

NQS

QA 2	2.1	Each child's health and physical activity is supported and promoted
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented

National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment form

Aim

Immunisation is a simple, safe and effective way of protecting individuals against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

Related Policies

Coronavirus Policy
 Educator and Management Policy
 Enrolment and Orientation Policy
 Food, Nutrition, Beverage and Dietary Requirements Policy
 Health and Hygiene Policy
 Incident, Injury, Trauma and Illness Policy
 Immunisation and Disease Prevention Policy
 Dealing with Medical Conditions Policy
 Privacy and Confidentiality Policy

Who is affected by this policy

Child
 Parents
 Family
 Educators
 Management
 Visitors
 Volunteers

Implementation

The Centre will notify children, families and educators / staff when an excludable illness / disease is detected within the Centre. This includes the following procedures:

- The notification will be stamped and signed by the Nominated Supervisor or Certified Supervisor and will be displayed in a prominent area in the Centre, preferably placed at the entrance to the Centre.
- The infectious disease will be logged on the infectious disease log.
- All families are notified of the infectious disease via email communication as soon as practicable but within 24 hours of being notified.
- Comply with relevant health department exclusion guidelines.
- Increasing educator / staff awareness of cross-infection through physical contact with others.

The Centre will use the attached Recommended Minimum Periods of Exclusion to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between children, other children and educators by excluding children who may have an infectious disease or are too ill to attend the Centre and facilitating the prevention and effective management of acute illness in children.

- Notification of the child's parents or nominated contacts will occur immediately.
- Our Centre will comply with the relevant legislation which requires child care services to notify the local Public Health Unit of specific notifiable diseases (see heading Notification and Exclusion periods).
- Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the Centre to decide whether to accept or exclude the child from the Centre. If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is cleared to attend the Centre.
- Parents must advise educators on arrival verbally or in writing of any symptoms requiring administration of medication to their child in the past 48 hours and the cause of the symptoms if known. This advice must be provided the first time the child attends after the medication has been administered.
- Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Centre and we will ask parents of children who are unwell to collect the child from our Centre within one hour or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- Assist educators in making notification to public health authorities.
- Notify the Approved Provider and all families of the infectious disease via email communication as soon as practicable but within 24 hours.
- Organise a pool of regular relief staff to cover educators who are ill and unable to care for children.
- Request a medical certificate from educators who have been ill stating they are not contagious and are cleared to return to work.

If an infectious disease arises at the Centre we will respond to any symptoms in the following manner:

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact authorised nominees. We will inform the contact of the child's condition and ask for a parent or other authorised individual to pick the child up as quickly as possible (and within one hour). Any individual picking the child up from the Centre must be approved by the child's parents and be able to show identification.

- Ensure all bedding, towels and clothing which have been used by the child are disinfected. These items will be washed separately and if possible air dried in the sun.
- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Provide information in the child's home languages to the best of our ability.
- Inform all Centre families and educators of the presence of an infectious disease via email communication and by placing a notice near the front door. The child's name will not be revealed.
- Ensure confidentiality of any personal health related information obtained by the Centre and educators in relation to any child or their family.
- The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor's certificate on the first day back from an infectious illness stating they are cleared to return to the Centre.

In the event of an infectious disease outbreak, the Nominated Supervisor or Certified Supervisor will adhere to the following procedure:

- Immediately contact the Parent / guardian / authorised nominee to collect the child. Encourage the parent to seek medical attention for their child from a registered practitioner.
Report all infectious disease outbreak / epidemic information (Follow the direct instructions of the representative from the Victorian Department of Health. If the department is notifying us of the outbreak, follow any given instructions) to;
 1. Victorian Department of Health: www.health.vic.gov.au
 2. The Approved Provider / Representative
- **Document the following information;**
 - Nature of the disease
 - Location (child's room)
 - Child's name
 - Confirmation from a registered general practitioner
 - Other information that is deemed useful
- Notify the families of children who are **NOT IMMUNISED** at the Centre and recommend that the children be collected until more information on the case has been received.
- Notify children, families and educators / staff that an excludable illness / disease is detected at the Centre. This includes the following procedures;
 - The Notification will be stamped and signed by the Nominated Supervisor or Certified Supervisor and will be displayed on a prominent area in the Centre, preferably at the entrance to the Centre.
 - The infectious disease will be logged on the Infectious Disease log
 - All families are notified of the infectious disease via email communication as soon as practicable but within 24 hours.
- Complete the Department of Health 'Epidemic Chart' in the event of more than one confirmed case of the infectious disease.
- Ensure that the affected room is completely disinfected – Notify cleaners of the infectious disease, request a thorough clean of the room.
- Contact the affected family for regular updates and to offer support for the child.
- Once the outbreak has been contained, again inform families by letter.
- Notify DET in writing within 24 hours of serious incident. Completing the Incident, Injury, Trauma and Illness Record where required.
- Obtain information from a Public Health Nurse – Department of Human Services at the request of parents.

