



Operational Policies

7.15 Illness Management Policy

Classification: Health and Safety

Date: May 2023

Applies to: All Employees

Review Date: May 2024

Approved by: General Manager

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.

To ensure there is a clear understanding between the service and its parent community of the importance of maintaining a healthy environment for all.

References:

- Education (Early Childhood Centres) Regulations 2008
- Ministry of Health Infectious Diseases Identification Chart (attached)
- Licensing Criteria for ECE Centres 2008
- Te Whāriki, He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa. Early Childhood Curriculum, 2017
- Te Whare Tapa Whā, Māori health models, Ministry of Health
- Health (Infectious and Notifiable Diseases) Regulations 2016
- Health Act 1956
- Health (Immunisation) Regulations 1995

National Education and Learning Priorities – NELPs considered:

- **Objective 1 Priority 1** - Ensure places of learning, are safe, inclusive and free from racism, discrimination and bullying.
- **Objective 2 Priority 3** - Reduce barriers to education for all, including for Māori and Pacific learners/ākonga, disabled learners/ākonga and those with learning support needs
- **Objective 3 Priority 6** - Develop staff to strengthen teaching, leadership and learner support capability across the education workforce

Definition:

- Kaitiaki Kindergartens – is referred to as ‘The Association’
 - Head Teachers and Centre Managers- are referred to as Service Leaders
 - Professional Practice Leaders – PPL
 - Kindergartens and Early Learning Centres – are referred to as services
 - Non-teaching employees – Other Employees
 - 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.
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- Notifiable disease or illness – an infectious disease or illness that is required by law to be reported to government authorities.

Policy

Healthy environments will be maintained at all times through cleaning procedures and identification and prevention of illness where possible.

Education about the prevention and treatment of infectious diseases shall take place in the context of the service's children's health awareness programme (to include hand washing, sneezing, etc).

A record of child and staff illness shall be kept at the service and reviewed at least yearly to ensure best practice is maintained.

The document "Infections Diseases: information and exclusion list", distributed by the Ministry of Health shall be prominently displayed in the service (see Appendix 1).

Any child or adult suffering from any disease listed in this chart will be excluded from attending the service for at least the period indicated.

Infectious diseases, particularly notifiable ones, are a threat to the health of the community, and place children and adults in the services as well as their families at risk. No person (child or adult) in services should be placed at risk of contracting a notifiable or infectious disease.

Each service will have available a copy of Schedule 1 of the Health Act 1956 (see Appendix 2). Staff must be familiar with this Schedule and keep it readily available for reference. Any child or adult suffering from any infectious disease listed in this schedule is to be excluded from the service.

Parents and whānau shall be informed of any significant outbreak of infectious diseases within the service community, in accordance with Ministry of Health guidelines. Parents and whānau will advise teachers if their child contracts an infectious illness/disease or condition.

Teachers shall seek advice as necessary on infectious disease issues from the Public Health Service.

An immunisation register meeting the requirements of the Health (Immunisation) Regulations 1995 is required to be 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 service.

Any child or adult may be excluded from the service at the discretion of the Person Responsible (Service Leader or their delegated, fully certificated teacher) if they are suffering from a disease or any ailment, condition or illness that:

- May be passed on to another child or adult;
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- 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.

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 an Association service.

Information about the infection status of a particular 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.

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.

All qualified permanent teaching staff in the service hold a current First Aid certificate.

Information and/or training relevant to administering medication for individual childcare will be documented on the child's care plan.

Procedures

1. Accurate records pertaining to children's health status must be kept and accessible in all services.
2. Teaching teams shall follow the Association's procedures regarding the changing and bathing of children which protect against the spread of infectious diseases.
 - a. Nappy changing
 - b. Changing sick or soiled children
 - c. Clean up of spills such as feces, vomit, blood or other body fluids
 - d. Hand washing
3. The Service Leader must take responsibility for deciding if a child's condition/symptoms indicate they require more care than can reasonably be provided at the service and a parent/caregiver will be called.
4. A designated area in the service will have a washable stretcher or couch where an ill child will be rested (away from other children) while waiting to be collected. A spill bucket that contains disposable gloves, wet wipes, towel etc will be available if needed.
5. The adult monitoring the child during this time will record any additional information that must be passed on to the parent.

