



INFECTIOUS DISEASES POLICY

SUB CATEGORY: Health, Hygiene and Safety

POLICY GOAL

The service takes all reasonable steps to control the spread of infectious diseases in accordance with recognised guidelines. To ensure a healthy environment is maintained for children and adults.

RATIONALE

Regulation 88 and Standard 2.1 of the National Quality Standards deal with infectious diseases.

The Guide to the National Quality Framework include the following guidance for services:

- *“implement effective hygiene practices to control the spread of infectious diseases*
- *communicate with families if there is an outbreak of an infectious disease*
- *the service’s policies on dealing with infectious disease address child and staff immunisation, including exclusion periods*
- *guidelines for the exclusion of ill children and educators are implemented*
- *the service’s policy and procedures on dealing with infectious disease, including notifying families of cases of infectious illnesses in the service and exclusion of ill children, that is consistent with current information from a relevant recognised authority*
- *a written process for observing, responding to and recording signs of illness and injury in children and notifying families of illness or injuries that affect children while at the service*
- *families are advised of cases of infectious illnesses in the service, including information about the nature of the illness, incubation and infectious periods and the service’s exclusion requirements for the illness.”¹*

“Illness management and hygiene practices

*While it is not possible to prevent the spread of all infections and illnesses, effective illness management practices and maintaining high standards of hygiene significantly reduce the likelihood of children becoming ill. This involves reducing children’s exposure to materials, surfaces and body fluids that may cause infection or illness. For more information, see the National Health and Medical Research Council’s (NHMRC) publication *Staying Healthy: Preventing infectious diseases in early childhood education and care services*, 2013. In helping children to take growing responsibility for their own health and physical wellbeing, educators’ model and reinforce health and personal hygiene practices with children. Educators also promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.”²*

Preventing Illness

“Microscopic living things (known as germs) are all around us. Some of these germs can cause disease in people, other animals or plants. There are four major types of germs: bacteria, viruses,

¹ *“Guide to the National Quality Framework”* Australian Children’s Education & Care Quality Authority January 2018

² *“Guide to the National Quality Framework”* Australian Children’s Education & Care Quality Authority January 2018

fungi and protozoa. Bacteria, viruses, fungi and protozoa are all types of germs responsible for many human infections. Infections can also be caused by parasites such as roundworm and hookworm.

The three steps in the chain of infection

1. The germ has a source.
2. The germ spreads from the source.
3. The germ infects another person.

You can break the chain of infection at any stage.

The way that children interact with each other and with adults in education and care services means that diseases can quickly spread in a variety of ways. Children, especially younger children, have close contact with other people through playing or cuddling; they often put objects in their mouths; and they may not always cover their coughs or sneezes. Because some germs can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. If a child has an ill sibling at home, they could also be incubating the illness, and risk bringing germs from home into the education and care service. Whether or not a person becomes ill in an education and care service depends on three things:

- **The type of germ**—some viruses, such as measles and norovirus, are very infectious. Others, such as hepatitis B, hepatitis C and human immunodeficiency virus (HIV) are very difficult to spread in education and care services.
- **The opportunity for transmission**—germs have a greater chance of spreading if, for example, there are inadequate hand-washing facilities, or ill children are not excluded from the education and care service.
- **The person's immunity**—people who have been immunised against a particular disease, or who have had that disease before, are unlikely to become ill if they come in contact with the disease. People who have not been immunised, or who do not have natural immunity to that disease, have a much higher risk of becoming infected and developing the disease.

Different germs spread in different ways

- **Airborne:** The virus that causes **measles** can stay in the air for up to 2 hours after an infected person has left the room. This means that people can be exposed to the virus without having direct contact with the infected person.
- **Contact:** Germs such as **norovirus** and **rotavirus** can cause gastroenteritis, leading to symptoms of diarrhoea (loose stools) and/or vomiting. It may be obvious that a person can spread the disease while they are unwell, but what is not so well known is that a person may still be contagious up to 10 days after the symptoms have stopped.
- **Droplets:** The bacteria that cause meningococcal disease can be present in people's throats. If an infected person coughs or sneezes, the droplets they produce can infect other people nearby.

