

11 – Illness, Infectious Disease, Immunisation & Exclusion

Children’s Services Procedures

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Related Policies/Legislation:	<ul style="list-style-type: none">• <i>Education and Care Services National Law Act 2010</i>• <i>Education and Care Services National Regulations - 2011. Cl 88, 162</i>• <i>National Quality Standard: QA2 – 2.1.1, 2.1.3, 2.1.4</i>• <i>Public health Act 2010</i>• <i>NSW Work Health Safety Act and NSW Work Health Safety Regulation 2011</i>
Related Documents and References:	<ul style="list-style-type: none">• ACECQA (2018) Guide to the National Quality Framework• “<i>Staying Healthy- Preventing infectious diseases in early childhood education and care services.</i>” 5th Edition. Australian Government- National Health and Medical Research Council; 2013 https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services• NSW Health https://www.health.nsw.gov.au/immunisation/Pages/default.aspx• Australian Government Department of Health https://www.health.gov.au/health-topics/immunisation• Australian Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018. Accessed 22.04.20 https://immunisationhandbook.health.gov.au/
Superseded Procedures:	11- Illness, Infectious Disease, Immunisation & Exclusion V1.2 February 2018



Purpose

Wingecarribee Shire Council Children's Services (the Service) is committed to ensuring service environments are safe and healthy for all children, educators, staff and other persons attending and supporting the ongoing wellbeing of children.

The Service does this by:

- Promoting awareness of infectious illness and how to reduce the risk of spreading infection in our education and care services.
- Identifying and responding to the needs of children or adults who present with symptoms of an infectious disease or infestation whilst attending the service.
- Maintaining hygienic practices within the service and teaching children about health and hygiene to minimise the risk of contracting and spreading illness.
- Promoting practices that reduce the transmission of disease.
- Keeping up to date and adhering to guidelines and recommendations from relevant authorities.
- Complying with current exclusion schedules and guidelines set by the Public Health Unit
- Providing ongoing up to date information and resources for families and staff regarding protection from infectious diseases.

Scope

This procedure applies to:

Wingecarribee Children's Services Staff employed by Wingecarribee Shire Council

Wingecarribee Family Day Care Educators as Agents of the Approved Provider- 'Wingecarribee Shire Council' and the adult Household members residing in their premise.

All children and families accessing care with Council's Children's Services

All visitors, volunteers and students engaged with Wingecarribee Children's Services.

Definitions

Gastroenteritis Outbreak – occurs when 2 or more children or staff have a sudden onset of vomiting or diarrhoea in a 2-day period. (NSW Department of Health – Gastro Pack)

Nominated Supervisor - in relation to an education and care service and for the Service procedures, means an individual who is nominated by the Approved Provider of the service under Part 3 of the Act to be a Nominated Supervisor of that service.

Responsible Persons - The responsible person is an individual who is physically present and is responsible for the operation of a centre-based service for an agreed period of time. A responsible person must be present at all times that the approved service operates and can be:

- the approved provider or a person with management or control of the service;
- a nominated supervisor of the service; or
- **a person placed in day-to-day charge** of the service in accordance with the National Regulations (*National Law*).



Procedure


1. Signs and symptoms of illness


- 1.1 High fever- The normal range for body temperature is between 36°C-37.5°C. A higher body temperature/fever can be a sign of infection and needs to be investigated to find out the cause. However, fever by itself is not necessarily an indicator of serious illness.
- 1.2 Drowsiness- less alert than normal. Less eye contact or less interested in their surroundings
- 1.3 Lethargy and decreased activity- wanting to lie down or in the instance of a young child wanting to be held. Non participation in activities which would normally be of interest.
- 1.4 Breathing difficulties- breathing too slowly or too quickly or noisily. Pale or blue around the mouth.
- 1.5 Poor circulation- person looks pale, hands and feet are cold or blue.
- 1.6 Poor feeding- reduced appetite and drinks less than usual.
- 1.7 Poor urine output- urinating less often or fewer wet nappies. *Particularly important in infants.*
- 1.8 Red or purple rash- nonspecific 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 it could potentially be meningococcal disease.
- 1.9 Stiff neck or sensitivity to light- this could indicate meningitis, although it is possible for infants to have meningitis without these symptoms.
- 1.10 Pain- children may not know how to express pain. Facial expressions are a good indicator in infants and children who don't talk. General irritability or reduced physical activity may also indicate pain in a young child.
- 1.11 Vomiting or Diarrhea

