

ILLNESS POLICY

Quality Areas: NQS 2 – Children’s Health and Safety

Policy Owner: Safety and Compliance

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1.0 Introduction and Purpose

We are committed to maintaining a safe, healthy, and hygienic environment where the safety, rights, and best interests of children are the paramount consideration. In all decisions, the best interests, safety, and wellbeing of children remain our primary focus.

Protecting children’s health and wellbeing is central to our duty of care. To minimise the spread of illness, we implement effective infection control practices, including regular hand hygiene, thorough cleaning procedures, and the exclusion of unwell children, team members, and visitors when required.

This policy relates to the management of short-term or acute illnesses. Information about long-term or diagnosed medical conditions, including medication management, is outlined in the *Medical Conditions Policy*.

2.0 Who does this policy apply to:

All Team Members, Children, Families, Students, Visitors and Contractors

3.0 What is our Policy:

3.1 Minimising Illness

We are committed to providing a safe, healthy and hygienic environment for children, team members, families and visitors. We minimise the spread of illness and cross-infection through consistent health and hygiene practices, including effective hand hygiene, safe nappy changing and toileting procedures, environmental cleaning, and infection control measures.

We ensure appropriately trained team members and accessible first aid resources are available to support the effective management of illness, injury and medical emergencies. The safety, health and wellbeing of children remain our highest priority, and we respond to illness and infectious disease risks in a timely and risk-based manner.

3.2 Signs of Illness

A child or adult may be unwell if they display symptoms such as fever, lethargy, unusual behaviour, irritability, persistent crying, breathing difficulties, vomiting, diarrhoea, poor appetite or fluid intake, rash or skin changes, discharge from eyes or ears, pain or discomfort, or signs consistent with an infectious illness. Red or purple rashes that do not fade when pressed require urgent medical attention.

Families will be contacted and required to collect their child as soon as practicable if the child:

- Has a temperature of 38°C or above (or 37.5°C or above using a contactless thermometer) and appears unwell
- Has two or more episodes of vomiting and/or diarrhoea within 24 hours at either the home or centre
- Is unable to meaningfully participate in the program or requires one-to-one care impacting supervision
- Has an unexplained rash or symptoms that may present a risk to themselves or others
- Shows symptoms of a contagious or infectious illness
- Is otherwise assessed by the centre as too unwell to remain in care

If a child arrives at the centre displaying symptoms of illness as outlined in Section 3.4 of this policy, the Responsible Person or Centre Manager must be notified. A discussion should then take place with the parent/guardian regarding the symptoms observed and the requirement for the child not to attend care while unwell.

Parents/guardians must inform team members if their child has been unwell overnight or in the days since their last attendance. This information assists team members to monitor the child's health and wellbeing throughout the day and respond appropriately if symptoms develop or worsen.

3.3 Illness Management

If a child becomes unwell during the day, an educator will respond by administering first aid and contacting the family. Families will be asked to collect their child within 1 hour (or as soon as practical) of the call or arrange for an authorised nominee ('**approved person**') to collect. During this time the child's condition will be monitored and if it worsens and it becomes an emergency, an ambulance will be called. Children must never be driven in a team members private vehicle to gain medical attention.

A Be Safe illness record must be completed for all children's illnesses. Only Centre Managers and Responsible Persons are authorised to submit a BeSafe notification. However, the team member who witnessed the incident, responded to it, or received the disclosure is responsible for providing the initial details of what occurred.

If the child receives urgent medical attention, is transported in an Ambulance or is diagnosed with a reportable Illness this will be reported in line with the Regulatory *Notification Reporting Table*.

3.4 High Temperatures and First-aid

A fever is defined as a temperature that is 38 degrees or higher using a digital thermometer or over 37.5°C when using a contactless infrared thermometer (due to the accuracy of the thermometer). Where a child registers a high temperature cooling methods should be administered immediately and continue to record the temperature again on the *Illness Form* in ten to fifteen minutes or sooner if other symptoms appear. A family must immediately be notified if their child has a high temperature and are also showing any signs of being unwell or ill. Where a child's temperature does not respond to first aid and remains high an ambulance will be called.

First aid should be administered that includes

- Dress them in light clothing to keep them cool
- Cover them with a sheet if they are shivering
- Keep the room at a comfortable temperature approximately 20 to 23 degrees by adjusting the heating or opening a window
- Give them plenty of cool, clear fluids to drink. Give extra feeds, formula or cool boiled water if your baby is under 6 months
- Wipe their head with a warm sponge or facecloth

If the child has a *Medical Management Plan* where a symptom is a high temperature the medical management plan must be immediately followed.

