

Managing illness in child care

By Lauren Boyle

When groups of children play and learn together, illness and disease can spread from one child to another, even when recommended hygiene and infection control practices are followed. When a child is ill, they require more attention and comfort which places extra pressure on child care professionals to maintain ratios and effectively interact with other children, while simultaneously meeting the needs of an unwell child.

Families may find it difficult to decide when their child is too sick to attend family day care. It can often be challenging to meet the needs of an unwell child and their family while ensuring that other children, families and child care professionals are protected from infectious illnesses.

At enrolment and orientation, coordination unit staff should talk with families about their child's general health status, and seek information about any particular medical needs the child may have. This information can be documented on the enrolment form, and will assist carers to understand and monitor children's daily health requirements. It is also important to develop individual health plans for children with allergies or other medical conditions such as epilepsy or asthma.

Identifying a child who is unwell

Educating staff and carers to recognise symptoms which may indicate a possible infection or serious medical illness can assist schemes in managing the spread of infections. This also helps to ensure that an ill child receives immediate attention so that they are made comfortable and receive medication if required. It is important to note that symptoms of illness or disease can occur in isolation or in conjunction with others.

Carers and coordination unit staff should not consider themselves to be medical experts or take on the role of diagnosing an illness as this is the responsibility of medical practitioners. When in doubt, seek advice from a health care professional as soon as possible or when symptoms worsen.

Common symptoms that may indicate a possible illness include: breathing difficulties; a high temperature; loose bowel movements; vomiting; discharge from the eyes or ears and persistent, prolonged or severe coughing (National Health and Medical Research Council, 2006). Child care professionals should be vigilant in observing these and other possible signs of illness or unusual behavior in children.

Monitoring symptoms of illness

Documenting the symptoms of illness in children in care is crucial to the success of effectively monitoring the illness, especially when the condition changes or the child becomes increasingly unwell. Accurately recording information about a child's illness will assist carers to provide families with

important information, and it may also be used by medical practitioners to assess the severity of the illness and to make a diagnosis.

To record information about a child's illness, carers can keep an illness register that includes the child's name, the symptoms of the illness and times these were observed, and the action taken to manage the child's condition. The register should include if and when any medication was administered, for example asthma or allergy medication. There should also be a section for parents or guardians to sign to acknowledge that medication was administered to the child.

Monitoring an unwell child may compromise a carer's ability to effectively supervise other children in care. In this situation, the carer may need to seek assistance from coordination unit staff who may be able to attend the carer's home and either supervise the ill child, or the other children in care. If this is not possible, the carer will need to set up quiet indoor activities that will allow the ill child to rest and be observed while the other children can engage in play.

Schemes need to have a clear policy and procedures in place outlining the responsibilities of families in the event that their child becomes unwell and needs to be collected from care or requires urgent medical treatment. Schemes must ensure that families are informed about their policies and procedures, and it is helpful to explain to parents how these are devised to promote the wellbeing of their own child, as well as that of other children and adults in the service.

Contacting families when their child is ill

Families should be encouraged to keep their contact details up to date in case their child is ill. At enrolment, the coordination unit staff can discuss the importance of being able to reach a parent or emergency contact person at any time and inform parents of the circumstances in which they will be contacted. In the event that a child needs to be collected from the service,

any attempts to contact a parent or emergency contact should be recorded with the time noted

Schemes may consider setting guidelines regarding the number of emergency contacts they require, and they may also find it helpful to indicate that the emergency contact person must be able to either drive the child home or stay with the child until a parent can be contacted.

Minimising the risk of cross infection

To stop illnesses spreading, schemes must implement specific hygiene procedures such as handwashing, cleaning toys and surfaces and safe food handling practices.

Immunisation is also a highly effective way to minimise the risk of cross infection, and schemes should keep a current record of each child's immunisation status. While immunisation is not compulsory for attendance at child care, a child who is not immunised against certain diseases will need to be excluded from care if an outbreak of a disease occurs. Schemes need to develop a clear policy and procedures that outline what happens when a person residing in a carer's home contracts an immunisable disease, and this should include information about what will happen should care need to be suspended for a period of time.

Exclusion of children with infectious diseases from care significantly reduces the risk of cross infection. To develop exclusion guidelines for use in schemes, child care professionals may consider following the national exclusion guidelines provided by either the National Health and Medical Research Council (NHMRC) or their state/territory health department. Illness exclusion guidelines should be provided to families to help them to understand why they need to be excluded when they are either contagious or too unwell to attend care and when their child can return to care after an illness.

Schemes should be committed to maintaining the best possible hygiene standards through:

- correct handwashing practices
- implementation of suitable medical attention and exclusion procedures which minimise the risk of cross infection
- regular cleaning of surfaces and equipment, especially toys frequently touched and mouthed by children in care
- appropriate handling of body fluids
- best practice hygiene/nappy changing and toileting procedures
- role modeling hygienic behaviour to children
- supporting children to be hygienic.

Other people residing in the family day care home should also follow correct hygiene procedures, particularly when they have an infectious disease.

Conclusion

Schemes and families may find it challenging to balance children's illnesses and the child care needs of families. This can be particularly difficult where children have only recently started family day care and the chances of contracting an illness are increased. However, the coordination unit and carers must work to minimise the spread of infectious illnesses, and families should be aware that their child may need to be kept away from care at times due to illness. It is important that the primary concern of both child care professionals and families is the wellbeing of children ■

Family Day Care Quality Assurance

Principles: 4.3 and 4.4

References and further reading

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