

# 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 child 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 services 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, assisting child care professionals 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 child care professionals to recognise symptoms which may indicate a possible infection or serious medical illness can assist services 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.

Child care professionals 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 services 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 ensure consistency and accuracy in the information provided, it is helpful for only one or two people to be responsible for the child's care and monitoring of symptoms.

To record information about a child's illness, a service 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 by child care professionals 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.

Services 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. Services must ensure that families are informed about their policies and procedures, and it is helpful to explain to them 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 if their child becomes ill

Families should be encouraged to keep their contact details up to date in case their child is ill. At enrolment, the service 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 person should be recorded with the time noted.

Services may consider setting guidelines regarding the number of emergency contacts required. For example, services may like to request a minimum of three emergency contact people for each child, 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 at the service until a parent can be contacted.

### Minimising the risk of cross infection

To stop illnesses spreading, services 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 services 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 a certain disease will need to be excluded from the service if an outbreak of that disease occurs.

Exclusion of children with infectious diseases from the service significantly reduces the risk of cross infection. To develop exclusion guidelines for use in child care services, 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.

Maintenance of children's health also depends on nutritious food, physical activity, fresh air and sufficient rest. Services should be committed to ensuring the provision of these and to the

continued maintenance of the best possible hygiene standards through:

- implementation of suitable medical attention and exclusion procedures which minimise the risk of cross infection
- thorough handwashing procedures
- 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.

### Conclusion

Services 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 care and the chances of contracting an illness are increased. However, services must work to minimise the spread of infectious illnesses, and families should be aware that their child may need to be kept away from the service at times due to illness. It is important that the primary concern of both child care professionals and families is the wellbeing of children ■

#### Quality Improvement and Accreditation System

Principles: 5.2, 5.5 and 6.1 - 6.6

### References and further reading

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