



Exclusion and Infectious Diseases and Management of Ill Children Policy

AIM

Exclusion of infectious children and staff reduces the risk of infections being transferred to others and thus supports the centre's goal of minimising cross-infection. We aim to effectively manage any outbreaks of infectious diseases within the Centre and to limit the risk of cross-infection.

LEGISLATIVE REQUIREMENTS/SOURCES

Hunter New England Population Health
NSW Health Department
National Health and Medical Research Council (NHMRC)
Staying Healthy In Child Care NSW (5th Edition) 2012
Education and Care Services National Regulations (2011) - Regulation 92: Medication Record; Regulation 93: Administration of medication; Regulation 94: Exception to Authorisation requirement – anaphylaxis or asthma emergency; Regulation 95: Procedure for administration of medication
National Quality Standards 2.1 & 2.1.4

IMPLEMENTATION

- As a part of the enrolment procedure parents will be given a copy of this Policy.
- Updates to this policy will be emailed to families and displayed in the foyer

If a child is ill while at the Centre, the following will occur:

- If a staff member feels the child is showing symptoms of being unwell they will notify the Nominated Supervisor. A decision will then be made as to the management of the child. The Nominated Supervisor has the responsibility of ensuring the health and safety of all children attending the service and therefore any child who is deemed unfit to attend will be required to be collected from the service within the hour. If parents/guardian are unable to be contacted emergency contacts who are authorized to collect the child as written on the enrolment form will be contacted to collect the child.

- If the child presents with a suspicious rash or other unknown marking or blisters while at the service a parent or guardian will be contacted. Staff will request that the child be excluded until a letter from a medical practitioner is shown stating that the rash, unusual marking or blister is not contagious and the child is fit to attend the service.
- If a child has two loose bowel movements at the Centre their parents/ emergency contacts will be contacted. In the case of a gastroenteritis outbreak the parents/ emergency contacts will be contacted after one loose bowel movement and the child will need to be collected within the hour.
- Panadol can only be administered by staff if a child's temperature reaches 38 degrees or more. Parents/caregivers will be contacted and verbal consent from parents is requested BEFORE Panadol will be administered if possible, otherwise signed permission on the enrolment is sufficient authorisation. The child will be required to be collected from our Centre within the hour. This will be recorded and parents will be requested to sign to acknowledge their consent for Panadol to be administered.
- Any illness while at the Centre will be documented on an illness form and given to the parent if requested and kept on file.
- At the end of every month children's illnesses will be tallied and the Centre's procedures and practices evaluated for their effectiveness.

Infectious diseases and illnesses

- Children/staff with infectious diseases and illnesses must be excluded for the period as determined by the National Health and Medical Research Council (NHMRC). Recommended Minimum Exclusion Periods for Infectious Conditions for Schools, Preschools and Child Care Centre's chart attached.
- Management may exclude from the Centre any person with a confirmed infectious disease or as directed by the Population Health Unit in relation to exclusion after the onset of symptoms.
- Under the Public Health Act management will contact the Population Health Unit when any case of the following occurs:
 1. Diphtheria, measles, mumps, rubella, poliomyelitis, whooping cough, tetanus
 2. A single case of meningitis
 3. A food borne illness in two or more persons
 4. Gastroenteritis in two or more persons
 5. Chicken pox, cold sores, conjunctivitis or influenza in three or more persons
- A medical certificate clearance before returning to the Centre is required by any child or adult having the following: diphtheria, hepatitis A, tuberculosis, typhoid, parathyroid and any other infectious diseases where clearances are

deemed necessary at the discretion of the Nominated Supervisor (with reference to the Staying Healthy in Childcare recommended exclusion periods, pp 17-19). The centre will notify parents upon notification of the disease if a clearance certificate is required prior to returning their child to care.

- All families will be notified by way of email and displays in the foyer and/or classrooms when an infectious disease is confirmed in the Centre.
- Where serious infections or major outbreaks occur, management will seek the advice of the Population Health Unit (ph: 4924 6477) to seek advice for infection control and protocols. This advice will be communicated to families.
- Children and staff who are unimmunised will be excluded in the case of an outbreak if exclusion is recommended by the Public Health Unit. Exclusion may occur even if the unimmunised child is well (see Immunisation Policy for further information).

If a child has been ill prior to attending the service:

- The first dose of antibiotics must have been given at least 24hrs before attending the service. This is to ensure there are no adverse reactions to medications and that the child is no longer contagious (see Exclusion Policy for further information).
- In the case of diarrhoea and/or vomiting the child must be free from symptoms for at least 24hrs before returning to the Centre or 48 hours if there are enough cases for the Public Health Office to be notified.
- A child must be temperature-free overnight before returning to care.
- A child must have not been administered Panadol, Nurofen or cough mixture in the 12 hours prior to attending the Centre.
- A child must not return to the centre within 24 hours of receiving a vaccination

In the case of serious illness (asthma/anaphylaxis/allergies)

- All key educators are to hold recognised first aid, asthma and anaphylaxis training.
- Children who have asthma or anaphylaxis will be required to have an individual management plan on file. These plans will be made available and easily accessible to educators.
- Individual asthma and anaphylaxis management plans will be updated at least every six months.

An ambulance and parents/guardian will be called for children who suffer a severe allergic reaction or asthma attack and management plans will be followed.

REVIEW

This policy is the intellectual property of Maryland Care and Early Education Centre and is created with consultation of staff and families attending the service. This policy will be reviewed annually. This policy is available in other languages upon request.

Last reviewed: April 2019

Next review: April 2021