



MONTESSORI STEPPING STONES

ILLNESS POLICY

1. PURPOSE

Montessori Stepping Stones™ (MSS) operates to provide care and education for children, and aims to ensure a safe and healthy environment for all children in its care. Yet, we are not able to provide the 1:1 support that a sick child requires to ensure their wellbeing, and we have a responsibility not to compromise the health and safety other children and staff members.

2. SCOPE

All people involved in healthy safe food environment at Montessori Stepping Stones™ – as well as children, families, educators and staff who assist in the continuous improvement and implementation of relating quality practices.

3. DESCRIPTION/GENERAL

Families that utilise MSS' services place a high level of trust and responsibility on educators in the belief that, in their absence, their children will be kept safe and their health and wellbeing protected.

All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. Effective infection control procedures assist services to protect all persons from, and minimise the potential risk of, disease and illness. Children that are unwell pose a risk of infection to other children and educators/staff.

LEGISLATION AND GOVERNMENT REQUIREMENTS

Laws relating to protection of privacy and confidentiality; duty of confidentiality arising from contract with parent; to whom and when information must be disclosed;

- ▷ Health (Food Hygiene) Regulations 1993 ;
- ▷ Food Standards Australia New Zealand Act 1991
- ▷ Education and Care Services National Law (WA) Act 2012;
- ▷ Education and Care Services National (WA) Regulations 2012.

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National Law and Regulations

Law	Description
Section 3(1,2)	1) For the purposes of this Act, the local application provisions of this Act are the provisions of this Act other than the Education and Care Services National Law set out in the Schedule. (2) In the local application provisions of this Act — Education and Care Services National Law (Western Australia) means the provisions
167 (1) (2)	Offence relating to protection of children from harm and hazards (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury. (2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
Regulation	
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
103- 106	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
161-162	Medical conditions policy to be provided to parents
168(2)(b),(c),(d),(m)	Education and care service must have policies and procedures (2) Policies and procedures are required in relation to the Following (b) incident, injury, trauma and illness procedures complying with regulation 85; (c) dealing with infectious diseases, including procedures complying with regulation 88; (d) dealing with medical conditions in children, including the matters set out in regulation 90; (m) the acceptance and refusal of authorisations;
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority
177(b)(c)	Prescribed enrolment and other documents to be kept by approved provider



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National Quality Standard (NQS)

Quality Area	Element	Description
2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
4	3.1.2	Premises, furniture and equipment are safe, clean and well maintained.
	4.1.1	Educator-to-child ratios and qualification requirements are maintained at all times.
	7.3.3	The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and any complaints which allege a breach of legislation.

Early Years Learning Framework (EYLF) & Framework for School Age Care in Australia

Principles	
Practices	Responsiveness to children;
Learning Outcomes	
3	Children have a strong sense of wellbeing

4. DEFINITIONS/PRINCIPLES/STRATEGIES FOR POLICY IMPLEMENTATION

The Education and Care Services National (WA) Law Act 2012 requires that Montessori Stepping Stones™ (MSS), the nominated supervisor and certified supervisor take reasonable care to protect children from foreseeable risk of infection. The Education and Care Services National (WA) Regulations 2012 require MSS to take appropriate action to prevent the spread of an infectious disease at the service and to notify parents/guardians as soon as possible if there is an occurrence of an infectious disease at our service.

Children's needs

Protection from infection; to feel physically and emotionally well, and to feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

Families' needs

Families expect that our staff will care for their children appropriately should they become unwell while in our care, and keep them informed about their child's wellbeing whilst at the centre - that their children will be protected from unnecessary exposure to infection.

Educator and Staff needs

Protection from infection and to receive management support through clear written policies and understanding the issues regarding the care of children who are feeling unwell; (i.e. 1 to 1 with sick child). To be able to maintain good communication with families with clear written policies to give to families so that they take responsibility for their child when sick. To have current information on childhood illness, communicable and notifiable diseases and vaccinations offered to educators at risk.

Management needs

Educators/staff to take action when they suspect a child is not well enough to be at the centre. For families to co-operate in keeping sick and infectious children away from the service.

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Management of unwell children

Sick children, as defined below, cannot be admitted to the centre to safeguard the health of other children and staff members.

Exclusion criteria

A child who has any of the following symptoms cannot be admitted to the service:

- ▷ ear, eye or discoloured nasal discharge;
- ▷ an undiagnosed rash;
- ▷ high temperature; (see High Temperature Indicator below)
- ▷ infectious sores or diseases; (children need a Doctor's clearance before re-admittance)
- ▷ vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout). Montessori Stepping Stones™ (MSS) will contact their local public health unit when 2 or more children or staff present with a gastroenteritis illness at the same time.
- ▷ any obvious signs of ill health (children with asthma - obvious difficulty breathing, barking cough, rib retraction etc.).

Staff with symptoms listed above will not attend work or will be replaced and sent home if they start to display these symptoms while at work. If a staff member has a work-caused illness it will be notified to the WHS regulator as required by work health and safety legislation.

Onset of illness at the centre

If a child becomes unwell whilst at our centre, the parents/guardians will be notified and asked to pick the child up and remove him or her from care as soon as possible. All illness at the service is recorded on the Child Illness register.

If parents/guardians and/or emergency contacts cannot be contacted or cannot collect the child, relief educators will be organised to care for the child at the parent/guardian's expense. This is to ensure the child can be properly cared for away from the other children (thus reducing the risk of spread of any infection), and the required educator-to-child ratios are maintained for the remainder of the children in care. This information is provided to families at the time of enrolment.