Some germs are very difficult to spread in education and care services—these include

- **mosquito-borne germs** (which do not spread directly from person to person), and
- **human immunodeficiency virus** (HIV, which spreads through blood and sexual contact).

Main ways to prevent infection

The most important ways to break the chain of infection and stop the spread of diseases are:

- effective hand hygiene
- exclusion of ill children, educators and other staff
- immunisation.

Other strategies to prevent infection include:

- *cough and sneeze etiquette*
- *appropriate use of gloves*
- *effective environmental cleaning.*

Exclusion of ill children, educators and other staff

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading. Excluding ill children, educators and other staff is an effective way to limit the spread of infection in education and care services.

By excluding one ill person, you can protect many other people from becoming ill

The need for exclusion and the length of time a person is excluded depend on:

- *how easily the infection can spread*
- *how long the person is likely to be infectious*
- *how severe the disease can be*

The exclusion procedure

To determine when a person should be excluded:

- *identify whether the symptoms or a diagnosed illness have an exclusion period*
- *refer to Table 1.1 for the recommended minimum periods of exclusion*
- *advise the parents, or the educator or other staff member, when they may return to the education and care service.*

Children, educators and other staff who are unwell should stay home from education and care services. Even if they do not have a condition that requires exclusion, the best place for an ill child to rest and recover is with someone who cares for them.³

“Because you care for the children in your group every day, you are probably used to the way each of them looks and behaves when they are healthy. It is useful for educators and other staff to have some understanding of the signs and symptoms that suggest that a young child may be quite ill and need urgent medical attention. These include the following:

- **High fever**—*a high fever in a young child can be a sign of infection and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness*
- **Drowsiness**—*the child is less alert than normal, making less eye contact, or less interested in their surroundings.*
- **Lethargy and decreased activity**—*the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.*
- **Breathing difficulty**—*this is an important sign. The child may be breathing very quickly or noisily or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.*
- **Poor circulation**—*the child looks very pale, and their hands and feet feel cold or look blue.*
- **Poor feeding**—*the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.*
- **Poor urine output**—*there are fewer wet nappies than usual; this is especially relevant for infants.*

³ “5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013

- **Red or purple rash**—non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
- **A stiff neck or sensitivity to light**—this may indicate meningitis, although it is possible for infants to have meningitis without these signs.
- **Pain**—a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children.

These clinical features cannot be relied on to say for certain that a child is seriously ill, nor does their absence rule out serious illness. The more of the above features that are seen, the more likely it is that the child may have a serious illness. Remember that illness in infants and young children can progress very quickly. If there is any doubt, seek medical advice without delay.”⁴

Exclusion

“5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013 provides the following guidance on exclusion:

- *“Separate the ill child from the other children. If the child is not well enough to participate in activities, contact their parent and send them home. A child who is feeling unwell needs to be with a person who cares for them—this is usually a parent or grandparent.*
- *While waiting for the parent to arrive, keep the child away from the main group of children, if possible. For example, they could lie on a floor cushion or mat in a corner of the room where you can still comfort and supervise them. After the child leaves, ensure that the mattress or floor cushion is cleaned before it is used again. Some infectious agents can persist on surfaces and may cause infection even if an object looks clean or is wiped clean.*
- *When caring for an ill child, remember the main ways to break the chain of infection:*
 - *Remind a child who is coughing or sneezing to cough or sneeze into their elbow. If the child covers their mouth with their hands, ask them to wash their hands.*
 - *If you wipe a child’s nose, dispose of the tissue in a plastic-lined rubbish bin and then wash your hands. If you touch a child who might be ill, avoid touching other children until after you have washed your hands.*
 - *Encourage parents to tell you when anyone in the family is ill. If someone in the family is ill, watch for signs of illness in the child.*
- *If a child appears very unwell or has a serious injury that needs urgent medical attention, call an ambulance.”⁵*

