### Kids Biz Holidays & Sports OSHC Policies & Procedures

## 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 Adapted FROM STAYING HEALTHY | 5TH EDITION | 2013

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Norovirus         Exc.           Pertussis (whooping cough)         Exc.           Pheumococcal disease         Exc.           Rosselia         Not           Ross River virus         Not           Rotavirus infection         Exc.           Rubella (German measles)         Exc.           Salmonellosis         Exc.           Steptococcal sore throat (including scarlet fever)         Exc.           Toxoplasmosis         Not	clude for 9 days or until swelling goes down (whichever is sooner)	Not excluded	
Pertussis (whooping cough)         Exc the           Pneumococcal disease         Exc           Roseola         Not           Rose Niver virus         Not           Rotavirus infection         Exc           Rubella (German measles)         Exc           Salmonellosis         Exc           Scables         Exc           Shigeliosis         Exc           Toxoplasmosis         Not		Not excluded	
Roseola         Not           Ross River virus         Not           Rotavirus infection         Exc           Rubella (German measies)         Exc           Salmonellosis         Exc           Scables         Exc           Shigeliosis         Exc           Treptococal sore throat (including scarlet fever)         Exc           Toxoplasmosis         Not	cclude until there has not been a loose bowel motion or vomiting for 48 hours cclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from e onset of coughing	Not excluded Contact a public health unit for specialist advice about excluding non-vaccinate and incompletely vaccinated contacts, or antibiotics	
Ross River virus     Not       Rotarirus infection     Exc       Rubella (German measles)     Exc       Salmonellosis     Exc       Scables     Exc       Shigellosis     Exc       Streptococcal sore throat (including scarlet fevr)     Exc       Toxoplasmosis     Not	clude until person is well	Not excluded	
Rotavirus infection         Exc           Rubella (German measles)         Exc           Salmonellosis         Exc           Scables         Exc           Shigellosis         Exc           Streptococcal sore throat (including scarlet fever)         Exc           Toxoplasmosis         Not	ot excluded	Not excluded	
Rubella (German measles)         Exc           Salmonellosis         Exc           Scables         Exc           Shigellosis         Exc           Streptococcal sore throat (including scarlet fevr)         Exc           Toxoplasmosis         Not	ot excluded	Not excluded	
Salmonellosis Exc Scables Exc Shigellosis Exc Streptococcal sore throat (including scarlet fevr) Exc Toxoplasmosis Not	clude until there has not been a loose bowel motion or vomiting for 24 hours <sup>b</sup>	Not excluded	
Salmonellosis Exc Scables Exc Shigellosis Experimentation (including scarlet fevri) Exc Toxoplasmosis Not	clude until fully recovered or for at least 4 days after the onset of the rash	Not excluded	
Scables Exc Shigellosis Exc Streptococcal sore throat (including scarlet fever) Exc Toxoplasmosis Not	clude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded	
Shigellosis         Exc           Streptococcal sore throat (including scarlet fever)         Exc           Toxoplasmosis         Not	clude until the day after starting appropriate treatment	Not excluded	
Streptococcal sore throat (including scarlet fever) Exc Toxoplasmosis Not			
Toxoplasmosis Not	clude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded	
	clude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded	
	ot excluded	Not excluded	
Tuberculosis (TB)	clude 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	
	xclude until all blisters have dried—this is usually at least 5 days after the rash first peared in non-immunised children, and less in immunised children	screening, antibiotics or specialist I B clinics 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) Exc	clude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded	
Worms Exc	clude if loose bowel motions are occurring. Exclusion is not necessary if treatment	Not excluded	
Reserved to the second	Is occurred  The definition of 'contacts' will vary according to the disease—refer to the specific fact t  The definition of 'contacts' will vary according to the disease—refer to the specific fact t  The cause is unknown, possible exclusion for diffeours until cause is identified. However has not been a loose bowel motion for diffeours until cause is identified. However has not been a loose bowel motion for diffeours until cause is identified. However has not been a loose bowel motion for diffeours until cause is identified. However has not been a loose bowel motion for diffeours until cause is identified. However has not been a loose bowel motion for diffeours until cause is identified. However has not been a loose bowel motion for diffeours diffeours and the diffeours of the	r, educators and other staff who have a food handling role should always be excluded unt u/pehs/branches/branch-communicable.htm. Note that exclusion advice is consistent with	

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Reviewed on:	14/07/2020	Approved on:	15/07/2020
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