3.5 Administration of Centre Paracetamol

Where a child has a high temperature, first-aid will be administered as outlined above and parents/guardian will be contacted. If parents request that Panadol is administered as per the *Administration of Medication Procedure / Medication Record* this must be heard by two team members and administered in accordance with the directions on the bottle and the administration must be recorded on the *Administration of Medication Form*.

In the event the child's temperature remains high after the administration of first aid and where the parent or emergency contact person is uncontactable, the Nominated Supervisor or Responsible Person will seek medical advice by calling an ambulance or state-based Health Direct Service as listed on the *Emergency Phone Number* poster.

Where instructed by the ambulance officer or a member of the state-based Health Direct Service, the centre will administer one dose of Paracetamol in accordance with the instructions. This directive will be confirmed by two team members and documented on the *Administration of Medication Form*. When administering medication, the team members will follow the *Administration of Medication Procedure that is attached to the medication form*.

At any other time where a child requires Panadol as part of an acute illness, this will be administered in accordance with the *Administration of Medication Procedure / Medication Record*.

3.6 Administration of Medication at the Centre

From time-to-time children may require medication whilst at the centre, this can be due to an infection, illness or long-term condition.

Prescribed medication will only be administered in accordance with the medication label. The medication must be in its original container, be not past its use-by-date, detail specific administration requirements and the child's full name (first and last names). Educators are only permitted to administer topical (applying medication to the skin) or oral medications (including spacers). Other medications can only be administered as part of the *Medical Conditions Policy* and educators must be sufficiently trained to do so. For more information refer to the *Medical Conditions Policy*.

Over the counter medication can be administered but it must be in its original container with the directions of use intact and visible. It will only be administered in accordance with the manufacturer's instructions.

All medications, excluding nappy change creams, must be administered and recorded in accordance with the *Administration of Medication Procedure and Medication Record*. Medication must be administered by a first aid qualified Responsible Person who knows the child, with administration verified by a second person.

Medication must not be administered at the centre if it is being given to the child for the first time. Where medication is required regularly for a child's health, safety or wellbeing (e.g. ADHD medication), the child must have previously taken the medication without adverse reaction before attending the centre. The child must have received at least one dose a minimum of two hours before attendance and must not be in care during this observation period unless under the direct supervision of a parent, guardian or authorised nominee.

Parents/guardians must inform the centre of any medication administered to their child within the previous 12 hours, including over-the-counter medications such as paracetamol or ibuprofen.

A *Medication Record* must be completed for each medication administered each day. Medications must be stored in accordance with manufacturer instructions, securely inaccessible to children and readily accessible to authorised team members. All team members must know the location of stored medications. Refer to the *Medical Conditions Policy* for additional requirements relating to medications for specific medical conditions.

For Team Members who suffer from an acute illness and requires medication such as anti-biotics, (Panadol etc) must always store this medication inaccessible to children. Administration of this medication should be away from the children.

3.7 Returning to the centre after being ill

The Centre Manager or Nominated Supervisor has a duty of care to ensure the health and safety of everyone at the centre. They are responsible for deciding if a team member or child is well enough to attend or return to the centre. This decision is guided by professional resources, including *Staying Healthy in Child Care* (6th Ed.), state health department guidelines and medical advice.

Children or team members may return to the centre when:

- a. They have been free of vomiting or diarrhea for at least 24 hours since the last episode (48 hours during a gastro outbreak) as outlined in the *Infectious Disease Policy*.
- b. Symptoms have resolved, and they are well again
- c. The child has not had Panadol or Nurofen in the four hours before arrival unless used for pain relief after immunization within the last 48 hours

If symptoms may be related to an infectious disease or illness, the centre may request a medical certificate confirming the symptoms are not contagious and that the person is fit to return.

3.8 A space for an unwell child

When a child becomes unwell at the centre, a designated area will be set up to support the child while reducing the risk of illness spreading to others. The space should be well ventilated, located away from other children but still within the learning environment, and include furniture and surfaces that are easy to clean. Handwashing or sanitising facilities should be close by where possible.

The space will be prepared with a cot or mattress with clean linen, positioned so the child can be appropriately supervised. A hygiene station will be set up with tissues, gloves, hand sanitiser, and a lidded bin, and any items used should be easy to clean and disinfect.

The child will be closely supervised at all times while being kept as comfortable and supported as possible. Families or emergency contacts will be notified and asked to collect the child as soon as practicable, ideally within one hour, and informed that unwell children must be excluded in line with medical advice. A familiar educator will support the child (where possible) and bring them to the parent or authorised person when they arrive. If more than one child is unwell, supervision arrangements will be adjusted to ensure all children remain appropriately cared for while supporting timely collection. Once the child has left, the area and any equipment used will be thoroughly cleaned and disinfected before being used again in accordance with 3.11.