Fevers

“It is usually not necessary to reduce a fever, because fever in itself is not harmful. However, medication is sometimes given to ‘bring a fever down’ because there is no doubt that fever can make a person feel miserable. Some studies show that giving medication to reduce the fever can actually slow down the body’s immune response to infection. In most cases, do not worry about treating the fever itself—instead, focus your attention on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions. Key things to remember about fever:

- *The normal temperature for a child is up to 38°C.*

⁴ *“5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013*

⁵³ *“5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013*

- Fevers are common in children.
- If the child seems well and is happy, there is no need to treat a fever.
- If the child is less than 3 months old and has a fever above 38 °C, contact the child's parent and ask them to take the child to a doctor.
- If the child is unhappy, treatment is needed to comfort them. Give clear fluids and, if the parents give permission, paracetamol.
- Watch the child and monitor how they are feeling.
- In some cases, a child may have febrile convulsions, which are physical seizures caused by the fever. They usually last only a few seconds or minutes; however, you should call an ambulance.”⁶

Pandemics

What is a pandemic?

A pandemic is an epidemic (infectious disease outbreak) that spreads on a global scale. Pandemics usually occur when a new infectious disease emerges that can spread rapidly around the world.

What causes pandemics?

A pandemic can occur when a new virus emerges and there is worldwide spread of the disease. Most people do not have immunity to a new virus. Viruses that have caused past pandemics usually come from animal viruses that have mutated to affect humans.

For a new virus to have pandemic potential it must meet three criteria:

- humans have little or no pre-existing immunity against the virus
- the virus causes disease in humans
- the virus can spread efficiently from person to person.

Why do pandemics occur? How serious will the impact be?

The health impact of a pandemic on the community depends on how easily the virus can be spread between people (i.e. transmissibility) and the seriousness of the illness it causes (i.e. clinical severity). Healthcare systems can limit the impact on a community by slowing the spread of the infection between people and increasing the ability of the healthcare system to look after people who do get sick.”⁷

IMPLEMENTATION

We refer to the “5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2012 ” as a minimum for controlling infectious diseases.

- In addition to managing illness when it occurs, we aim to prevent illnesses through proactive and positive communication with all stakeholders, adults and children alike.
- Educators will take many opportunities to engage in conversations with children about healthy habits and how to prevent illness including hygiene etiquette such as sneezing into their elbow.
- Educators will document learning around health and hygiene matters and incorporate them into everyday programs.
- Educators, during their welcoming conversation upon arrival, should be asking how the child is today, how they slept etc. Where families or authorised persons advise staff that their child has been unwell and has been administered pain relief, especially for a temperature, please

⁶ “5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013

⁷ NSW Health (accessed on-line March 2020)

<https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx#8-1>

understand that staff or the Nominated Supervisor will ask the family to take the child home and provide a clearance before returning to care.

- Educators will support children to develop healthy, hygienic habits that will support them into adulthood.
- The service will provide the necessary equipment, facilities and products to maintain a clean and hygienic environment including effective hand washing facilities and waterless products

Handwashing

- All children, and adults including parents should wash and dry their hands upon arrival at the centre and when leaving. Waterless sanitiser products can also be used. Refer to the Handwashing Policy
- Educators must take all reasonable steps to prevent the spread of infectious diseases at the service including following a range of Policies relating the Health, Hygiene and Safety.

