible for any injury or loss of income or exclusion of child or staff. For more information, please contact your local PHS office.

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