3.9 Reporting to Public Health and/or a Regulatory Authority

The centre will refer to the *Notification Reporting Table* and or *Staying Healthy in Child Care* to understand whether an illness or infectious disease requires reporting to the Public Health Unit. The Centre Manager or Responsible Person will report directly to public health unless the illness or infectious disease has the real potential to cause permanent disability or death such as meningococcal, HIV or during a pandemic.

In these cases, the centre will be supported, and reporting will be defined as part of critical incident management. For further information about serious infectious diseases and reporting refer to the *Infectious Diseases Policy*. For further information about pandemic related reporting and critical incidents refer to the *Incident Management Policy*.

The Centre will enter the illness on Be Safe and write a *Third-Party Contact Log* once the illness has been reported and attach this information to the Be Safe Form.

All reportable illnesses to the Public Health Unit must be classified as Moderate or above. Refer to the *Infectious Diseases Policy* for more information. All reportable, excludable and vaccination illnesses are recorded on the *Illness Register*. Where the centre has a confirmed outbreak families must be alerted of the outbreak. For further details refer to the *Infectious Disease Policy*.

Note: A suspected gastro outbreak is two or more cases (team members or children) who each have had two or more bouts of vomiting and/ or diarrhoea occurring within 48 hours.

3.10 Team member Illness

Team members should not attend if they are unwell and if they become unwell while at work will be provided with first aid and supported to be collected or to go home until they are recovered. The Centre Manager or Responsible Person should be immediately notified so that they can be removed from the learning space and working with children.

If their conditions worsens and it becomes an emergency an ambulance will be called. A Be Safe Report must be completed for all team members that become unwell at work.

3.11 Hygiene and Cleaning

When an illness, infectious disease, or outbreak is reported to the Public Health Unit or State Health Department, the Centre Manager, Nominated Supervisor or Responsible Person must seek and record clear advice on any required infection control measures. This includes hygiene expectations, cleaning and disinfection requirements, exclusion periods, outbreak management steps, any environmental or deep-cleaning directions, and any other actions needed to reduce the risk of transmission.

All advice received should be documented and either uploaded into Be Safe or recorded in the centre's outbreak/incident records. Any conversations or follow-up discussions with the Public Health Unit, Health Department, or other external agencies should also be logged in the *Third-Party Contact Log* to ensure a clear record is maintained.

If deep cleaning or specialist environmental cleaning is directed, this instruction must be obtained in writing and the Helpdesk contacted straight away to log the request, providing the written advice. All related documentation must be retained in Be Safe and linked to the incident record.

Where enhanced cleaning is required, it should be implemented immediately. This may include increased cleaning frequency, use of appropriate disinfectants (including bleach-based products if directed), and increased focus on high-touch areas such as bathrooms, nappy change areas, food preparation areas, toys, and shared equipment. These requirements must be communicated to the cleaning contractor and incorporated into daily routines for the duration of the outbreak, with team members following all additional hygiene and infection control measures as directed.

4.0 Responsibilities

4.1 The Approved Provider will:

1. Ensure that there is a minimum of one educator with a current approved first aid qualification (including CPR, emergency asthma and anaphylaxis training) on the premises at all times
2. Ensure that the enrolment form template documents the authorisation for appointed Responsible Persons to seek emergency medical treatment by a medical practitioner, hospital or ambulance service

4.2 The Centre Manager / Nominated Supervisor (NS) will:

1. Ensure that the premises are kept clean, hygienic and in good repair
2. Call an ambulance immediately as part of the first-aid plan as required in accordance with the *Illness Policy*
3. Implement any required exclusion periods as outlined by the Medical Practitioner and or Staying Healthy in Child Care. Ensure that any reportable illnesses are documented on Be Safe and reported to the Public Health Unit.
4. Notify parents/emergency contacts immediately after an onset of an illness and continue to keep family updated of their condition
5. Ensure other person/s authorised on the child's enrolment form are notified of the child's illness when the parent/guardians are not contactable
6. Ensure that a team member with current first-aid qualifications is rostered on at all times that the centre is in operation in accordance with *the First-aid Policy*
7. Ensure a child with a high temperature is monitored closely and parents or emergency contacts are immediately contacted to inform them of the child's condition. If they cannot be reached, medical or health advice will be promptly sought and any advice followed
8. Maintain current enrolment, health and medical records for children on / with their enrolment record
9. Develop and implement systems so that team members are aware of and understand individual children's medical conditions, allergies and immunisation status and use this information when attending/responding to any illness
10. Ensure that the *Illness Register* is used to track reportable, excludable and vaccinatable illnesses as such as gastro, hand foot and mouth, measles etc
11. Ensure an *Illness Record* on Be Safe is completed for all illnesses and ask the family to sign the completed *Illness Record* on departure or as soon as possible
12. Review the cause of any illness and take appropriate actions to minimise the spread or the cause if possible