In the event a child is unwell at the service:

- All steps should be taken to ensure the child is comfortable and being cared for in relation to their symptoms. particular attention should be paid to unwell children who are sleeping.
- Educators should consider if the child is well enough to participate in normal activities and able to manage hygiene dependent on their age. Children who are not able to participate fully in the program without additional support due to signs or symptoms of a possible illness should be collected from the service by an authorised contact and cared for in a home environment.
- If symptoms are contagious, such as vomiting, consider how to separate the child from the group but still maintain supervision and care. This may be in another location within the room where they can rest.
- Educators should advise the Nominated Supervisor or Responsible Person in Charge of any suspected illnesses.
- Families should be contacted to discuss the symptoms and to collect the child if:
 - They are not well enough to participate in the program
 - They are presenting with symptoms which may be contagious, including symptoms which have recently been diagnosed at the service as contagious
 - They have a fever of 38 degrees or higher
- If the child is presenting as very unwell and in need of urgent medical attention an ambulance should be called.
- Educators should complete an Incident, Injury, Trauma and Illness form and have this signed by the parent/guardian or authorised collector upon collection.
- The illness should also be recorded on the Incident Register
- The Nominated Supervisor may wish to complete the sample "Report Form for parent or doctor" template from page 182 of "Staying Healthy" outlining the symptoms that presented during the child's time at the service to assist families and medical practitioners in a diagnosis and treatment.
- Nominated Supervisors and Approved Providers should consult with the Notification Decision Tree (NDT) for guidance on reporting requirements and timeframes.
- Ensure increased cleaning of surfaces, floors and resources.

Guidance on exclusion

- Children and adults with infectious diseases will be excluded from the centre in accordance with the guidelines from the "5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services" Australian Government National Health and Medical Research Council 2013.

- Where an educator is displaying signs and symptoms of being unwell they should follow the centre's policy for applying for personal/carers leave.
- The decision to exclude or re-admit a child who has been sick will be the responsibility of the Nominated Supervisor and based on the best interests of the child and in the interests of the other children in the centre. The decision will take into account:
 - Medical certificates
 - Other conditions present
 - Whether the child is well enough to participate in normal activities at the service
 - Previous History
 - Diseases prevalent at the time of illness.
 - Information provided on the Illness Record Form provided by the centre and completed and stamped by a medical practitioner.
 - **NHMRC Recommended Minimum Exclusions Periods Table**
- After diagnosis of a condition requiring exclusion based on the NHMRC Recommended Minimum Exclusion Periods Table, a medical certificate 'clearance' will be required before a child or team member can be readmitted to the College.
- The recommended exclusion periods in *Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services* provides advice on how long a person with a specific disease is likely to be infectious. These are the minimum exclusion periods—people may need to stay home for longer until they are well enough to return to the service.
- In the case of serious ill health or hospitalisation, the child or educator will require a medical certificate from a medical practitioner or specialist verifying that their recovery is sufficient to enable their return to the centre.
- Educators will ensure that the parent or authorised contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible.
 - For serious illnesses – email or phone should be used to contact all families, this would be done only on the advice of the Public Health Unit
 - For other illnesses – an email and/or signs placed in a number of spaces to advise families of the presence of the infectious disease. These signs should include;
 - information about the nature of the illness,
 - incubation and infectious periods
 - the service's exclusion requirements for the illness
- All illness of adults and children at the service should be recorded on the Infectious Disease Register
- Note: Adults and Staff who present with Diarrhoea (No organism identified) must be excluded until there has not been a loose bowel motion for 24 hours
- Different exclusion periods will apply to people whose work involves food handling: if they have vomiting and/or diarrhoea they should not return to work until they have been symptom-free for 48 hours and do not have loose bowel actions.
- In times of an identified outbreak or pandemic the service reserves the right to place standard exclusions timeframes for certain symptoms, for instance 24hrs after a fever. In this instance, this will be communicated clearly to families and consistently implemented.

Fevers

- If a child appears unwell check for any signs of a fever and record the child's temperature.
- If the child seems well and is happy, there is may be no need to treat a fever, however as a fever is a sign of a possible illness children with a temperature of 38degrees or above must be collected from the service and excluded for the remainder of the day. Exclusion may be longer depending on any other confirmed contagious diseases with the same symptoms.

