

Illness and Infectious Diseases

Policy Statement

We aim to provide a safe and hygienic environment that will promote the health of the children. As the care needs of a sick child cannot be met without dramatically reducing the general level of supervision of the other children, or risking other children's health, parents will be asked not to bring sick children to the Service and to collect children who are unwell. Staff who are unwell or exhibiting symptoms indicating infection will be asked not to come into work and a suitable relief staff will be sought. All care and consideration will be given to the child who becomes ill while at the Service. Children with infectious diseases will be excluded from the Service for the period recommended by the Department of Health.

Policy Considerations

- National Quality Standards/Elements: 2.1.2 (Health practices and procedures)
- Department of Health guidelines
- Department of Education guidelines

Procedure

- A child or adult will be considered sick and unfit to attend the Service if he/she:
 - a) Has a fever over 38 degrees
 - b) Is crying constantly from discomfort
 - c) Vomits or has diarrhoea
 - d) Needs one to one care
 - e) Has an infectious disease
- If a child is unwell at home parents will be asked not to bring the child to the Service.
- If a staff member is unwell they should not report for work. Staff should contact the Service as soon as possible to inform them that they are unable to attend work.
- If a child becomes ill or develops symptoms at the Service, the parents will be contacted to take the child home.
- If a staff member becomes ill or develops symptoms at the Service, they can return home if able or organise for someone to take them home.
- The Coordinator will organise a suitable replacement as soon as possible.
- The child who is ill will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's parent or other authorised adult takes them home.
- During a fever, other methods will be employed to bring the child's temperature down until the parents arrive or help is sought. Such methods include: provision of fluids, maintain the temperature of the environment.
- If a child's temperature is very high, cannot be brought down, parents cannot be contacted, and situation becomes serious the child will be taken to the doctor or an ambulance called.

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Reviewed by:	Sarah Maple	Approved by:	Courtney Tanner

Infectious Diseases

- Children and staff will be excluded from the Service if they are ill with any contagious illness. This includes diarrhoea and conjunctivitis.
- The Team Leader or staff members have the right to refuse access if concerned about the child's health.
- A doctor's clearance certificate will be required for all infectious diseases such as measles, mumps diphtheria, hepatitis A, polio, tuberculosis, typhoid and paratyphoid before returning to the Service.
- The Coordinator will advise the family to adhere to the recommended minimum exclusion periods as outlined by the National Health and Medical Research Council.
- Families will be informed about the occurrence of an infectious disease in the Service ensuring that the individual rights of staff or children are not infringed upon.
- All staff will ensure proper hygiene practices are carried out as outlined in the Hygiene policy.
- Under the provisions of the Public Health Act 1991 and Regulation, doctors, hospital chief executives (or general managers), pathology laboratories, directors of childcare services and school principals are required to notify the following diseases:
 - Diphtheria
 - Mumps
 - Poliomyelitis
 - Tetanus
 - Measles
 - Pertussis (whooping cough)
 - Rubella (German measles)
- Notification requested by phone, if possible.
- Notification Mechanisms - Infectious diseases:
 - Infectious diseases should be directed to the local Public Health Unit and should be notified within 24 hours of diagnosis.
- All infectious diseases notification forms are available from Public Health Units.

Document Version Control

Version Date	Changes
05/12/2018	Full review
27/08/2019	Document version history added
14/07/2020	Full review

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Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care services

Recommended minimum exclusion periods

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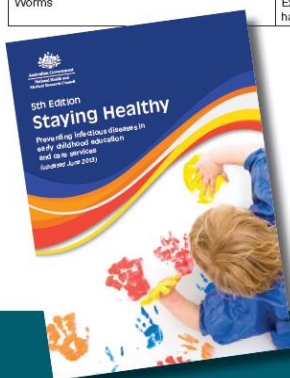
Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (Whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

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