These clinical features cannot always 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 feature that are seen, the more likely it is that the child/adult may have a serious illness. Illness in young children can progress very quickly.

2. What to do if a Child/ Educator/Staff member is unwell

- 2.1 Wingecarribee Children's Services will not undertake the care of a child where the educator/staff have reasonable knowledge the child is unwell or potentially suffering from an infectious or contagious illness/disease.
- 2.2 Parents/guardians are asked to keep unwell children away from the care environment.
- 2.3 Educators and Staff who are unwell or suffering from an infectious or potentially infectious illness should not provide care or report for work. In these instances, the affected staff member/educator should provide as much notice as possible to the relevant persons:
 - In the case of Family Day Care- the affected families and the Coordination Unit
 - In the case of Out of School Hours Care- the service Supervisor or the Coordinator of Children's Services.
- 2.4 In circumstances where a child becomes unwell whilst in care the following steps will be taken:
 - 2.4.1 Separate the child from the other children as much as possible. Provide a clean, hygienic place for them to rest if this is what they require.
 - 2.4.2 If the child appears very unwell or has a serious injury that needs urgent attention, call

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- an ambulance, then contact the Coordination Unit and the parent/guardian.
- 2.4.3 In all circumstance's Educators/Staff will endeavor to contact the parent/guardian of the child. A child who is feeling unwell needs to be with a person who cares for them- this is usually the parent/guardian. If unable to contact the custodial parent the Educator/Staff will call the specified "authorised nominee's" listed on the enrolment form.
- 2.4.4 Parents/guardians are expected to remove an ill child from care as soon as practically possible (or make arrangements for an authorised nominee to do so).
- 2.4.5 Where a child has a medical condition and/or prescribed medication for the presenting condition this will be managed as per the Medical Management Plan from the General Practitioner, where applicable, and as per the relevant Service Risk Minimisation Plan.
- 2.4.6 Fevers are to be managed as per 2.8- of this procedure - Fever management
- 2.5** Document the child's illness on the Service "Incident, Injury, Trauma and Illness Record". Where the illness meets the criteria of "Serious Incident" the Nominated Supervisor is to be informed immediately to make the relevant reports to the relevant authorities within 24 hours. (*See Incident, Injury, Trauma and Illness Procedure – 7*)
- 2.6** After the infected or ill child has left the Service, Educators/staff will ensure that the mattress, cushions or equipment used by the child is cleaned before it is used again, to the best of their ability, following the appropriate hygienic practices. (*See Hygiene and Infection Control Procedure 12*)
- 2.7** The Service or the FDC Educator on behalf of the Service will ensure that where there is an occurrence of an infectious disease at a centre-based or Family Day Care service, that a parent or an authorised emergency contact of each child being educated and cared for by the service is notified of the occurrence as soon as practicable.
- 2.8 What to do if a child has a fever:**
- 2.8.1 The normal temperature for a child is between 36 °C to 37.5°C
- 2.8.2 Fevers are common in children
- 2.8.3 If the child is well and is happy, there is no need to treat a fever.
- 2.8.4 If a child is less than three (3) months old and has a fever above 37.5°C, contact the child's parent/guardian and ask them to take them to a doctor.
- 2.8.5 If the child is unhappy or is experiencing other symptoms as listed in section 1- 'Signs and symptoms of illness', treatment of this procedure is needed to comfort them. Give clear fluids, remove excess clothing, cool with damp cloth and with parental permission administer paracetamol.
- 2.8.6 Watch the child and monitor how they are feeling.
- 3. Exclusion from care**
- 3.1** The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading.
- 3.2** To determine when a person should be excluded staff and educators will:
- 3.2.1 Identify whether the symptoms or diagnosed illness has an exclusion period
- 3.2.2 Refer to table 1.1 of the Australian Governments publication of "*Staying Healthy in Child Care*" for the recommended minimum periods of exclusion and/ or refer to the latest Government Health Alerts and Advice and follow accordingly.