- If the child is less than 3 months old and has a fever above 38 °C, the service should encourage the family to take the baby to a doctor.
- Educators should closely watch a child with a fever and monitor how they are feeling. Record any temperatures or signs of other symptoms on the Recording Fever Form.
- If a child has a fever, ensure they drink plenty of fluids and are not overdressed. Avoid cold-water sponging or cold baths that make the child shiver. If sponging or bathing makes the child feel more comfortable, use lukewarm water.
- In the case of febrile convulsions call an ambulance and advise the families immediately.
- As fever is one of the symptoms listed in *Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services* that indicate a child is unwell and as such families are asked to please collect from care.
- Educators are to start recording relevant information on the Reducing a Fever Form.
- Where an emergency situation arises from an extreme fever, a dose of Paracetamol may be administered where authorisation is given verbally by—
 - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.
- Where Paracetamol is administered, arrangements for a parent or authorised person to collect must be arranged and emergency services contacted where needed.
- Attendance of emergency services must be reported to the regulatory office within 24hrs.

Responsibilities for families

As per the recommendations from the National Health and Medical Research Council (5th Edition "*Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services*"), "If the child is not well enough to participate in activities they should stay at home. Please refer to the Incident, Injury, Trauma and Illness Policy for further information.

- Parents are asked to keep children at home should they be presenting signs of being unwell prior to attending care.
- Families are asked not to provide paracetamol, Ibuprofen or other similar products to their child before attending care, especially if it is for a temperature, this is based on the National Health and Medical Research Council (NHMRC) recommendations, this is because:
 - A temperature or fever is usually a sign of illness, this may be contagious and result in a circulation of an infectious disease,
 - These products mask the symptoms which may both delay the child seeking required medication attention or rest to recover from and fight the illness, and
 - Your child may start to feel unwell a few hours after being dropped off as these products wear off, this may result in your child experiencing discomfort while in care. Educators will need to contact families to collect their child if they are displaying symptoms of being unwell and are not able to participate fully in the program.
- Where a child may legitimately require pain relief medication, for example after the extraction of a tooth or an injury, parents may provide paracetamol, Ibuprofen or similar for educators to administer only if:
 - There is a letter from a doctor requesting this medication for a non-infectious condition and records the frequency of administration (this may be a current prescription in the child's name with the dosage requirements)
 - Parents complete the Medication Form which is current for 5 consecutive days.

Immunisation

- The most effective method of preventing certain infections is immunisation. Refer to the Immunisation Policy for further details
- Upon notification of a vaccine – preventable or Notifiable Disease, the Nominated Supervisor must notify management and contact Public Health for advice.
- Where there is a case of a vaccine-preventable illness at the centre educators and children who are not immunised may be excluded based on recommendations from Public Health.
- Where children are excluded, normal booking charges apply.
- Where educators are excluded due to non-immunisation they will be required to take suitable leave.
- If the child/adult has not been medically vaccinated ('not medically vaccinated' includes children/adults who may have been naturopathically or homeopathically vaccinated), exclusion from the service during outbreaks of some infectious diseases (such as measles and pertussis), are still required even if the child/adult presents as well. This is because the effectiveness of naturopathic or homeopathic vaccinations has not been scientifically proven (refer to 5th edition *Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services*).
- Families can seek further information in our Immunisation Policy or by visiting <https://www.health.gov.au/health-topics/immunisation>

Cleaning and prevention

- Effective hygiene practices are crucial in controlling the spread of infectious diseases. Refer to the Health and Hygiene Policy and recommendations in *Staying Healthy in Early Education and Care*

Notifications

Public Health Unit:

- Cases of some infectious diseases **are required to be notified to the local public health department.**
- Public health staff can provide valuable advice, support and resources to help manage outbreaks of illness, such as diarrhoea.
- Each state or territory has laws stating that doctors must notify certain infectious diseases to public health authorities.
- Nominated Supervisors should inform the local public health unit of the following conditions:
 - Diarrhoea (if several children in one group are ill);
 - Haemophilus influenzae type B (Hib);
 - Hepatitis A;
 - Hepatitis B (recent illness only);
 - Measles;
 - Meningococcal infection;
 - Parvovirus B19 (if 2 or more cases);
 - Pertussis;
 - Roseola (if two or more children in one group are ill);
 - Scarlet fever; and
 - Tuberculosis (TB).
- Refer to 5th Edition *Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services* for lists of Public Health Units (p176)

National Law and Regulations:

- The following regulations stipulate reporting that may be required due to an infectious disease:
 - 175(2)(b) any incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period;

- 175(2)(c) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
- 176(2)(a)(ii) in the case of any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident;
- 176(2)(c) in any other case, within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information.

