

Illness¹⁵

We are committed to maintaining a healthy environment for all tamariki and staff. While it may not be possible to eliminate the risk of illness entirely, we aim to reduce the spread of diseases as much as possible. Our goal is to ensure that no one at the Centre comes into contact with individuals who are unwell and may spread infectious illnesses to others.

Guidelines for Managing Health and Illness

- **Staying Home When Sick:** Tamariki and adults who are unwell should remain at home to prevent spreading illness to others in the Centre.
- **Monitoring Wellbeing:** Kaiako will check in with parents/caregivers upon arrival about the child's health, such as sleep, eating habits, or any concerns for the day.
- **Observing Children:** Kaiako will keep an eye on tamariki for any noticeable changes in behaviour. If a typically active child becomes lethargic, unable to participate in activities and/or shows signs of illness, they will be separated from the group to minimise the risk of infection. Parents/caregivers will be contacted immediately to pick up the child.

Managing Fevers

A temperature over 38°C is considered a fever. While tamariki may feel hot from activity or emotions, these should return to normal. Common symptoms accompanying a fever include:

- Clammy skin or sweating
- Headache
- Irritability or crying
- Tiredness and aches

Fever Management: Kaiako will help manage fever by:

- Removing extra clothing
- Adding a layer if the child is shivering
- Encouraging cool fluids to prevent dehydration
- Promoting rest

Promoting Hygiene

Kaiako will model and encourage proper hygiene habits, such as:

- Covering coughs and sneezes

¹⁵ Education (Early Childhood Services) Regulations 2008. Reg. 46 and Criteria HS26 & HS27

- Wiping noses
 - Washing hands after using the toilet, playing outside, touching animals, and before eating
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Isolation of Unwell Children

Tamariki who appear unwell will be isolated where practical until they are picked up. A staff member will supervise them, provide fluids, and monitor their temperature.

When a Child is Considered Unwell

A child may be considered unwell and sent home if they exhibit any of the following:

- **General Symptoms:**
 - Lack of energy, irritability, or needing constant comfort
 - Inability to participate in activities
 - Fever over 38°C
 - Persistent crying
 - Respiratory difficulties (e.g., wheezing or laboured breathing)
 - **Specific Symptoms:**
 - **Diarrhoea:** Tamariki with diarrhoea must stay home until symptom-free for at least 48 hours.
 - **Vomiting:** After vomiting, tamariki should remain home for at least 24 hours or until symptoms subside for 48 hours.
 - **Mouth Sores:** Tamariki with mouth sores should stay home unless their doctor confirms they are non-infectious.
 - **Rash with Fever:** A child with a rash and fever should remain home until a doctor confirms they are not contagious.
 - **Respiratory Infections:** Tamariki with uncontrollable coughing or sneezing should stay home. This excludes seasonal allergies like hay fever.
 - **Skin Infections:** Tamariki with open wounds or sores should stay home unless treated for at least 24 hours with medication. Sores must be covered.
 - **Conjunctivitis:** Tamariki should not return until discharge has stopped.
 - **Antibiotics:** If a child is prescribed antibiotics, they should stay home for the first 24 hours of treatment.
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Handling Illness Outbreaks

In cases where illnesses, such as the flu or measles, begin spreading in the community, the Centre will take additional precautions, including:

- Promoting extra hygiene practices (e.g., regular handwashing, sanitising toys)
 - Informing parents/caregivers about the illness in the community
 - Contacting the local Public Health Unit (PHU) if multiple tamariki or staff become ill
 - Increased cleaning and sanitising see Cleaning and Sanitising Policy
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Exclusion from the Centre

Individuals may be excluded from the Centre if:

- They report that they have an infectious illness
- They display visible symptoms of a contagious disease

Centre staff cannot exclude individuals based on their immunisation status or potential exposure to illness unless directed by a Medical Officer of Health.

Outbreak Definition and Response

An outbreak is defined as:

- Increased absences due to similar illness beyond normal levels
- Two or more cases of similar symptoms within the same group within a specific timeframe (e.g., two cases within three days)
- Two or more confirmed cases of illness or infection

Immediate Actions:

1. **Contact Public Health:** Notify the local Public Health Unit immediately.
 2. **Notify Parents/Caregivers:** Inform parents about the outbreak.
 3. **Distribute Information:** Provide educational materials and information to parents/caregivers.
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Parental Communication

Parents are expected to notify the Centre if their child is absent due to illness. All communication will be recorded. If someone at the Centre is diagnosed with an infectious disease, parents will be informed, while maintaining confidentiality.

Immunisation Policy

We collect and maintain immunisation records for tamariki, as required by law. Immunisation helps control the spread of illness, but it is not mandatory for attendance. Parents are asked to provide their child's immunisation certificate upon enrolment and update the Centre with any changes.

Staff Immunisations

Staff are encouraged to stay up to date with immunisations, including:

- Whooping cough (Pertussis)
- Measles, Mumps, Rubella (MMR)
- Hepatitis A and B
- Chickenpox (Varicella)
- Annual flu vaccinations

In case of a vaccine-preventable disease outbreak, non-immunised staff may need to adjust their duties.

Notifiable Illness and Incident Reporting

If someone becomes seriously ill at the Centre, the Service Provider will contact the appropriate agency (Public Health and Ministry of Education) as soon as possible. A **notifiable illness** is defined as a serious illness requiring hospitalisation, treatment within 48 hours of exposure to a substance, or infection related to work. Further details are available on the WorkSafe website.

For notifiable illnesses, refer to our **Incident, Injury, and Medical Assistance Policy**.

Infectious Disease List

Actions taken for any person (adult or child) suffering from particular infectious disease.

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 able 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, and less commonly by contact with contaminated surfaces and objects.	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.	Rufty nose and eyes, cough and fever, followed a few days later by a rash.	7-21 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.	Red, 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 lace-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 pain, general sickness with jaundice (yellow skin) appearing a few days later.	15-50 days	7 days from the onset of jaundice.
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 unhealed 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.	Rufty 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.