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- 3.2.3 Advise parents, or the educator/staff member, when they may return to the Service. A Fact sheet of the specific illness may be provided.
- 3.3** Children will be excluded from care when the child:
- 3.3.1 has a fever above 37.5° C which is accompanied by other symptoms as listed in section 1- 'Signs and symptoms of illness' of this procedure.
- 3.3.2 Exhibits symptoms as listed in section 1- 'Signs and symptoms of illness' of this procedure and/or other signs of being unwell; such as a child's physical or mental inability to participate in the day to day program as they normally would.
- 3.3.3 As per government requirements
- 3.4** Children, educators and staff with infectious vomiting or diarrhoea (gastroenteritis) are to be excluded from care until the vomiting and diarrhea has ceased for at least 24 hours. This may be increased to 48 hrs under the direction or recommendation of the NSW Public Health Unit OR at the discretion of the educator in consultation with the Co-ordination Unit for reasons such as and not limited to; localised outbreak or the need to reduce the risk of infection in order to protect a child/adult who may be susceptible to infection and who's health may otherwise be compromised.
- 3.5** Where there is a Gastroenteritis Outbreak:
- the local public health unit will be notified by contacting 1300 066 055
 - Parents of the children attending the Service shall be informed
 - Children and staff will be excluded from the Service for a minimum of 48 hours after their symptoms cease.
 - Additional cleaning and infection control measures implemented. See- Health, Hygiene and Infection Control Procedure - 12
- 3.6** Educators and staff who handle food must not return to work until they have been symptom free for 48 hours.
- 3.7** Educators and staff will apply the exclusion periods as outlined in the Australian Governments publication of *"Staying Healthy in Child Care"* 5th Edition. There may be some instances where the period of exclusion is extended based on recommendation of the public health unit and/or discretion of the Educator in consultation with the co-ordination unit.
- 3.8** The Australian Governments publication of *"Staying Healthy in Child Care"* 5th Edition is located:
- On site at the Coordination Unit
 - At the premise of every Registered Family Day Care Educator
 - Onsite at Wingecarribee Out of School Hours Service
 - As a link at the beginning of this procedure under "related documents and references"
 - As a link on the children's services page of Wingecarribee Shire Councils website.
- 3.9** Wingecarribee Shire Council's Children's Services will not be influenced by letters from doctors stating a child can return to care, educator/staff must be satisfied the child's condition fulfills the criteria for returning to care. The Service will make a decision based on the information in *"Staying Healthy in Child Care"* or after consultation with the local public health unit.
- 4 Notification and Information**
- 4.1** Educators and staff are required to immediately report to the Coordinator of Children's Services; cases of the following vaccine preventable diseases so these can be reported to the NSW Public Health Unit.

Diphtheria	Mumps	Poliomyelitis
Hemophilus influenza Type b Hib	Meningococcal disease	Rubella (German measles)
Measles	Pertussis (Whooping cough)	Tetanus

4.2 Information will be provided to families or authorised emergency nominees as soon as practicable of the occurrence of an infectious disease that describes:

- The nature of the illness
- Incubation period
- Infectious and exclusion periods

4.3 Information regarding a child's individual medical circumstances is confidential. The Service at all times endeavor to maintain and ensure the confidentiality of children, staff/educators and families unless the Service is provided with explicit consent to share specified information.

4.5 Wingecarribee Children's Services will comply with any additional notification requirements as required or notified by the NSW Department of Health.