Pandemics and other occasions of localised health concerns or outbreaks

Where a pandemic or other situation which impacts the health of the local community has been declared, the Approved Provider and Nominated Supervisor must:

- Follow all advice from government and other health organisations such as Public Health. This may include exclusion of some or all persons at the service or temporary closure of the service.
- All persons, staff, children, families and visitors must not present to the service if they are unwell to minimise the risk of any spread of an illness.
- As directed by a government or recognised health organisation, persons with specifically identified symptoms may need to self-isolate for a period of time. Any person requiring self-isolation should not attend to the service and must notify the Nominated Supervisor immediately.
- Nominated Supervisors will consult with Public Health around suspected or confirmed cases of any identified condition and follow their advice.
- The service will document cases and will report cases to the regulatory authority as directed.
- The Nominated Supervisor will ensure that they follow only factual advice, including from government agencies, public health and the regulatory authority. They will share factual information with families and educators and coordinate the implementation of all control measures recommended.
- Educators at the service will follow all steps as recommended, including but not limited to effective handwashing, additional cleaning requirements, effective hygiene practices, social distancing and exclusion of unwell persons.
- Educators are best placed to notice changes in children which may indicate they are unwell and should pay close attention to signs and symptoms. Unwell children should not attend the service. Families will be asked to collect unwell children and a medical clearance or limited timeframe may be required to be adhered to.
- The Nominated Supervisor should conduct a risk assessment and identify all reasonable control measures to be taken. This must be shared with educators and others required to undertake control measures. Families should be advised of the risk assessment and be provided with a copy when requested.
- The service reserves the right to implement any recommended or reasonable measures to prevent the spread of an infectious disease, this may include, but is not limited to;
 - Limiting non-essential visitors
 - Restricting certain persons from attending parts or all of the centre as per medial or government recommendations.
 - Reduce or temporarily cease incursions and excursions where there is an identified increase in the spread of any infectious disease
 - Monitoring the health of persons attending the service
 - Any other reasonable steps which are intended to protect the health of others.
- Families, educators and all visitors must abide by all recommendations and not attend the service if they are identified as being at a higher risk of infection based on their recent travel or contact with other persons or animals.
- Nominated Supervisors may use the Infectious Disease Information Record Form to determine a suitable start date for a new family, educator or visitor to the service during times of a local

community outbreak or pandemic. This is because the recent health and travel of new persons to an organisation during a pandemic our localised outbreak is less known than for those with an existing relationship with the service such as current staff and families. This information will be used to apply any recommended exclusions or delays in starting at the service based on government or public health recommended exclusion periods.

The National Health and Medical Research Council says that “*Children who are unwell should stay home from schools, pre-schools and child care centres.*”

COMMUNICATION AND CONSULTATION

- Educators and families will have access to this policy at all times.
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- The Exclusions Table from *Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services* should be displayed where it is clearly visible to all families and educators.
- Staff will be advised of their responsibilities to exclude themselves when unwell as per the Exclusion Table upon induction.
- Families will be notified of the contents of this policy upon enrolment.
- Signs will be displayed throughout the service when an infectious disease is present.