This strategy may not be possible in some areas due to lack of available relief educators. Where this is not possible MSS, the supervisors will need to determine how the sick child can be cared for away from the other children, whilst still maintaining the required educator-to-child ratios. It may be possible for a non-contact staff member (e.g. Coordinator; Administration Assistant; Cook) to care for the child until the parent/guardian arrives to collect the child. Note: food handlers should not care for sick children.

High temperature – Fever

A fever is a temperature of 38°C or higher. Fever is one of the ways the body fights infection. It can develop slowly, over a few days, or the fever can rise very quickly. Usually, this doesn't have anything to do with the illness that causes the fever.

A normal temperature in children is 36.5°C to 37.5°C, although it depends on their age, what they have been doing, the time of day and at which part of the body you take the temperature.

Body temperature is usually lowest in the early hours of the morning and highest in the late afternoon and early evening.

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If a child has a temperature of between 37.5°C to 38°C, the parent/guardian will be contacted to inform them of the situation. The child's temperature and condition will be closely monitored, and if the situation remains the same, or improves, the parent/guardian will be informed and the child can remain at the service.

If the temperature rises or the child starts displaying signs of ill health such as drowsiness, paleness, breathing difficulty, less urine than usual or any of the symptoms listed in the exclusion criteria above, the child's parent/guardian will be notified and asked to take the child home. If the parent/guardian cannot attend to collect the child, and the temperature reaches 38°C or above, an ambulance will be called. While waiting for the ambulance educators will take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.

If a child has a temperature over 38°C the child's parent/guardian will be contacted and asked to immediately take the child home or seek medical attention. If the parent/guardian or authorised nominees cannot be contacted, an ambulance will be called. While waiting for the ambulance educators will take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.

Where a parent/guardian is asked to seek medical advice regarding their child's health, the service will provide (for the Doctor's information), details about the child's symptoms and any illnesses that have recently affected children or educators/staff attending the service. All names other than the said child will be kept confidential. The Doctor will be asked to complete a Doctor's Clearance Certificate Form to pronounce the child fit for child care and that other children are not at risk of infection through exposure to this child, before the child can return to the centre.

In the event of an outbreak of a communicable disease at the service, educators, staff, families, visitors and the local public health unit will be notified immediately and in accordance with the NHMRC recommended notifiable diseases, to help minimise the number of children or staff that become unwell.

Teething

Parent/guardians should advise the educator when their child is teething so that the child's needs are met.

When the child who is teething becomes unwell and displays symptoms which include:

- ▷ high temperature, flushed cheeks, drooling, the service will contact the parent/guardian who will either:
 - come to the service to collect the child; or
 - provide written authority via email for the educator to administer **ONE** child dose of analgesic, provided in advance by the parent/guardian. All over the counter medications must also meet policy requirements described in the Medications and Medical Conditions policy.

A child who is teething may be administered more than one dose of the analgesic within the week, but only one dose during each day.

Information for Families

Children at MSS are at greater risk of catching coughs and colds because of increased exposure to infections in the group care setting. The service will therefore provide information to families about infection control requirements of the service, e.g. hand hygiene, respiratory etiquette.

MSS acknowledges that medications contain potent chemical active agents which affect the body's metabolism and should be treated with due respect and care at all times, and requires families to only use over the counter medications when directed to do so by their child's doctor.

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5. RESPONSIBILITY (IES)

	Full
Policy Process	MGT, SUP, EDL
Quality Practices, Routines & Tasks	SUP, EDL, ED, AED, SFR
Review/Evaluation	SUP, EDL, ED, AED, SFR, CO, PFC, 3 rd
Amendment	MGT, SUP, SFR

Legend: MGT= Management, SUP=Supervisors, EDL= Educational Leaders , ED=Educator, AED = Assistant Educator, SFR = Safety Rep., CO = Cook, PFC = Parent/Custodian, 3rd = 3rd Party,

6. REVIEW, EVALUATION & AMENDMENT

The **Illness** Policy, Process, Procedure and/or associated Tasks/Forms are to be reviewed as required or immediately if deficiencies are identified (at least once a year from last publishing).

7. QUALITY PRACTICES, ROUTINES AND TASKS

Useful tools in the implementation of this policy. List our precise steps for achieving each action. Ask yourself when, how, where and who is responsible for what actions.

- ▷ Accident/Illness/Trauma Report Form;
- ▷ Accident & Illness Pattern Feedback Form;
- ▷ P Authority to Administer or Self Administer Medication Form;

Links to other policies

- ▷ Accidents, Emergencies and First Aid ;
- ▷ Educator/Staff Immunisation;
- ▷ Maintenance of a Safe Environment ;
- ▷ Health, Hygiene and Infection Control;
- ▷ Medication and Medical Conditions;
- ▷ Healthy Eating and Safe Food Handling;
- ▷ Occupational Safety and Health;
- ▷ Records Management;
- ▷ Supervision

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8. FURTHER SOURCES

Joanna Briggs Institute - *Management of the Child with Fever - Evidence Based Practice Information Sheet for Health Professionals* - Reviewed March 28, 2013, from <http://connect.jbconnectplus.org/ViewSourceFile.aspx?0=4323>

National Health and Medical Research Council *Staying Healthy in Child Care - 5th Edition 2012* - Reviewed March 28, 2013, from http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf

National Institute of Neurological Disorders and Stroke - *Febrile Seizures Fact Sheet* - Reviewed March 28, 2013, from http://www.ninds.nih.gov/disorders/febrile_seizures/detail_febrile_seizures.htm?css=print

Health Direct – Fever and high temperatures in children
<https://www.healthdirect.gov.au/fever-and-high-temperature-in-children>

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