Immunisation - A record must be kept at the service recording immunisation details of all children currently attending. As part of the enrolment process, a copy of the immunisation certificate is required before the child starts at the service.

It is a parent's right to choose to immunise or not to immunise their child and this will be indicated on the enrollment form.



Medication – Parents must sign permission in all situations where medication is required to be administered to a child while at the service in accordance with the documenting requirements of Kaitiaki Kindergarten’s Policy 7.27 – Administering Medication Policy.

Exclusion of Unwell Children or Staff

Procedures for the exclusion of unwell children or staff will follow the information contained in the Infectious Diseases – information and exclusion list (see appendix 1) to guide judgement. Service Leaders may wish to contact their PPL for advice and guidance.

1. All parents will be made aware at the time their child starts that should the child feel unwell at the beginning of the day, or should the child have been displaying signs of illness within the past 24 hours they should be kept at home.
2. Children who are identified as sick when they arrive at the service will be sent home with their parent/caregiver.
3. **Children (and staff) with diarrhoea or vomiting**, must not remain at the service (except for the time it takes for parents to collect the child or the adult to arrange transport if necessary). They will be isolated in an area away from the other children while they wait to be collected. Parents must be advised that their child must not attend the service until 48 hours after **all** the symptoms have disappeared.
4. Children with a fever (temperature of 38^oc and over) should not attend until their symptoms have been diagnosed as not contagious (for which a medical certificate from the GP is required) or have disappeared.
5. Children with an undiagnosed skin rash should not attend until their symptoms have been diagnosed as not contagious (for which a medical certificate from the GP is required) or have disappeared.
6. Children who are attending the service and are assessed to have a temperature of 38^oc or above, will be isolated from the rest of the children under the close supervision of a familiar employee. Their parents/caregiver will be contacted and informed that they need to collect them. Their temperature will be monitored and recorded every 5 minutes in the illness book and actions taken to reduce their temperature while waiting for them to be picked up. These can include, encouraging the child to drink fluids, ice blocks, removing layers of clothing and the use of a fan.
7. If a child is deemed to be suffering from a notifiable disease, the Service Leader will contact Support Office who will then make a report to the Auckland Regional Public Health Service within the required timeframe.

Other parents will be informed that their child may have come into contact with this disease at the service.

8. Exclusion, due to illness (except as noted above) will be determined and enforced at the Service Leader’s discretion. Professional ethics and relevant legislation will determine decisions made.

Other Illnesses

1. Where a child has been found to have head lice, the parents will be notified, and a recommendation made that the child treated as soon as possible.



All other parents will be notified to take preventative action to limit the spread as much as possible.

2. Recurring health and welfare problems shall be recorded by the teachers, discussed with the service leader and if necessary the PPL and drawn to the attention of parents/whānau/caregivers.

Serious illness

In the case of a serious illness, the Service Leader will, without delay, ensure that all reasonable steps are taken to get medical aid and to notify the appropriate parent/whānau, guardian or caregiver.

Should any injury or illness be required to be notified to a specified agency, the Ministry of Education will also be notified.

Signed:

A handwritten signature in black ink, appearing to be a stylized 'G' followed by a long horizontal stroke.

Date:

28/9/23

General Manager

Endorsed by

Signed:

A handwritten signature in black ink, appearing to be 'Paul' followed by a stylized 'P' and 'B'.