RELATED FORMS AND DOCUMENTS

- Handwashing Policy and posters
- Nappy Change Policy and Poster
- Illness Report Form
- Infectious Disease Register
- Infectious Disease Information Record (for use during a pandemic)
- 5th Edition “*Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services*” Recommended Minimum Exclusion Table
- Enrolment and Orientation Policy
- Orientation Checklist
- Induction Checklist
- Leave Policy
- Health and Hygiene Policy
- Immunisation Policy
- National Immunisation Program Schedule
- Medical Conditions Policy
- Medication Policy
- Injury, Incident, Trauma and Illness Policy

SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to;

- Termination of child enrolment
- Performance management of an employee which may lead to termination

RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- “5th Edition *Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services*” Australian Government National Health and Medical Research Council 2013

- “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority January 2020
- “Education and Care Services National Regulations”, Ministerial Council for Education, Early Childhood Development and Youth Affairs (December 2019)
- NSW Health (accessed on-line March 2020)
<https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx#8-1>
- “Immunisation” Australian Government Department of Health (accessed on-line March 2020)
<https://www.health.gov.au/health-topics/immunisation>

DATE CREATED: November 2011

REVIEW DETAILS:

Review Date	Details of Changes
January 2013	No Changes made, sources updated where applicable. Awaiting Staying Healthy in Childcare Edition 5 for further review.
March 2013	<ul style="list-style-type: none"> ● Updated sources and information to align with “5th Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2012. Please note there are multiple changes to this policy and it should be provided in full to educators and families.
January 2014	No changes made, sources updated where applicable
August 2014	<p>Changes to wording for administration of Paracetamol in emergency situations to comply with Regulation 93</p> <ul style="list-style-type: none"> ● Where an emergency situation arises from an extreme fever a dose of Paracetamol may be administered where authorisation is given verbally by— <ul style="list-style-type: none"> ○ (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or ○ (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service. ● Where Paracetamol is administered arrangements for a parent or authorised person to collect must be arranged. <p>Inclusion of reporting as required Under regulation 175 (2)(c)</p>
May 2015	No changes made, sources updated where applicable
April 2016	No changes made, sources updated where applicable
May 2017	<p>Sourced updated. Included the following:</p> <ul style="list-style-type: none"> ● Waterless hand sanitiser products for use upon arrival and departure
April 2018	<ul style="list-style-type: none"> ● Updated source to “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority Feb 2018, quotes in rationale updated <p>Inclusion in Implementation:</p> <ul style="list-style-type: none"> ● In addition to managing illness when it occurs, we aim to prevent illnesses through pro-active and positive communication with all stakeholders, adults and children alike. ● Educators will take many opportunities to engage in conversations with children about healthy habits and how to prevent illness including hygiene etiquette such as sneezing into their elbow.

	<ul style="list-style-type: none"> ● Educators will document learning around health and hygiene matters and incorporate them into everyday programs. ● Educators will support children to develop healthy, hygienic habits that will support them into adulthood. ● The service will provide the necessary equipment, facilities and products to maintain a clean and hygienic environment including effective handwashing facilities and waterless products ● Guidance for parent’s not to administer pain relief to children prior to attending care due to it masking symptoms. Refer to Incident, Injury, Trauma and Illness Policy. ● Information about any infectious diseases which have been diagnosed for children or adults at the service will be provided to families, this may be through a sign and/or electronic or paper notification.
September	<ul style="list-style-type: none"> ● Additional information on exclusion from “Staying Healthy” included in Rationale ● Clarified steps to take when a child is unwell at the service and re-wording regarding exclusion and managing a fever under Implementation ● Addition of reporting obligations to include Regulations 175(2)(b), 176(2)(a)(ii), 175(2)(c)
May 2019	<ul style="list-style-type: none"> ● Updated Sources where required.
March 2020	<ul style="list-style-type: none"> ● Updated sources ● Added information on Pandemics and outbreaks in both Rationale and steps to take in Implementation ● Provided clarity on exclusion with fevers, a child with a temperature of 38degrees or more should be collected from the service ● More details added to exclusion, including option to set an exclusion timeframe in the event of an outbreak or pandemic. ● Included new form for use with Pandemic or other localised health outbreaks “Infectious Disease Information Record” ● Included Immunisation link for families