13. Ensure team members are following hygiene, handwashing and cleaning procedures as well as the nappy change procedures
14. Communicate with families when a child arrives at the centre displaying symptoms of illness in conjunction with the first-aid trained team member and assess whether they need to be collected from care
15. Maintain a current Illness Register recording children's names and dates of illness for all reportable illness cases and upload the information to the Reportable Illness Be Safe Form
16. Follow, implement and act on any directions provided in response to health department recommendation or recommendations from the Safety and Compliance Team or the Recover@work team

It is recommended that the **Centre Manager / Nominated Supervisor** will:

1. Ensure that where a child is ill that they or a known team member contact the family, by phone, at the end of the day to check on the child's wellbeing and continue contact with family until the child returns

4.3 Team Members will:

1. Ensure that where they are ill and it will impact their ability to work with children that they do not attend work and notify the Centre Manager in a timely way so that alternative arrangements can be made
2. Follow, implement and act on any directions provided to them by the Centre Manager or Responsible Person related to health and safety precautions, actions and communications
3. Notify the Manager / Nominated Supervisor of any illness or potential medical emergency as soon as practical
4. Record details of illness on the Be Safe Illness Record as soon as is practicable within 4 hours, and if this is after 4pm by 10 am the following morning
5. Enter onto BeSafe any suspected infectious disease for children or team members
6. Be aware and respond to the signs and symptoms of illness and infectious diseases
7. Be aware of individual children's medical conditions, allergies and immunisation status and use this knowledge when attending/responding to any illness
8. Contact the child's authorised person to inform them of the signs of illness to request the collection of the child
9. Ensure that only a First aid qualified Responsible Person who knows the child administers medication to children, witnessed by a second educator
10. Ensure effective handwashing, cleaning and hygiene practices are followed for both children and adults
11. Ensure a cleaning schedule of all equipment, resources and materials is maintained. When a reportable, excludable or contagious illness occurs, implement cleaning practices as directed
12. Ensure that information related to a child's illness is managed sensitively and confidentially.

4.4 Families will:

1. Provide the centre with up-to date information related to their child's care
2. Sign a Be Safe Record where a child is ill. If the information is unclear or incomplete, ensure that the Responsible Person is notified so that the record can be updated
3. Ensure that communication occurs with a team member where you have concerns that they may be ill or require information about a child's illness that occurred at the centre
4. Make every reasonable effort to collect their child from the centre within 1 hour (or soon as practical) of being notified, or to arrange an authorised person to collect their child if they are unable to do so themselves. Ensure



that the centre is provided with up-to-date and current information about their child, including contact details, immunisation status and notify the centre of any changes to their child’s health requirements

5. Ensure that prescribed medication is on the centre’s premises at all times that the child is in attendance
6. Disclose if their child has had any medication in the past 12 hours before attending the centre including Panadol or Nurofen
7. Not bring their child to the centre if they have administered any medication such as Panadol or Nurofen in the previous six hours, where this has been administered due to a specific illness
8. Notify the centre, on arrival if their child is unwell including if their child has been unwell overnight or the preceding days since care
9. Exclude their child for 2 hours post administering a new medication to ensure that they do not experience any adverse reactions from the medication

5.0 Definitions

First Aid Trained is a Team Member who has completed relevant First Aid training within 3 years plus annual CPR training and that their qualifications are recognized by ACECQA

Illness Outbreak is defined as the occurrence of multiple cases of the same infectious disease within a short period, beyond what is typically expected. This may include:

- Two or more children or staff with the same symptoms (e.g., vomiting, diarrhea, fever, rash) within 48 hours
- A confirmed case of a contagious disease (e.g., measles, whooping cough, gastroenteritis) with potential exposure to others
- An increase in absences due to similar symptoms among children or staff

Over the counter (OTC) medication is medicine that can be bought from a pharmacy or shop without a doctor's prescription, medicines such as paracetamol, nappy change and general skin creams.

6.0 Tools and Resources

<p>The most important documents I need are:</p> <p>Infectious Diseases Policy Administration of Medication Procedure/ Medication Record Whereabouts of medication Illness Register Illness Guardian Way page</p>	<p>Other supporting documents will include:</p> <p>Nappy Change Procedure Health and Hygiene Guardian Way page Infectious Diseases Guardian Way page</p>
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7.0 Additional Information

NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition
Safe Work Australia

[Occupational Health and Safety Act 2004](#)
[Work Health and Safety Act](#)

8.0 Source

Act Section 174	Offence to fail to notify certain information to Regulatory Authority
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record



Regulation 95 Procedure for administration of medication
Regulation 103 Premises, furniture and equipment to be safe, clean and in good repair
Regulation 161 Authorisations to be kept in enrolment record

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