MANAGEMENT OF SICK CHILDREN GUIDELINES

Aim:
To ensure that sick children are cared for swiftly and that appropriate action is taken to prevent the spread of infection.

Explanation:
The major elements of an effective infection control policy include the maintenance of high standards of hygiene and health practices. For this reason, as well as the extra demands sick children place on staff resources, the service cannot provide care for ill children.

Implementation:
- If a child exhibits signs or symptoms of illness, staff will:
  a) Inform the Responsible Person who will contact the child's parent. Where the parent cannot be contacted emergency contacts will be asked to collect the child.
  b) Comfort the sick child. Separate the sick child from other children until the child is collected.
  c) Take the child’s temperature and take action to bring down fever as necessary.
  d) The Responsible Person will inform the person collecting the child of any current illnesses in the service and the conditions of re-entry to the service.
- Sick children will not be readmitted to the service until fully recovered or no longer infectious.
- Children who have experienced a temperature above 37.5 degrees, vomiting, loose stools, thick green nasal discharge or discharge from the eyes or ears will not be permitted to return to the centre until they are symptom free for a minimum of 24 hours.
- When a child arrives at the service and, in the opinion of the Responsible Person is too sick to be in attendance, the parents will be asked to take the child home.
- The service will retain the right to exclude any child who is regarded by the Responsible Person to be a health risk to other children, or any child who is obviously unwell.
- If child becomes seriously ill an ambulance will be called in addition to the child’s parents or guardians.

SIGNS AND SYMPTOMS TO BE ALERT FOR:

The following are symptoms, which may suggest a child is ill.

**General**
Some examples include: the child may cry easily or is not comforted easily; be fretful and listless; lose interest in participating or be unusually quiet; not want to eat; be unusually irritable; feel hot to touch; look tired and flushed; feel cold or look pale; need one to one attention; exhibit any signs or symptoms listed by the NSW Department of Health Guidelines for Exclusion.

**Fever**
Temperature higher than average (37 degrees body temperature), especially if accompanied by other symptoms such as vomiting, sore throat, diarrhoea, headache, stiff neck, undiagnosed rash or convulsion.

**Respiratory symptoms**
Difficult or rapid breathing, or severe coughing, high pitched croup or whooping sound, inability to lie comfortably due to continuous coughing or wheezing.

**Diarrhea/Vomiting**
An increased number of abnormally loose stools in the previous 24 hours. Associated symptoms include fever, abdominal pain or vomiting. (One or more incidents of vomiting. Two, or more, loose stools within the previous 24 hours.)

**Eye/nose discharge**
Thick mucous draining from the ear or nose, or red, swollen and discharging eyes.

**Sore throat**
Especially with swollen glands in neck, or fever.

**Skin problem**
Rash undiagnosed, or contagious. Infected sores that cannot be covered. Persistent itching.
Unusual Colour / Appearance / Behaviour

<table>
<thead>
<tr>
<th>Eyes or skin:</th>
<th>yellow (jaundice)</th>
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</thead>
<tbody>
<tr>
<td>Stool:</td>
<td>grey or white</td>
</tr>
<tr>
<td>Urine:</td>
<td>dark tea-coloured</td>
</tr>
</tbody>
</table>

The child looks pale, tired, confused or lacks appetite, irritable or difficult to awaken.

Fit / Convulsion / Reaction to medication

Seek medical attention immediately.

This policy links to the following NQS:
National Quality Standards: 2.1.4, 2.1.2
See Appendix 1-National Law (section) and National Regulations (regulation)