Date:

28/9/23

President of the Board



Appendix 1: Infectious Diseases - information and exclusion list:

Available to download as a PDF from: www.health.govt.nz/system/files/resource-files/HE1215_infectious%20diseases%20card.pdf. It is also available on the shared communications folder in useful documents

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*
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 have dried. If blisters able to be covered, and child feeling well, they will not need to be excluded.
Head lice (Nits)	Direct contact with an infested person's hair, and less commonly by contact with 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. Highly infectious.	Runny 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.	Flat, ring-shaped rash.	4-6 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 (but if had scabies before it may develop within 1-4 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 sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started.
Slapped cheek (Human parvovirus 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 Cryptosporidium Giardia Salmonella	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. Cryptosporidium – do not use public pool for 2 weeks after symptoms have stopped. Salmonella – discuss exclusion of cases and contacts with public health service.
Hepatitis A	Contaminated food or water, direct spread from an infected person.	Malaise, stomach pain, general sickness with jaundice (yellow skin) appearing a few days later.	15-50 days	7 days from the onset of jaundice.

*See further advice from a healthcare professional or public health service.

For further information contact:

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.

New Zealand Government
 MINISTRY OF HEALTH

Revised February 2020. Code HE1215



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*
Diarrhoea & Vomiting illnesses				
Norovirus	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.
Rotavirus	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.
Shigella	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.
VTEC/STEC (Verocytotoxin- or shiga toxin-producing E. coli)	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.
Respiratory Infections				
Influenza and Influenza-like illness (ILI)	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.
Streptococcal sore throat	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.
Whooping cough (Pertussis)	Coughing. Adults and older children can pass on the infection to babies.	Bunny 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.
Other Infections				
Conjunctivitis (Pink eye)	Direct contact with discharge from the eyes or with items contaminated by the discharge.	Irritation and redness of eyes. Sometimes there is a discharge.	2-10 days (usually 3-4 days)	While there is discharge from the eyes.
Meningococcal Meningitis	Close contact with oral secretions. (Coughing, sneezing, etc.)	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is required.	3-7 days	Until well enough to return.
Meningitis - Viral	Spread through different routes including coughing, sneezing, faecal-oral route.	Generally unwell, fever, headache, vomiting.	Variable	Until well.
Mumps	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.

* See further advice from a health care professional or public health service.

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.



New Zealand Government



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Appendix 2 – Schedule 1 of the Health Act 1956

Part 1

Notifiable infectious diseases

Section A—Infectious diseases notifiable to Medical Officer of Health and local authority

- Acute gastroenteritis.
- Campylobacteriosis.
- Cholera.
- Cryptosporidiosis.
- Giardiasis.
- Hepatitis A.
- Legionellosis.
- Listeriosis
- Meningoencephalitis—primary amoebic.
- Salmonellosis.
- Shigellosis.
- Typhoid and paratyphoid fever.
- Yersiniosis.

Section B—Infectious diseases notifiable to Medical Officer of Health

- Acquired Immune Deficiency Syndrome
- Anthrax.
- Arboviral diseases.
- Brucellosis.
- Creutzfeldt Jakob Disease and other spongiform encephalopathies.
- Diphtheria.
- Enterobacter sakazakii invasive disease
- Haemophilus influenza b.
- Hepatitis B.
- Hepatitis C.
- Hepatitis (viral) not otherwise specified.
- Highly Pathogenic Avian Influenza (including HPAI subtype H5N1).
- Hydatid disease.
- Invasive pneumococcal disease
- Leprosy.
- Leptospirosis.
- Malaria.
- Measles.
- Mumps.
- Non-seasonal influenza (capable of being transmitted between human beings)
- Neisseria meningitidis invasive disease.
- Pertussis.
- Plague.



- Poliomyelitis.
- Rabies.
- Rheumatic fever.
- Rickettsial diseases.
- Rubella.
- Severe Acute Respiratory Syndrome.
- Tetanus.
- Viral haemorrhagic fevers.
- Yellow fever.

Part 2

Other infectious diseases

- Chancroid.
- Gonorrhoeal infection.
- Herpes simplex.
- Impetigo contagiosa.
- Influenza.
- Non-specific urethritis.
- Pediculosis.
- Scabies.
- Streptococcal infection Group A.
- Syphilis.
- Varicella-zoster infection.
- Venereal granuloma.

Part 3

Quarantinable infectious diseases

- 1 avian influenza (capable of being transmitted between human beings)
- 2 cholera
- 3 plague
- 4 yellow fever
- 5 non-seasonal influenza (capable of being transmitted between human beings)