Fevers

Unwell children include those with fevers. Fevers refer to temperatures above 38°C, and are usually a sign of infection (e.g. virus). When children develop a fever at the Centre, educators and staff will:

- Contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease (e.g. teething). Babies less than 3 months old with fevers must always be collected by parents / authorised nominees who will be advised to take the child to a doctor. Parents will also be advised fever can be a symptom of a serious illness and they should also consider taking older children to the doctor
- Administer first aid if required in line with Centre procedures. This may include calling an ambulance. Educators and staff will be especially vigilant caring for babies less than 3 months old with fevers.
- If the child is distressed, bathe their face in lukewarm water and administer paracetamol if parents have given written / verbal permission and administration is consistent with the Administration of Medication Policy. .
- Offer water to the child and ensure they are not overdressed and their clothing is comfortable.
- Monitor the child's behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing and convulsions.
- Remind parents that ill children must stay home. If child returns the following day with illness or fever the parents will be called to collect child again.

Notifications and Exclusion periods

As outlined in the Public Health and Wellbeing Regulations 2009 (Vic):

- Parents must advise educators as soon as possible if a child has an infectious disease or the child has been in contact with a person infected with an infectious disease Reg 84 (1). These diseases and the minimum periods of exclusion are listed in Schedule 7 and can be accessed on-line at www.legislation.vic.gov.au
- Approved providers or nominated supervisors must inform the parents and the Secretary of the Department of Health within 24 hours of forming the belief that a child is suffering from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C Reg 84 (2).
- Approved Providers or Nominated Supervisors must not allow a child to attend the Centre who has been infected or had contact with the diseases outlined in Schedule 7 Reg 85.

The diseases and exclusion periods outlined in the Schedule to the Public Health and Wellbeing Regulations 2009 are similar to the National Guidelines detailed below under 'Recommended Periods of Exclusion'.

Public Health Units – Advice and Notifications

Public Health Units are an important source of information and advice about many contagious / notifiable diseases including measles, meningococcal disease, Haemophilus influenza type b (Hib), hepatitis A, and pertussis (whooping cough). Nominated Supervisors will telephone these Units as soon as possible when needed / appropriate for advice about an illness and how to control the spread of the illness and follow any advice. In particular, the Nominated Supervisor will always phone the Public Health Unit as soon as possible (and within 24 hours) when there are:

- Two or more cases (children or staff) of gastroenteritis in the Centre (including norovirus, rotavirus, salmonellosis which are types of gastroenteritis) within 48 hours of each other. Symptoms include diarrhoea, vomiting, fever, abdominal cramps
- Two or more cases (child or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps.

Contact the Department of Health and Human Services, Communicable Disease Prevention and Control Branch on: 1300 651 160

Apart from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C, infectious diseases only require notification from doctors and laboratories. A list of diseases can be found at:

<http://ideas.health.vic.gov.au/notifying.asp>

Recommended Minimum Periods of Exclusion

- National Health and Medical Research Council
- Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012.

Children who are unwell should not attend the Centre

The definition of ‘contacts’ will vary according to the disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of ‘contacts’.

There is a period recommended by the Department of Health for excluding any person from attending a children’s service to prevent the spread of infectious diseases through interpersonal contact.

The exclusion table published by the Department of Health can be accessed at

<https://www2.health.vic.gov.au/about/publications/factsheets/immunisation-exclusions-schools-children-services>

The exclusion table is displayed in the Centre for families and educators to reference when required.

Note: Parents are responsible for payment of fees while their child is excluded under all circumstances

Exclusion Table

Extract of Schedule 7 – Minimum period of exclusion from primary schools, education and care services premises and children’s services centres for infectious diseases cases and contacts

Highlighted sections indicate changes under the Public health and Wellbeing Regulations 2019.

Conditions	Exclusion of cases	Exclusion of Contacts
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Coronavirus	Exclusion while contagious, which can be up to 5 days after testing positive, and the child or staff member is feeling well	Not excluded
Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness ¹	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours	Exclude family/household contacts until cleared to return by the Chief Health Officer

¹ Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

	after finishing a course of antibiotics and the other 48 hours later	
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (<i>cold sores</i>)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment

Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing <i>Escherichia coli</i> (STEC or VTEC)	Exclude if required by the Chief Health officer and only for the period specified by the Chief Health Officer	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis (excluding latent tuberculosis) ²	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Source

Education and Care Services National Regulations 2011

National Quality Standard

Department of Health and Aging

National Immunisation Program Schedule

NHMRC Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services 5th Edition

Public Health and Wellbeing Act 2008

Public Health and Wellbeing Regulations 2009

Review

The policy will be reviewed annually. The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: 14.07.2023

Date for next review: July 2024