5 Childhood Immunisation – Family Day Care (FDC)

5.1 All children enrolled or enrolling in Wingecarribee Family Day Care must have documentation from their parent/guardian that shows their child is:

- Fully vaccinated for their age, or;
- Has a medical reason for not being vaccinated, or;
- Is on a recommended catch up schedule where their child has fallen behind with their vaccinations.

5.2 Parents/guardians of children using Family Day Care must provide one or more of the following issued by the Australian Immunisation Register (AIR) as proof of immunisation status:

- an AIR- Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- an AIR- Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- an AIR- Immunisation Medical Exemption Form which has been certified by a GP

5.3 Unimmunised children (due to medical exemption or children on a recognised catch up schedule) will need to remain at home during a disease outbreak. This is to protect the child and to also stop the spread of disease in the community. Fees will be charged to these families and reported as absences.

5.4 Parents/guardians are to ensure they update and provide the Service their child's most recent and relevant Immunisation History Statement as per the Vaccination schedule.

5.5 The following classes of children may be enrolled without the approved forms but the Service will make reasonable effort to ensure that the approved forms are provided **within 12 weeks** from the date of enrolment in the Service:

- those who are subject to a guardianship order under section 79A of the *Children and Young Persons (Care and Protection) Act 1998*
- those who have been placed in out-of-home care

- those who are being cared for by an adult who is not the child's parent due to exceptional circumstances such as illness or incapacity
- those who have been evacuated following a state of emergency (for example, a declared natural disaster)
- Aboriginal or Torres Strait Islander children.

6. Childhood Immunisation – Out of School Hours Care (OOSH)

6.1 Parents/guardians of children enrolling in OOSH will provide an Immunisation History Statement which is issued by the Australian Immunisation Register (AIR) as proof of immunisation status.

6.2 A parent can refuse to provide a History Statement to OOSH, but their child will be classified as not immunised and will be excluded from OOSH if there is an outbreak of a vaccine-preventable disease at the Service.

6.3 Unimmunised children will need to remain at home during a disease outbreak. This is to protect the child and to also stop the spread of disease in the community. Fees will be charged to these families and reported as absences.


7. **Australian Immunisation Register (AIR) History Statements** are mailed to families after their child has completed their 18 month and 3 ½ - 4-year vaccinations. Parents/guardians can obtain an Immunisation History Statement at any time:

- By calling the Australian Immunisation Register on 1800 653 809
- Through Medicare online Services at www.medicareaustralia.gov.au/online
- By downloading the [Express Plus Medicare Mobile App](#)
- By requesting a statement by emailing acir@medicareaustralia.gov.au
- By visiting the Department of Human Services Service Centre, Medicare office or Centrelink Office.

8 Educator/Staff Immunisation

8.1 Immunisation protects not only staff, but also the young children they work with, who may be more vulnerable to vaccine prevented diseases. Staff/Educators working directly with children at or with Wingecarribee Shire Council's Children's Services are strongly encouraged to be immunised against the following:

- **Pertussis** (Whooping Cough). Even if the adult was vaccinated in childhood, booster vaccination may be necessary because of immunity to pertussis decreases over time. ****Note:** Due to the increase in cases of Pertussis and the potentially devastating effects this vaccine preventable disease can have on babies and young children, Family Day Care Educators and Staff are all required to have current vaccinations for Pertussis. A record of vaccination will be maintained on each staff/educators personnel file.*
- **Measles – mumps – rubella** (MMR) for educators and staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella
- **Varicella** for educators and staff who have not previously had varicella (a blood test is required to prove previous infection)
- **Hepatitis A**, because young children can be infectious even if they are not showing any symptoms.
- **Influenza vaccine** – because influenza is very infectious and can be spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person's mouth or nose.

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- **Hepatitis B** for educators and staff who care for children with intellectual disabilities. Although the risk is low, seek medical advice about hepatitis B if the children are not immunised.

Note: Medical advice in adults should be sought prior to vaccination as it is not always suitable, dependent on individual circumstances.

Approved by:



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Group Manager Corporate and Community

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