

Policy Title: Illness and Infectious Diseases Policy

Classification: Health & Safety

Monitored by: H&S Advisor

Approved by: GM Professional Service

Effective Date: November 2020

Review Date: November 2022

Objective: To ensure that children and staff are always treated with dignity and respect, while also providing a safe and healthy environment.
To clearly explain what will happen if a child or adult becomes ill or unwell at kindergarten.

Commitment: HCK is committed to working with parents/whānau, as well as Regional Public Health, to ensure the environment is healthy and safe, and to reduce the spread of infection.

Related Documents

- Licensing Criteria for Early Childhood Education and Care Services 2008
- Ministry of Health: Infectious Diseases information and exclusions list (attached)
- Illness Register (attached)
- Administering Medicine Policy
- Immunisation of Children Policy
- Serious Accident/Illness/Injury/Incident form

Kindergarten staff will ensure:

1. The privacy of the individual is maintained, as much as is possible.
2. Parents/whānau are made aware that they share responsibility for keeping the kindergarten healthy and reducing the spread of infection. This policy will be given out at the time of enrolment.
3. Children who become ill or appear unwell at kindergarten are isolated and arranged to be collected as soon as possible.
4. Medical assistance is called, if deemed necessary. This may be done before or after contacting the parent/caregiver.
5. The details of the illness are recorded on the Serious Accident/Illness/Injury/Incident Form and communicated to the parent/caregiver.
6. Individual health plans will be written in consultation with parents/whānau for children with ongoing medical conditions.
7. If 15% or more of total roll (including staff) are ill with similar symptoms, the Illness Register will be completed. Regional Public Health and the Association will be contacted.
8. Where there is a serious illness involving a child while at kindergarten that is required to be notified to a specified agency, the Head Teacher will report this to the Association office. The Association will notify the MoE as well as the specified agency.

Parent/Whānau will ensure:

1. Contact phone numbers, including emergency contact numbers, are kept up to date.

2. They respond to phone messages or texts from kindergarten promptly. If they are not able to be contacted, the kindergarten staff will call the next emergency contact person/people listed.
3. Their child is collected as soon as possible (and within 1 hour) of having been advised of the illness.
4. Their child is kept away from kindergarten until:
 - a. the exclusion period has expired (if appropriate) and,
 - b. they are well again, and able to participate comfortably in the programme.
5. They discuss any health concerns they have for their child with a teacher, either by phone or immediately on arrival.
6. They keep any ill or infectious siblings, whānau or caregivers away from kindergarten.

Infectious Diseases:

1. There are several infectious diseases that require a child to be excluded from kindergarten. A list of these has been produced by Ministry of Health and is attached to this policy.
2. The Head Teacher is responsible for informing the Association and Regional Public Health of any suspected or confirmed outbreaks of infectious diseases.
3. The kindergarten will follow any direction given to them by Regional Public Health, which may include excluding unimmunised children who have had contact with a case of the disease.
4. If there is a disagreement between the Head Teacher and the parent/whānau regarding an exclusion, the Senior Teaching team will be contacted. Guidance will be taken from Regional Public Health.
5. Parents/whānau are encouraged to contact Regional Public Health if they have any concerns about the decisions or actions of kindergarten.

Hygiene:

1. Children and adults at kindergarten are reminded and supported to always follow hygiene routines. This is the way illness and infection can be reduced.
2. When assisting an ill or unwell person, staff will follow the first aid precautions advised by the Ministry of Health. These include using disposable gloves when contact with blood or body fluid is likely, disinfecting soiled surfaces with household bleach and disposing of contaminated material in a plastic bag for safe disposal.
3. The Head Teacher is responsible for ensuring the correct hygiene and infection control routines are followed by all staff.

Review:

This policy will be reviewed annually, after consultation with teaching staff.

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 are 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.	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.	7-18 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 face-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.	Nausea, stomach pains, general sickness. Jaundice a few days later.	15-50 days	7 days from the onset of jaundice.

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

*Seek further advice from a healthcare professional or public health service

New Zealand Government



Revised March 2016. 09/2018. Code HE1215

Infectious Diseases: Information & exclusion list

Exclusion from school, early childhood centre, or work*

Time between exposure and sickness

Early Symptoms

This disease is spread by

Condition

Diarrhoea & Vomiting illnesses continued

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.	Runny 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 eye. 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.

* Seek further advice from a healthcare professional or public health service

Vaccine-preventable and/or on National Immunisation Schedule

Notifiable disease (Doctors notify the Public Health Service)

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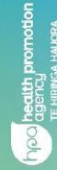
For further information contact:

Your Public Health Nurse

Your Public Health Service



New Zealand Government



MANATU HAUMATA
TE HIRANGA HAUORA

Revised March 2016, 09/2018 Code HE1215

Illness Register

If 15% or more of the total roll (including staff) have similar symptoms, call RPH on 570 9002 for advice, and notify the Association.

Name of service: _____ Number of enrolled children: _____ Number of staff: _____

Name of child or staff member	Class e.g., Infants, under 2	Date of birth	Age	Sex	Date of first symptoms	Date returned	Symptoms e.g. fever, diarrhoea, vomiting	Action taken e.g., sent home at 1.20pm